

Return of Organization Exempt From Income Tax

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

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.**

A For the 2021 calendar year, or tax year beginning and ending																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization THE ACTORS' FUND OF AMERICA</td> <td rowspan="2">D Employer identification number 13-1635251</td> </tr> <tr> <td colspan="2">Doing business as ENTERTAINMENT COMMUNITY FUND</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 729 SEVENTH AVENUE, 10TH FLOOR</td> <td rowspan="2">E Telephone number (212) 221-7300</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10019</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: JOSEPH BENINCASA SAME AS C ABOVE</td> <td>G Gross receipts \$ 68,974,395.</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: ▶ HTTPS://ENTERTAINMENTCOMMUNITY.ORG/</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">L Year of formation: 1882</td> <td>M State of legal domicile: NY</td> </tr> </table>	C Name of organization THE ACTORS' FUND OF AMERICA		D Employer identification number 13-1635251	Doing business as ENTERTAINMENT COMMUNITY FUND		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 729 SEVENTH AVENUE, 10TH FLOOR		E Telephone number (212) 221-7300	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10019		F Name and address of principal officer: JOSEPH BENINCASA SAME AS C ABOVE		G Gross receipts \$ 68,974,395.	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J Website: ▶ HTTPS://ENTERTAINMENTCOMMUNITY.ORG/		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	L Year of formation: 1882		M State of legal domicile: NY
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Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: WE OFFER A SAFETY NET FOR PERFORMING ARTS & ENTERTAINMENT PROFESSIONALS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 37
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 37
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 375
	6	Total number of volunteers (estimate if necessary)	6 58
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 68,491,946. Current Year: 40,896,495.
	9	Program service revenue (Part VIII, line 2g)	18,793,680. 18,450,341.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	171,578. 1,999,107.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-250,713. 198,895.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,206,491. 61,544,838.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	25,126,118. 25,606,009.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	330,013. 512,162.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,899,950.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,100,916. 15,561,300.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	61,714,408. 49,801,528.	
19	Revenue less expenses. Subtract line 18 from line 12	25,492,083. 11,743,310.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 139,543,203. End of Year: 147,965,954.
	21	Total liabilities (Part X, line 26)	51,921,024. 44,481,583.
	22	Net assets or fund balances. Subtract line 21 from line 20	87,622,179. 103,484,371.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	▶ Signature of officer	Date 9/27/2022	
	▶ CONNIE YOO, CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature 	Date 9/27/2022
	Firm's name ▶ GRANT THORNTON LLP Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Check if self-employed <input type="checkbox"/>	PTIN P00741490 Firm's EIN ▶ 36-6055558 Phone no. (212) 599-0100

May the IRS discuss this return with the preparer shown above? See instructions **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: THE ACTORS FUND IS A NATIONAL HUMAN SERVICES ORGANIZATION THAT FOSTERS STABILITY AND RESILIENCY AND PROVIDES A SAFETY NET FOR PERFORMING ARTS AND ENTERTAINMENT PROFESSIONALS. (CONTINUED IN SCHEDULE O).

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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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 \$ 20,597,725. including grants of \$ 7,189,205.) (Revenue \$ 1,436,377.) HUMAN SERVICES (SOCIAL SERVICES, EMPLOYMENT & TRAINING, HEALTH SERVICES AND SENIOR RESIDENTIAL CARE.) THE FUND HELPED MORE THAN 27,000 PEOPLE THROUGH ITS PROGRAMS AND SERVICES. THESE COMPREHENSIVE PROGRAMS ARE DESIGNED TO MEET THE CRITICAL NEEDS OF PERFORMING ARTS AND ENTERTAINMENT PROFESSIONALS. (SEE SCHEDULE O).

4b (Code:) (Expenses \$ 20,014,600. including grants of \$) (Revenue \$ 15,865,439.) THE ACTORS FUND HOME IS A 169-BED HEALTH CARE FACILITY PROVIDING SKILLED NURSING, SHORT-STAY REHABILITATION, ASSISTED LIVING AND DEMENTIA CARE IN ENGLEWOOD, NEW JERSEY, FOR MEMBERS OF THE PERFORMING ARTS AND ENTERTAINMENT COMMUNITY. (SEE SCHEDULE O).

4c (Code:) (Expenses \$ 2,719,310. including grants of \$ 932,852.) (Revenue \$ 1,148,525.) AFFORDABLE AND SUPPORTIVE HOUSING IS A CRITICAL CONCERN FOR MANY IN THE PERFORMING ARTS AND ENTERTAINMENT INDUSTRY. WITH EDUCATION PROGRAMS AND THROUGH MARKETING OUTREACH, THE ACTORS FUND HELPS PERFORMING ARTS AND ENTERTAINMENT PROFESSIONALS SECURE HOUSING; IT ALSO DEVELOPS AND OPERATES AFFORDABLE, SUPPORTIVE AND SPECIAL NEEDS HOUSING THROUGH ITS SUBSIDIARY, THE ACTORS FUND HOUSING DEVELOPMENT CORPORATION. (SEE SCHEDULE O).

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

4e Total program service expenses 43,331,635.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organization reporting, compensation, tax-exempt bonds, and controlled entities.

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, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, 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 checkboxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

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... 37; 1b Enter the number of voting members included... 37; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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 CONNIE YOO - (212) 221-7300 729 SEVENTH AVENUE, 10TH FLOOR, NEW YORK, NY 10019

