PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Open to Public

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A I	For the	e 2022 calendar year, or tax year beginning $$ OCT $1,$ 2022 and ending	<u>S</u> EP 30, 2023								
B	Check if applicabl	C Name of organization SCREEN ACTORS GUILD-AMERICAN FEDERATION	D Employer identifi	ication number							
	Addre	S OF WELEXICION AND DADIO ADMICHG HOUND									
H	Name change Doing business as 95-3967876										
F	Initial										
	return Final return		uite E Telephone number 323-549-	6708							
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	G Gross receipts \$ 33,516,120.							
	Amen	LOS ANGELES, CA 90030	H(a) Is this a group r								
	Application pendir			for subordinates? Yes X No							
		SAME AS C ABOVE	H(b) Are all subordinates i								
				a list. See instructions							
	Vebsi		H(c) Group exemption								
			Year of formation: 1985	M State of legal domicile; CA							
Pa	art I	Summary									
ė	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DOPE O								
auc			U 050/ (')								
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of n		19							
် ဗ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		16							
∞ ∞	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		56							
ties	6	Total number of volunteers (estimate if necessary)		100							
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12									
¥	h h	Net unrelated business taxable income from Form 990-T, Part I, line 11		19,994.							
			Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)	22,755,151.	27,865,193.							
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.							
eve.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,582,540.	992,637.							
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,777.	173,688.							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,373,468.	29,031,518.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,026,667.	4,079,431.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.							
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,239,434.	3,679,885.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.							
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 632,160.									
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,910,666.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,176,767.								
		Revenue less expenses. Subtract line 18 from line 12	17,196,701.	17,711,673.							
S OF			Beginning of Current Year	End of Year							
Net Assets or	20	Total assets (Part X, line 16)	44,486,688.	74,836,015.							
et A	21	Total liabilities (Part X, line 26)	2,382,261. 42,104,427.	13,689,696. 61,146,319.							
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	44,104,447.	01,140,319.							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tamente and to the heet of m	v knowledge and helief it is							
		it, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y knowledge and belief, it is							
truc	, 001100		arci rias ariy kilowicugo.								
Sig	n	Signature of officer	Date								
Her		CYD WILSON, EXECUTIVE DIRECTOR									
1101	Ŭ	Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date Check	PTIN							
Paid	i	LAUREN A. HAVERLOCK LAUREN A. HAVERLOCK	03/15/24 if self-emplo	p00545829							
	parer	Firm's name MOSS ADAMS LLP		1-0189318							
	Only	Firm's address 21700 OXNARD ST. STE 300		<u> </u>							
	•	WOODLAND HILLS, CA 91367	Phone no. 81	8-577-1900							
May	the If	RS discuss this return with the preparer shown above? See instructions		X Yes No							

	SCREEN ACTORS GUILD-AMERICAN FEDERATION
	1990 (2022) OF TELEVISION AND RADIO ARTISTS FOUND. 95-3967876 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE SAG-AFTRA FOUNDATION PROVIDES VITAL ASSISTANCE AND EDUCATIONAL
	PROGRAMMING TO THE PROFESSIONALS OF SAG-AFTRA WHILE SERVING THE PUBLIC
	AT LARGE THROUGH ITS SIGNATURE CHILDREN'S LITERACY PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$4,629,817. including grants of \$4,020,431.) (Revenue \$0.
	EMERGENCY FINANCIAL ASSISTANCE PROGRAMS: THROUGH ITS EMERGENCY
	FINANCIAL ASSISTANCE PROGRAMS, THE FOUNDATION SAFEGUARDS THE HEALTH AND
	WELL-BEING OF PERFORMING ARTISTS AND PROVIDES LIFESAVING EMERGENCY
	HEALTH AND FINANCIAL ASSISTANCE FOR ARTISTS IN TIMES OF NEED AND
	CRISIS:
	THE CONCLUSION DURING BUREAU OF CRICKS BUE GLO LEED BOURDAMION
	EMERGENCY ASSISTANCE: DURING TIMES OF CRISIS, THE SAG-AFTRA FOUNDATION
	EMERGENCY ASSISTANCE PROGRAM PROVIDES EMERGENCY FINANCIAL ASSISTANCE TO
	ELIGIBLE SAG-AFTRA MEMBERS AND THEIR FAMILIES FOR BASIC EXPENSES,
	INCLUDING BUT NOT LIMITED TO RENT, MORTGAGE PAYMENTS, UTILITIES, HEALTH
	INSURANCE PREMIUMS, CAR PAYMENTS AND CAR INSURANCE. DURING THE SECOND HALF OF 2023, THE EMERGENCY ASSISTANCE PROGRAM BECAME MORE CRUCIAL THAN
4b	(Code:) (Expenses \$2,857,915. including grants of \$59,000.) (Revenue \$0. PERFORMERS PROGRAMS: IN ORDER TO PREPARE A DYNAMIC TALENT POOL FOR
	SUCCESS IN THE EVOLVING ENTERTAINMENT MEDIA ENVIRONMENT, THE FOUNDATION
	OFFERS THE PERFORMERS PROGRAMS, A BROAD EDUCATIONAL ROSTER WITH
	SUBJECTS RANGING FROM AUDITION TECHNIQUE AND SELF-MARKETING TO PANEL
	DISCUSSIONS WITH ACCOMPLISHED ACTORS AND MODERATED TALKS WITH RESPECTED
	DIRECTORS. THESE PROGRAMS ENCOURAGE PERFORMING ARTISTS TO TAKE CHARGE
	OF THEIR CAREERS, REFINE THEIR CRAFT, LEARN NEW SKILLS, AND ESTABLISH
	LIFELONG HABITS OF SELF-MOTIVATED PROFESSIONAL DEVELOPMENT. OVER THE
	COURSE OF THE LAST YEAR THE FOUNDATION CONTINUED TO SCALE UP IN-PERSON
	PERFORMERS PROGRAMS IN HOUSE AND AT OFF-SITE VENUES, WHILE
	SIMULTANEOUSLY PROVIDING VIRTUAL RESOURCES TO THE SAG-AFTRA COMMUNITY.
	THE FOUNDATION ALSO ADD NEWLY RECORDED EDUCATIONAL CONTENT TO THE
4c	
	(Code:) (Expenses \$745,463. including grants of \$0. (Revenue \$0. Expenses \$
4d	Other program services (Describe on Schedule O.)