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, 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) JOSEPH BENINCASA PRESIDENT & CEO (NON-VOTING)	40.00 10.00	X		X				565,809.	0.	209,000.
(2) BARBARA DAVIS COO & ASSISTANT SECRETARY	40.00 10.00			X				365,042.	0.	90,043.
(3) CONNIE YOO CHIEF FINANCIAL OFFICER	40.00 10.00			X				308,435.	0.	81,660.
(4) JORDAN STROHL ADMINISTRATOR	40.00 0.00				X			265,546.	0.	97,945.
(5) THOMAS EXTON CHIEF ADVANCEMENT OFFICER	40.00 0.00			X				273,360.	0.	73,329.
(6) KEITH MCNUTT EXECUTIVE DIRECTOR, WESTERN REGION	40.00 10.00				X			217,439.	0.	65,709.
(7) TAMAR SHAPIRO DIR. OF SOCIAL SRVCS, NAT'L	35.00 0.00					X		161,392.	0.	70,187.
(8) JOHN TORRES DIRECTOR OF IT	35.00 0.00					X		139,153.	0.	48,686.
(9) KIM ENG CONTROLLER-NJ	40.00 0.00					X		143,264.	0.	39,286.
(10) THOMAS BORCHARD DIRECTOR OF HR AND ADMIN.	35.00 0.00					X		162,693.	0.	15,818.
(11) KAREN WANG CONTROLLER	35.00 10.00					X		135,212.	0.	40,022.
(12) BRIAN STOKES MITCHELL CHAIRMAN OF THE BOARD	10.00 0.00	X		X				0.	0.	0.
(13) ANNETTE BENING VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(14) PHILIP S. BIRSH VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(15) BEBE NEUWIRTH VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(16) PHILIP J. SMITH VICE CHAIR (THRU 01/2021)	5.00 0.00	X		X				0.	0.	0.
(17) LEE H. PERLMAN TREASURER	5.00 0.00	X		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) ABBY SCHROEDER SECRETARY	5.00 0.00	X		X				0.	0.	0.
(19) DEBBIE ALLEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) GREG BERLANTI TRUSTEE (AS OF 06/2021)	1.00 0.00	X						0.	0.	0.
(21) JEFFREY BOLTON TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) CAROLYN CARTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) NIKO ELMALEH TRUSTEE	1.00 0.00	X						0.	0.	0.
(24) ANDREW FLATT TRUSTEE	1.00 0.00	X						0.	0.	0.
(25) JANE FRIEDMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) HAL GOLDBERG TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,737,345.	0.	831,685.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,737,345.	0.	831,685.

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 29

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
FUNCTIONAL PATHWAYS 10133 SHERILL BLVD., KNOXVILLE, TN 37932	THERAPY	1,336,076.
C & C CONSTRUCTION MGMT., INC., 10063 SANDMEYER LANE, PHILADELPHIA, PA 19116	CONSTRUCTION	922,252.
HAMMEL, GREEN & ABRAHAMSON, INC., 1301 COLORADO AVENUE, SANTA MONICA, CA 90404	ARCHITECT	754,171.
CREATIVE FUNDRAISING ADVISORS 90 DALE STREET SOUTH, ST PAUL, MN 55102	CONSULTANT	255,000.
GRANT THORNTON LLP 757 THIRD AVENUE, NEW YORK, NY 10017	ACCOUNTING	222,225.

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 11

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVID GOODMAN TRUSTEE (THRU 06/2021)	1.00 0.00	X						0.	0.	0.
(28) HEATHER HITCHENS TRUSTEE	1.00 0.00	X						0.	0.	0.
(29) MARK HOSTETTER TRUSTEE (THRU 06/2021)	1.00 0.00	X						0.	0.	0.
(30) SHARON KARMAZIN TRUSTEE (THRU 06/2021)	1.00 0.00	X						0.	0.	0.
(31) BROOKE KENNEDY TRUSTEE	1.00 0.00	X						0.	0.	0.
(32) CHRIS KEYSER TRUSTEE	1.00 0.00	X						0.	0.	0.
(33) KENNY LEON TRUSTEE	1.00 0.00	X						0.	0.	0.
(34) PAUL LIBIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(35) MATTHEW LOEB TRUSTEE	1.00 0.00	X						0.	0.	0.
(36) NANCY S. MACMILLAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(37) MARY MCCOLL TRUSTEE	1.00 0.00	X						0.	0.	0.
(38) JAMES L. NEDERLANDER TRUSTEE	1.00 0.00	X						0.	0.	0.
(39) RUTH NERKEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(40) STANLEY NEWMAN TRUSTEE (THRU 06/2021)	1.00 0.00	X						0.	0.	0.
(41) BILLY PORTER TRUSTEE (AS OF 09/2021)	1.00 0.00	X						0.	0.	0.
(42) DAVID RAMBO TRUSTEE	1.00 0.00	X						0.	0.	0.
(43) LAUREN REID TRUSTEE	1.00 0.00	X						0.	0.	0.
(44) CHARLOTTE ST. MARTIN TRUSTEE	1.00 0.00	X						0.	0.	0.
(45) KATE SHINDLE TRUSTEE	1.00 0.00	X						0.	0.	0.
(46) JACK TANTLEFF TRUSTEE (THRU 06/2021)	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for HENRY TISCH, TOM VIOLA, ROBERT WANKEL, JOSEPH H. WENDER, DAVID WHITE, ELIZABETH REIKO KUBOTA WHITNEY, CHANDRA WILSON, and ALLISON WRIGHT.

Total to Part VII, Section A, line 1c

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	1a					
	b Membership dues	1b					
	c Fundraising events	1c	3,708,293.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,490,837.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	30,697,365.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,003,288.				
	h Total. Add lines 1a-1f		40,896,495.				
Program Service Revenue	2 a NET PATIENT AND RESIDENT SERVICES	Business Code					
		900099	15,865,439.	15,865,439.			
	b CONTRACT SERVICES	900099	2,584,902.	2,584,902.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		18,450,341.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		801,635.			801,635.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	8,238,414.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	7,040,942.				
	c Gain or (loss)	7c	1,197,472.				
	d Net gain or (loss)		1,197,472.			1,197,472.	
8 a Gross income from fundraising events (not including \$ 3,708,293. of contributions reported on line 1c). See Part IV, line 18	8a		587,510.				
			388,615.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events		198,895.			198,895.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		61,544,838.	18,450,341.	0.	2,198,002.		

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 ...	932,852.	932,852.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,189,205.	7,189,205.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,595,244.	1,480,902.	591,544.	522,798.
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	17,497,522.	15,983,996.	235,092.	1,278,434.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	823,491.	736,204.	27,776.	59,511.
9 Other employee benefits	3,252,243.	3,038,013.	7,680.	206,550.
10 Payroll taxes	1,437,509.	1,276,020.	52,197.	109,292.
11 Fees for services (nonemployees):				
a Management				
b Legal	256,529.	187,514.	9,852.	59,163.
c Accounting	223,725.	90,622.	109,985.	23,118.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	512,162.			512,162.
f Investment management fees	171,216.		171,216.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,868,499.	2,184,410.	13,606.	670,483.
12 Advertising and promotion	80,589.	7,854.		72,735.
13 Office expenses	1,238,310.	743,330.	41,454.	453,526.
14 Information technology	740,021.	515,227.	33,983.	190,811.
15 Royalties				
16 Occupancy	3,406,666.	2,716,231.	188,312.	502,123.
17 Travel	70,163.	41,751.	6,531.	21,881.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	211,465.	201,103.	2,947.	7,415.
20 Interest	537,628.	536,966.	215.	447.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,397,807.	2,173,209.	69,297.	155,301.
23 Insurance	592,473.	555,652.	8,256.	28,565.
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 THE HOME EXPENSES	1,763,866.	1,763,866.		
b HEALTH CENTER SUBSIDY	541,356.	541,356.		
c BAD DEBT	435,352.	435,352.		
d FUNDRAISING	25,635.			25,635.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	49,801,528.	43,331,635.	1,569,943.	4,899,950.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	30,461,568.	1	28,551,725.
	2 Savings and temporary cash investments	3,031,583.	2	6,042,401.
	3 Pledges and grants receivable, net	3,646,033.	3	4,810,022.
	4 Accounts receivable, net	3,327,652.	4	3,202,792.
	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		8	
	9 Prepaid expenses and deferred charges	504,204.	9	1,909,354.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 67,132,446.		
	b Less: accumulated depreciation	10b 26,827,198.		
	11 Investments - publicly traded securities	40,908,820.	10c	40,305,248.
	12 Investments - other securities. See Part IV, line 11	27,054,794.	11	31,096,373.
	13 Investments - program-related. See Part IV, line 11	6,117,119.	12	6,678,183.
	14 Intangible assets	22,004,554.	13	22,097,308.
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,486,876.	15	3,272,548.	
	139,543,203.	16	147,965,954.	
Liabilities	17 Accounts payable and accrued expenses	5,683,769.	17	5,053,767.
	18 Grants payable		18	
	19 Deferred revenue	819,076.	19	870,981.
	20 Tax-exempt bond liabilities	23,344,288.	20	22,582,993.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,904,164.	21	4,250,065.
	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	18,169,727.	25	11,723,777.
	26 Total liabilities. Add lines 17 through 25	51,921,024.	26	44,481,583.
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	57,695,638.	27	67,408,546.
	28 Net assets with donor restrictions	29,926,541.	28	36,075,825.
	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	87,622,179.	32	103,484,371.
33 Total liabilities and net assets/fund balances	139,543,203.	33	147,965,954.	

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	61,544,838.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,801,528.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,743,310.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	87,622,179.
5	Net unrealized gains (losses) on investments	5	2,077,657.
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	2,041,225.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	103,484,371.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE ACTORS' FUND OF AMERICA	Employer identification number 13-1635251
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,218,482.	19,590,861.	20,083,326.	68,491,946.	40,896,495.	171,281,110.
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	22,218,482.	19,590,861.	20,083,326.	68,491,946.	40,896,495.	171,281,110.
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)						
6 Public support. Subtract line 5 from line 4.						171,281,110.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	22,218,482.	19,590,861.	20,083,326.	68,491,946.	40,896,495.	171,281,110.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	564,109.	813,882.	803,044.	681,165.	801,635.	3,663,835.
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.)	2,142,968.	3,329,123.	968,112.	17,750.	587,510.	7,045,463.
11 Total support. Add lines 7 through 10						181,990,408.
12 Gross receipts from related activities, etc. (see instructions)					12	81,408,065.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	94.12	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	92.78	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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			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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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:

GROSS SPECIAL EVENTS INCOME

2017 AMOUNT: \$ 2,142,968.

2018 AMOUNT: \$ 3,329,123.

2019 AMOUNT: \$ 968,112.

2020 AMOUNT: \$ 17,750.

2021 AMOUNT: \$ 587,510.

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

2021

Name of the organization

THE ACTORS' FUND OF AMERICA

Employer identification number

13-1635251

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization THE ACTORS' FUND OF AMERICA	Employer identification number 13-1635251
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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	 <hr/> <hr/> <hr/>	\$ 7,262,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 4,592,157.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 1,823,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 1,486,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 1,101,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ACTORS' FUND OF AMERICA	Employer identification number 13-1635251
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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
7	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 934,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE ACTORS' FUND OF AMERICA	Employer identification number 13-1635251
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE ACTORS' FUND OF AMERICA	Employer identification number 13-1635251
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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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

2021

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 THE ACTORS' FUND OF AMERICA	Employer identification number 13-1635251
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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	49,801,258.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	49,801,258.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amounts.

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-A:

THE ACTORS FUND DID NOT ENGAGE IN ANY LOBBYING ACTIVITIES IN CALENDER YEAR

2021. THE ORGANIZATION IS SOLELY FILING A SCHEDULE C BECAUSE IT PREVIOUSLY

MADE THE 501(H) LOBBYING ELECTION AND IS REQUIRED TO FILE THE SCHEDULE C

ACCORDINGLY.

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

2021

Open to Public Inspection

Name of the organization THE ACTORS' FUND OF AMERICA Employer identification number 13-1635251

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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 (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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 sections 1a-1b and 2. 1a-1b: Reporting requirements for art collections. 2: Reporting requirements for art held for financial gain. Includes revenue and asset value reporting.

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	17,822,653.	17,738,882.	14,927,959.	15,204,554.	12,339,327.
b Contributions	7,500.	10,000.	548,502.	1,021,713.	1,581,818.
c Net investment earnings, gains, and losses	2,084,662.	824,159.	2,912,130.	-670,414.	1,762,242.
d Grants or scholarships					
e Other expenditures for facilities and programs	0.	750,388.	649,709.	627,894.	478,833.
f Administrative expenses					
g End of year balance	19,914,815.	17,822,653.	17,738,882.	14,927,959.	15,204,554.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 24.3820 %
 - b Permanent endowment 75.6180 %
 - c Term endowment _____ %
- 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 | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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		100,000.		100,000.
b Buildings		54,642,571.	19,249,217.	35,393,354.
c Leasehold improvements		4,832,298.	2,270,484.	2,561,814.
d Equipment		1,915,947.	1,439,159.	476,788.
e Other		5,641,630.	3,868,338.	1,773,292.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				40,305,248.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) FRIEDMAN RESIDENCE	17,673,447.	END-OF-YEAR MARKET VALUE
(2) PALM VIEW HOUSING	4,423,861.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	22,097,308.	

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) POST RETIREMENT BENEFITS OBLIGATION	5,443,283.
(3) DEFERRED RENT	3,078,579.
(4) ANNUITY PAYMENT LIABILITY	1,932,105.
(5) MISCELLANEOUS	1,269,810.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	11,723,777.

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 line numbers and a shaded area for calculations.

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 line numbers and a shaded area for calculations.

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 IV, LINE 2B:

THE ACTORS FUND ADMINISTERS THE "UNCLAIMED COOGAN TRUST", FUNDS ENTRUSTED TO THE ACTORS FUND COLLECTED FROM THE ENTERTAINMENT EMPLOYERS FOR UN-EMANCIPATED MINORS RENDERING ARTISTIC OR CREATIVE SERVICES PURSUANT TO CALIFORNIA STATE LAW. THE ACTORS FUND HAS BEEN DESIGNATED AS THE TRUSTEE OF THE UNCLAIMED FUNDS COLLECTED AND PAYS THE FUNDS TO THE STIPULATED BENEFICIARIES OR THE ESTATE OF THE RESPECTIVE BENEFICIARIES OR TRANSFERS THE FUNDS TO THEIR COOGAN CASH ACCOUNT BEFORE THE RESPECTIVE MINOR REACHES THE AGE OF MATURITY OR BECOMES EMANCIPATED.

PART V, LINE 4:

THE ACTORS FUND MAINTAINS AN ENDOWMENT FUND TO SUPPORT ITS PROGRAMS. THE

Part XIII Supplemental Information (continued)

ENDOWMENT IS MANAGED SO THAT ITS PRINCIPAL MUST BE INVESTED AND KEPT
INTACT IN PERPETUITY.

PART X, LINE 2:

THE ACTORS FUND FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR
UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX
RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND
MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN
TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE
POSITION IS " MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO
BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS
BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO
THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE ACTORS FUND IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION
501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT
PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. THE ACTORS
FUND HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS
TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE
ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS,
AND TO IDENTITY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX
POSITIONS. THE ACTORS FUND HAS DETERMINED THAT THERE ARE NO MATERIAL
UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN ITS
FINANCIAL STATEMENTS.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization: **THE ACTORS' FUND OF AMERICA**
Employer identification number: **13-1635251**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LAUTMAN MASKA NEILL & COMPANY - 1730 RHODE ISLAND AVENUE,	CONSULTANT		X	3,886,748.	150,000.	3,736,748.
CREATIVE FUNDRAISING ADVISORS - 90 DALE STREET SOUTH, ST	CONSULTANT		X	2,989,416.	220,000.	2,769,416.
RESOURCE & EVENT MANAGEMENT LIMITED - 232 MADISON AVENUE,	CONSULTANT	X		1,131,159.	140,000.	991,159.
CHARITY BUZZ - 437 FIFTH AVENUE, 11TH FLOOR, NEW YORK,	AUCTION	X		9,825.	2,162.	7,663.
Total				8,017,148.	512,162.	7,504,986.

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM
NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI, NY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VIRTUAL GALA (event type)	SPRING AWAKENING (event type)	5 (total number)	
Revenue	1 Gross receipts	1,132,159.	585,399.	2,578,245.	4,295,803.
	2 Less: Contributions	1,095,709.	300,574.	2,312,010.	3,708,293.
	3 Gross income (line 1 minus line 2)	36,450.	284,825.	266,235.	587,510.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	22,155.	14,060.		36,215.
	8 Entertainment	127,682.	120,950.		248,632.
	9 Other direct expenses	32,073.	13,644.	58,051.	103,768.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				388,615.
11 Net income summary. Subtract line 10 from line 3, column (d)				198,895.	

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				
	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 type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: LAUTMAN MASKA NEILL & COMPANY

(I) ADDRESS OF FUNDRAISER:

1730 RHODE ISLAND AVENUE, NW, SUITE 301, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: CREATIVE FUNDRAISING ADVISORS

(I) ADDRESS OF FUNDRAISER: 90 DALE STREET SOUTH, ST PAUL, MN 55102

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: RESOURCE & EVENT MANAGEMENT LIMITED

(I) ADDRESS OF FUNDRAISER:

232 MADISON AVENUE, SUITE 1107, NEW YORK, NY 10016

(I) NAME OF FUNDRAISER: CHARITY BUZZ

(I) ADDRESS OF FUNDRAISER:

437 FIFTH AVENUE, 11TH FLOOR, NEW YORK, NY 10016

**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.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **THE ACTORS' FUND OF AMERICA** Employer identification number **13-1635251**

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
ACTORS FUND HOUSING DEVELOPMENT CORP - C/O THE ACTORS FUND, 729 SEVENTH AVENUE - NEW YORK, NY 10019	80-0522071	501(C)(3)	932,852.	0.			HOUSING SUBSIDY

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

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) 2021

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
COVID-19 AND OTHER FINANCIAL ASSISTANCE	4624	7,189,205.	0.		

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:

THE ACTORS FUND HAS IMPLEMENTED SEVERAL PROTOCOLS IN PLACE TO ENSURE THAT

ALL GRANT RECIPIENTS USE THE FUNDS IN THE MANNER INTENDED:

1. IT IS THE POLICY OF THE ACTORS FUND THAT IT WILL MAKE THE GRANT DIRECTLY

PAYABLE TO THE SERVICE PROVIDER, THEREBY ENSURING THAT THE REQUESTED BILLS

ARE "TIMELY PAID".

2. ON AN EXCEPTIONAL BASIS, GRANTS MAY BE MADE PAYABLE TO AN INDIVIDUAL.

WHEN THIS OCCURS, THE GRANTEE MUST PROVIDE PROOF THAT THE GRANT WAS USED

FOR THE REQUESTED BILL I.E.; THE GRANTEE MUST PROVIDE A RENT RECEIPT

Part IV Supplemental Information

SHOWING PAYMENT, FOOD PURCHASE RECEIPTS.

3. FOR ALL GRANTEES THAT RECEIVE ASSISTANCE ON A CONTINUAL BASIS, THEY ARE REQUIRED TO MEET WITH THEIR COUNSELOR TO REVIEW BUDGETS AND FINANCIAL NEED.

4. ACCOUNTING PROVIDES SOCIAL SERVICES WITH A LIST OF UNCASHED CHECKS (ON QUARTERLY BASIS) AND EXPIRED QUICKPAYS (ON MONTHLY BASIS) THAT ARE REVIEWED BY COUNSELOR AND GRANTEE. IF CHECKS/QUICKPAYS CONTINUE TO GO UNCASHED, SOCIAL SERVICES WILL STOP PROVIDING ASSISTANCE.

TO HELP OUR COMMUNITY DURING THIS PUBLIC HEALTH CRISIS, THE ACTORS FUND HAS PARTNERED WITH OTHER ENTERTAINMENT INDUSTRY ORGANIZATIONS TO PROVIDE EMERGENCY FINANCIAL ASSISTANCE TO THOSE IN IMMEDIATE FINANCIAL NEED. FUNDS ARE AVAILABLE TO UNION AND NON-UNION WORKERS IN ENTERTAINMENT AND THE PERFORMING ARTS.

EMERGENCY FINANCIAL ASSISTANCE IS AVAILABLE FOR PEOPLE WHO ARE UNABLE TO PAY BASIC LIVING EXPENSES (FOOD/HOUSING/HEALTH CARE). INDIVIDUALS AND FAMILIES MAY SUBMIT APPLICATIONS ONLINE TO THE ACTORS FUND AND WILL BE REVIEWED TO ENSURE THEY MEET ELIGIBILITY AND NEED REQUIREMENTS. ONCE THE ACTORS FUND HAS DETERMINED THAT THE INDIVIDUAL MEETS THESE REQUIREMENTS, THE FUNDS ARE DISBURSED AND NO FURTHER MONITORING OF THE COVID-19 RELIEF FUNDS ARE REQUIRED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization: **THE ACTORS' FUND OF AMERICA**
 Employer identification number: **13-1635251**

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.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- 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.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		X
2	X	
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) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH BENINCASA PRESIDENT & CEO (NON-VOTING)	(i)	432,394.	30,000.	103,415.	178,181.	30,819.	774,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BARBARA DAVIS COO & ASSISTANT SECRETARY	(i)	324,709.	16,000.	24,333.	57,852.	32,191.	455,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CONNIE YOO CHIEF FINANCIAL OFFICER	(i)	267,788.	9,000.	31,647.	46,669.	34,991.	390,095.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JORDAN STROHL ADMINISTRATOR	(i)	212,152.	10,000.	43,394.	53,888.	44,057.	363,491.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THOMAS EXTON CHIEF ADVANCEMENT OFFICER	(i)	246,360.	9,000.	18,000.	40,134.	33,195.	346,689.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KEITH MCNUTT EXECUTIVE DIRECTOR, WESTERN REGION	(i)	194,937.	0.	22,502.	30,692.	35,017.	283,148.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TAMAR SHAPIRO DIR. OF SOCIAL SRVCS, NAT'L	(i)	152,854.	0.	8,538.	23,602.	46,585.	231,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN TORRES DIRECTOR OF IT	(i)	131,678.	0.	7,475.	9,079.	39,607.	187,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KIM ENG CONTROLLER-NJ	(i)	127,807.	0.	15,457.	14,676.	24,610.	182,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) THOMAS BORCHARD DIRECTOR OF HR AND ADMIN.	(i)	154,539.	0.	8,154.	12,368.	3,450.	178,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KAREN WANG CONTROLLER	(i)	127,943.	0.	7,269.	10,769.	29,253.	175,234.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

FOR THE YEAR ENDING DECEMBER 31, 2021, THE PRESIDENT & CEO RECEIVED A

HOUSING ALLOWANCE THAT WAS INCLUDED IN HIS W-2.

SOCIAL CLUB DUES

THE ACTORS FUND PAYS SOCIAL CLUB DUES ON BEHALF OF THE PRESIDENT AND CEO.

THIS MEMBERSHIP IS USED FOR BUSINESS PURPOSES AND IS NOT INCLUDED IN

TAXABLE INCOME ON HIS W-2.

PART I, LINE 4B:

FOR THE YEAR ENDING DECEMBER 31, 2021, JOSEPH BENINCASA - PRESIDENT & CEO,

BARBARA DAVIS - CHIEF OPERATING OFFICER, CONNIE YOO - CHIEF FINANCIAL

OFFICER, THOMAS EXTON - CHIEF ADVANCEMENT OFFICER, AND JORDAN STROHL -

ADMINISTRATOR PARTICIPATED IN THE ORGANIZATION'S SUPPLEMENTAL 457(F)

NONQUALIFIED RETIREMENT PLAN. THE AMOUNTS INCLUDED FOR 2021 WERE \$136,377,

\$15,915, \$5,423, \$792, AND \$20,000. SECTION 457(F) DEFERRALS FOR THESE

INDIVIDUALS ARE REPORTED IN SCHEDULE J, PART II, COLUMN (C).

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 7:

THE ACTORS FUND AWARDED BONUSES TO SELECTIVE STAFF REPORTED ON THE FORM

990, SCHEDULE J, PART II. ALL BONUSES WERE BASED ON MEETING OR EXCEEDING

CERTAIN OBJECTIVE PERFORMANCE METRICS. THE PRESIDENT & CEO'S BONUS WAS

APPROVED BY THE EXECUTIVE COMMITTEE. ALL OTHER BONUSES WERE AUTHORIZED BY

THE PRESIDENT & CEO WITHOUT INPUT BY THE INDIVIDUAL RECEIVING THE BONUS.

Supplemental Information on Tax-Exempt Bonds

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

Name of the organization **THE ACTORS' FUND OF AMERICA** Employer identification number **13-1635251**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	NONE	08/04/16	25,000,000.	SEE PART VI		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	2,164,138.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	25,000,000.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds	920,150.									
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	400,000.									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	18,851,042.									
11 Other spent proceeds	4,828,808.									
12 Other unspent proceeds										
13 Year of substantial completion	2018									
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Schedule K (Form 990) 2021

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?								
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		%		%		%		%
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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
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						

	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							

	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, COLUMN (F) - DESCRIPTION OF PURPOSE:
 THE 2016 BOND WAS ISSUED TO PROVIDE FUNDING FOR THE RECONSTRUCTION AND EXPANSION OF THE ACTORS FUND HOME AS WELL AS THE REFUNDING OF PREVIOUS BOND ISSUES.

SCHEDULE K, PART IV:
 THE ACTORS FUND COMMISSIONED AN ARBITRAGE REBATE CALCULATION FROM AN INDEPENDENT THIRD PARTY IN CALENDAR YEAR 2022. THE REBATE ANALYSIS/REPORT CONFIRMED THAT THERE IS NO REBATE OR YIELD RESTRICTION LIABILITIES FOR THE COMPUTATION PERIOD ENDING AUGUST 4, 2021 ON ITS EXISTING 2016 BOND.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **THE ACTORS' FUND OF AMERICA** Employer identification number: **13-1635251**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	36	1,003,288. FMV	
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 ()				
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**

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

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 32B:

TO THE EXTENT THAT THE ORGANIZATION RECEIVES NON-CASH CONTRIBUTIONS

(I.E. SECURITIES), THE ACTORS FUND WILL UTILIZE A THIRD PARTY BROKER TO

DISPOSE OF THE SECURITIES.

**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

2021

Open to Public
Inspection

Name of the organization

THE ACTORS' FUND OF AMERICA

Employer identification number

13-1635251

GENERAL STATEMENT REGARDING IMPACT OF COVID-19:

IN MARCH 2020, THE WORLD HEALTH ORGANIZATION DECLARED COVID-19, THE
DISEASE CAUSED BY THE NOVEL CORONAVIRUS, A PANDEMIC, WHICH CONTINUES TO
SPREAD THROUGHOUT THE UNITED STATES. AS A RESULT OF THE COVID-19
PANDEMIC, BROADWAY, AND FILM AND TELEVISION, THEATER, CONCERTS, DANCE,
MUSIC AND MANY OTHER AREAS OF ENTERTAINMENT WERE SHUTDOWN. THE ACTORS
FUND HAS PARTNERED WITH OTHER ENTERTAINMENT INDUSTRY ORGANIZATIONS TO
PROVIDE EMERGENCY FINANCIAL ASSISTANCE GRANTS TO THOSE IN IMMEDIATE
FINANCIAL NEED. ADDITIONALLY, IN RESPONSE TO THE PANDEMIC, THE ACTORS
FUND INCURRED ADDITIONAL COSTS FOR TESTING, PERSONAL PROTECTIVE
EQUIPMENT, AND OTHER OPERATING COSTS ASSOCIATED WITH ENSURING EMPLOYEE
AND RESIDENT SAFETY WHILE OPERATING DURING THE PANDEMIC.

ON APRIL 20, 2020, THE ACTORS FUND (THE "BORROWER"), WAS GRANTED A LOAN
(THE "AFA LOAN") FROM TD BANK, IN THE AGGREGATE AMOUNT OF \$4,592,157,
PURSUANT TO THE SMALL BUSINESS ADMINISTRATION PAYCHECK PROTECTION
PROGRAM (THE "SBA PPP") UNDER DIVISION A, TITLE I OF THE CARES ACT,
WHICH BEARED INTEREST AT A RATE OF 1% PER ANNUM. THE ACTORS FUND USED
THE ENTIRE LOAN AMOUNT FOR QUALIFYING EXPENSES. DURING THE YEAR ENDED
DECEMBER 31, 2021, THE LOAN WAS FORGIVEN IN FULL AND RECOGNIZED AS
REVENUE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH OFFICES IN NEW YORK, LOS ANGELES, AND CHICAGO, THE FUND SERVES
EVERYONE IN FILM, THEATER, TELEVISION, MUSIC, OPERA, RADIO, AND DANCE
WITH PROGRAMS INCLUDING SOCIAL SERVICES AND EMERGENCY FINANCIAL

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

Schedule O (Form 990) 2021

Name of the organization THE ACTORS' FUND OF AMERICA	Employer identification number 13-1635251
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ASSISTANCE, HEALTH CARE, AND INSURANCE COUNSELING, HOUSING, AND
SECONDARY EMPLOYMENT AND TRAINING SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM ACCOMPLISHMENT 1: HUMAN SERVICES (SOCIAL SERVICES, EMPLOYMENT &
TRAINING, HEALTH SERVICES AND SENIOR RESIDENTIAL CARE.)

THE ACTORS FUND HUMAN SERVICES OFFER COMPREHENSIVE PROGRAMS DESIGNED TO
MEET THE CRITICAL NEEDS OF ENTERTAINMENT AND PERFORMING ARTS
PROFESSIONALS. IN 2021, THE ACTORS FUND HELPED MORE THAN 27,600 PEOPLE
THROUGH ITS PROGRAMS AND SERVICES.

SOCIAL SERVICES

DUE TO THE PANDEMIC, THE ACTORS FUND HAS PARTNERED WITH OTHER
ENTERTAINMENT INDUSTRY ORGANIZATIONS TO PROVIDE OVER \$6.8M IN EMERGENCY
FINANCIAL ASSISTANCE TO 4,000+ INDIVIDUALS IN 2021.

YOUTH SERVICES

LOOKING AHEAD SUPPORTS YOUNG PERFORMERS IN DEVELOPING THE VALUES,
SKILLS AND CONFIDENCE THEY NEED TO SUCCESSFULLY TRANSITION TO
FULFILLING ADULT LIVES. IT SERVES YOUNG PEOPLE, THEIR PARENTS AND
ALUMNI, THROUGH INDIVIDUAL AND FAMILY COUNSELING, EDUCATIONAL
ASSISTANCE, LEADERSHIP DEVELOPMENT, COMMUNITY SERVICE AND SOCIAL
EVENTS. AS OF 2021, 1,025 YOUNG PERFORMERS ARE ENROLLED IN THE PROGRAM.

IN NEW YORK, YOUNG PERFORMERS CURRENTLY WORKING IN ENTERTAINMENT AND
THEIR PARENTS HAVE ACCESS TO THE PAUL LIBIN CENTER. THE CENTER PROVIDES
A SECURE HAVEN FROM THE CROWDS OF TIMES SQUARE THAT INCLUDES A
COMFORTABLE AND SAFE SPACE TO CONVENE BETWEEN SCHOOL, REHEARSALS,

Name of the organization THE ACTORS' FUND OF AMERICA	Employer identification number 13-1635251
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FILMING OR SHOWS.

THE CAREER CENTER

OUR CAREER COUNSELING, EDUCATION AND TRAINING, JOB DEVELOPMENT AND

ENTREPRENEURSHIP SERVICES HELP PEOPLE FIND WORK THAT CAN BE DONE WHILE

CONTINUING IN THE INDUSTRY OR WHILE DEVELOPING A NEW PROFESSIONAL

DIRECTION. OFFERING CLASSES, SEMINARS, GROUPS, TUITION ASSISTANCE AND

COUNSELING, THE CAREER CENTER EMPOWERS PEOPLE IN OUR COMMUNITY TO FIND

FULFILLING WORK THAT COMPLEMENTS THEIR INTERESTS AND SKILLS. IN 2021,

THE PROGRAM SERVED 4,430 PERFORMING ARTS AND ENTERTAINMENT

PROFESSIONALS.

CAREER TRANSITION FOR DANCERS AND THE DANCERS' RESOURCE THE ACTORS FUND

HAS LONG SUPPORTED THE DANCE COMMUNITY IN MANAGING THE DEMANDS OF A

LIFE IN DANCE. TO ASSIST DANCERS DURING AND POST-CAREER, OUR CAREER

TRANSITION FOR DANCERS AND DANCERS' RESOURCE PROGRAMS HELP OUR

COMMUNITY AROUND CAREER PLANNING AND TRANSITION, HEALTH, WELLNESS AND

SUPPORT FOR INJURED DANCERS, EMERGENCY FINANCIAL ASSISTANCE AND

SCHOLARSHIPS. IN 2021, 282 DANCERS RECEIVED SERVICES AND CAREER

TRANSITION FOR DANCERS PROGRAM PROVIDED \$180,294 IN EDUCATIONAL

SCHOLARSHIPS TO 85 DANCERS.

HEALTH SERVICES

OUR ARTISTS HEALTH INSURANCE RESOURCE CENTER PROVIDES WORKSHOPS AND

SEMINARS WITH COMPREHENSIVE INFORMATION ON THE LATEST INSURANCE

OPTIONS, AND HELPS INDIVIDUALS IDENTIFY AND ENROLL IN HEALTH INSURANCE

COVERAGE. IN MID-2021, EVERY ARTIST INSURED CAMPAIGN WAS LAUNCHED TO

SUPPORT ENTERTAINMENT COMMUNITY IN STAYING INSURED DURING THE PANDEMIC

Name of the organization THE ACTORS' FUND OF AMERICA	Employer identification number 13-1635251
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CRISIS. IN 2021 5,988 PARTICIPATED IN THE PROGRAM, WITH 3,101

COMPLETING ENROLLMENT IN HEALTH INSURANCE COVERAGE.

IN PARTNERSHIP WITH MOUNT SINAI HEALTH SYSTEM, THE FRIEDMAN HEALTH

CENTER FOR THE PERFORMING ARTS IN TIMES SQUARE, NEW YORK CITY IS THE

ONLY HEALTH CENTER IN NYC SOLELY FOCUSED ON THE PARTICULAR HEALTH CARE

NEEDS OF THOSE WHO WORK IN PERFORMING ARTS AND ENTERTAINMENT. IT OFFERS

PRIMARY AND SPECIALTY CARE AND ACCEPTS MOST INSURANCES PLANS, INCLUDING

COMMERCIAL INSURANCES, SEVERAL MARKETPLACE/EXCHANGE PLANS, MEDICARE AND

WORKERS' COMPENSATION. IN 2021, 3,957 PATIENTS WERE SERVED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM ACCOMPLISHMENT 2: THE ACTORS FUND HOME

THE ACTORS FUND HOME PROVIDES RESIDENTIAL HEALTH CARE AT A 169-BED

HEALTH CARE FACILITY IN ENGLEWOOD, NEW JERSEY. SKILLED NURSING,

SHORT-STAY REHABILITATION, ASSISTED LIVING AND DEMENTIA CARE IS

PROVIDED THERE FOR MEMBERS OF THE PERFORMING ARTS AND ENTERTAINMENT

COMMUNITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM ACCOMPLISHMENT 3: HOUSING

HOUSING IS A CRITICAL CONCERN FOR PEOPLE WHO WORK IN PERFORMING ARTS

AND ENTERTAINMENT. THE ACTORS FUND WORKS TO INCREASE ACCESS TO

AFFORDABLE HOUSING FOR OUR COMMUNITY.

THE DOROTHY ROSS FRIEDMAN RESIDENCE, A 178-UNIT AFFORDABLE, AND

SUPPORTIVE HOUSING RESIDENCE ON WEST 57TH STREET IN MANHATTAN, PROVIDES

HOUSING TO SPECIAL LOW-INCOME ENTERTAINMENT PROFESSIONALS, INCLUDING

Name of the organization THE ACTORS' FUND OF AMERICA	Employer identification number 13-1635251
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SENIORS, WORKING PROFESSIONALS, AND PERSONS LIVING WITH HIV/AIDS.

SOCIAL SERVICES AND A VIBRANT ACTIVITIES PROGRAM HELPED RESIDENTS BUILD

COMMUNITY, FOCUS ON HEALTH AND WELLNESS AND STAY ENGAGED, CREATIVE AND

ACTIVE.

THE PALM VIEW IS A 40 UNIT AFFORDABLE HOUSING FACILITY IN WEST

HOLLYWOOD, CALIFORNIA, THAT IS AVAILABLE TO LOW-INCOME PEOPLE LIVING

WITH HIV/AIDS AND SENIORS WITH DISABILITIES.

THE SCHERMERHORN RESIDENCE IN DOWNTOWN BROOKLYN PROVIDES 217 UNITS OF

AFFORDABLE, SUPPORTIVE HOUSING FOR LOW-INCOME PROFESSIONALS IN

ENTERTAINMENT AND PERFORMING ARTS AND COMMUNITY RESIDENTS, AS WELL AS

FORMERLY HOMELESS INDIVIDUALS LIVING WITH HIV/AIDS OR CHRONIC MENTAL

ILLNESS. HOUSED IN THE BUILDING IS THE MARK O'DONNELL THEATER AT ACTORS

FUND ARTS CENTER, A 2,000 SQ FT BLACK BOX THEATER THAT OFFERS LOW-COST

REHEARSAL AND PERFORMANCE SPACE TO OVER 60 SMALL ARTS GROUPS AND

INDIVIDUAL ARTISTS EACH YEAR.

IN ADDITION TO OUR THREE EXISTING AFFORDABLE HOUSING RESIDENCES, OUR

HOUSING RESOURCE CENTER PROVIDES ONE-ON-ONE CONSULTATIONS, ONLINE

INFORMATION VIA OUR HOUSING BULLETIN BOARD AND AFFORDABLE HOUSING

SEMINARS IN NEW YORK AND LOS ANGELES.

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

MANY ACTORS FUND TRUSTEES WORK IN THE ENTERTAINMENT INDUSTRY. THESE

INDIVIDUALS ENTER INTO BUSINESS ARRANGEMENTS AMONG THEMSELVES. THESE

RELATIONSHIPS ARE FLUID THROUGHOUT ANY GIVEN YEAR AND SO IDENTIFYING

EACH AND EVERY ONE IS VERY DIFFICULT. THESE BUSINESS RELATIONSHIPS HAVE

Name of the organization THE ACTORS' FUND OF AMERICA	Employer identification number 13-1635251
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NO IMPACT ON THE ACTORS FUND'S OPERATIONS.

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

THE FORM 990 WAS PREPARED BY AN ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF TRUSTEES FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE ACTORS FUND HAS A WRITTEN CONFLICT OF INTEREST POLICY FOR KEY EMPLOYEES AND TRUSTEES. THE OFFICERS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST POLICY FORM AND SIGN ON AN ANNUAL BASIS AT A MINIMUM, AND INFORM THE ORGANIZATION WHEN THE CONFLICT OF INTEREST CIRCUMSTANCES ARISE.

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

THE ACTORS FUND UNDERTAKES A VERY THOROUGH AND COMPREHENSIVE PROCESS TO ENSURE THAT THE COMPENSATION IT PAYS TO ITS PRESIDENT AND CEO IS COMPARABLE TO OTHER PEER INSTITUTIONS IN THE MARKET IN WHICH THE ORGANIZATION OPERATES. THE ACTORS FUND COMMISSIONS A COMPENSATION SURVEY FROM AN INDEPENDENT THIRD-PARTY EXECUTIVE COMPENSATION SPECIALIST BIENNIAL.

THE COMPENSATION CONSULTANT VALIDATES THE ORGANIZATION'S COMPETITIVE POSITION WITHIN THE MARKETPLACE BY REGION, BY PEER INSTITUTION (I.E. ORGANIZATIONS WITH A SIMILAR MISSION, SIMILAR SIZE AND OPERATIONAL BUDGET). COMPENSATION FOR THE PRESIDENT AND ALL OTHER OFFICERS AND KEY EMPLOYEES REPORTED IN THE FORM 990 IS REVIEWED BY THE ACTORS' FUND'S COMPENSATION

Name of the organization THE ACTORS' FUND OF AMERICA	Employer identification number 13-1635251
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COMMITTEE AND APPROVED BY THE EXECUTIVE COMMITTEE. THESE DECISIONS ARE
 FORMALIZED AND DOCUMENTED IN THE ORGANIZATION'S COMMITTEE MINUTES. THE
 ORGANIZATION LAST COMMISSIONED A COMPENSATION STUDY IN CALENDAR YEAR 2019.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OR, PA, RI, SC, TN
 UT, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:
 THE ACTORS FUND'S FORM 990 AND FINANCIAL STATEMENTS ARE POSTED ON THE
 ORGANIZATION'S WEBSITE. THE ACTORS FUND FORM 990 IS ALSO POSTED ON THE
 INTERNET AT WWW.GUIDESTAR.ORG. THE GOVERNING DOCUMENTS, CONFLICT OF
 INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND AT
 MANAGEMENT'S DISCRETION.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	271,274.
PENSION BENEFIT RELATED ACTIVITIES, OTHER THAN NET PERIODIC	
PENSION COST	1,799,701.
WRITE-OFF OF UNCOLLECTIBLE PLEDGE	-29,750.
TOTAL TO FORM 990, PART XI, LINE 9	2,041,225.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization <p style="text-align: center;">THE ACTORS' FUND OF AMERICA</p>	Employer identification number <p style="text-align: center;">13-1635251</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ENTERTAINMENT HEALTH INSURANCE SOLUTIONS - 83-2666535, 5757 WILLSHIRE BLVD, SUITE 4000, LOS ANGELES, CA 90036	INSURANCE BROKER	NEW YORK	0.	0.	N/A
ACTORS FUND PRODUCTIONS LLC - 86-3858113 729 SEVENTH AVE, 10TH FL NEW YORK, NY 10019	EVENTS	DELAWARE	0.	0.	N/A
TAF HAC BUILDING LLC - 13-1635251 5757 WILSHIRE BLVD, SUITE 400 LOS ANGELES, CA 90036	HOUSING	CALIFORNIA	0.	0.	N/A
ENTERTAINMENT COMMUNITY INSURANCE SERVICES LLC - 87-1805081, 729 SEVENTH AVE, 10TH FL, NEW YORK, NY 10019	INSURANCE BROKER	NEW YORK	0.	0.	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ACTORS FUND HOUSING DEVELOPMENT CORP - 80-0522071, 729 SEVENTH AVENUE, 10TH FLOOR, NEW YORK, NY 10019	HOUSING	NEW YORK	501(C)(3)	LINE 7	ACTORS FUND	X	
AURORA HOUSING DEVELOPMENT FUND CORP - 06-1401959, 729 SEVENTH AVENUE, 10TH FLOOR, NEW YORK, NY 10019	DORMANT	NEW YORK	501(C)(3)	LINE 7	ACTORS FUND	X	
HOLLYWOOD ARTS BUILDING QALICB - 87-3343478 5757 WILSHIRE BLVD, SUITE 400 LOS ANGELES, CA 90036	HOUSING	CALIFORNIA	501(C)(3)	LINE 12B, II	ACTORS FUND	X	

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

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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) ACTORS FUND HOUSING DEVELOPMENT CORP	B	932,852. FMV	
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.