0.)

0 <u>) (Revenue \$</u>

507,597. including grants of \$
xnenses ______8,740,792.

Total program service expenses

11660316 116000 663106

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	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		Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ_	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 11	
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ۾ ا	v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	X	I

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Form **990** (2022)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
UZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		\ _v	
Pa	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	, ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	i

O22) OF TELEVISION AND RADIO ARTISTS FOUND.

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

			Yes	No							
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 56		X								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d	If "Yes," indicate the number of Forms 8282 filed during the year										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?										
9	9 Sponsoring organizations maintaining donor advised funds.										
	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?										
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans 13b										
	Enter the amount of reserves on hand			v							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X							
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O										
15											
	excess parachute payment(s) during the year?										
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
. –	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	<i>_</i> _									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes." complete Form 6069.										

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95-3967876 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					<u> </u>					
Sec	tion A. Governing Body and Management										
			1.0		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1.6								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?										
3											
				3		<u>X</u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 9		filed?	4		<u>X</u>					
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		<u>X</u>					
6	Did the organization have members or stockholders?			6		<u>X</u>					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately a second control of the organization have members, stockholders, or other persons who had the power to elect or approximately a second control of the organization have members, stockholders, or other persons who had the power to elect or approximately a second control of the organization have members, stockholders, or other persons who had the power to elect or approximately a second control of the organization have members, and the organization have members and the organization have members and the organization of the organization have members and the organization of the organization have members and the organization of the org	-				77					
	more members of the governing body?			7a		<u>X</u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		,			77					
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		7,7						
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)								
			1		Yes	No					
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	1 , , , ,										
12a	7 7 7 7 7 9 10 110 110 110 110 110 110 110 110 11										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	_X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			.,						
	on Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	Х						
15	Did the process for determining compensation of the following persons include a review and approva	•	lependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37						
	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization			15b	X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a			37					
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the organization of the	-	•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	s								
C	exempt status with respect to such arrangements?			16b							
	tion C. Disclosure	0 0	י דו. כא עד	тт	КC	<u>vv</u>					
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, C										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	1a 990-	ι (section 501(c)(3)s	only) a	availab	эе					
	for public inspection. Indicate how you made these available. Check all that apply.	_	:								
40	X Own website Another's website X Upon request X Other (explain			C.							
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and											
00	statements available to the public during the tax year.	- ما	un a nuel c								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records								
	CYD WILSON - 323-549-6884 5757 WILSHIRE BLVD., PH1, LOS ANGELES, CA 90036										
	GER GOUEDHIE O HOR HILL I TOW OF GWARD			Γ	990	(0000)					
232006	12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES			rorm	33U	(2022)					

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Form 990 (2022)

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

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

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

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

Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week	_	cer an	nd a d T	irecto	or/trus	tee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for	or di	99:			sated		organization	(W-2/1099-MISC/	from the
	related organizations	nstee.	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tiona		nploy	st cor		1033 (420)		organizations
	line)	Individual 1	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former			organization o
(1) DUNCAN CRABTREE IRELAND	0.50		_		_	1 0	_			
DIRECTOR	40.00	Х						0.	954,725.	220,427.
(2) ARIANNA OZZANTO	0.50									
DIRECTOR	40.00	Х						0.	408,680.	90,932.
(3) REBECCA DAMON	1.00									
3RD VICE PRESIDENT	40.00	Х		Х				0.	249,261.	55,460.
(4) CYD WILSON	40.00			l				000 041		40 600
EXECUTIVE DIRECTOR	40.00			Х		_		208,241.	0.	48,637.
(5) CHARLOTTE WELLS	40.00			l				100 050		40 500
<u>coo</u>				X		_		180,852.	0.	42,529.
(6) DAVID WHITE	0.00						l		4-4-64	
FORMER DIRECTOR	40.00					_	Х	0.	154,831.	34,450.
(7) MATTHEW HUHN	40.00							100 044		
DIRECTOR OF OPERATIONS						X		133,044.	0.	30,268.
(8) CAROLINE O'CONNOR	40.00									
DIRECTOR OF COMMUNICATIONS						X		111,006.	0.	25,254.
(9) ROCHELLE ROSE	40.00									
NATIONAL DIRECTOR OF PERFORMERS PROG						X		106,725.	0.	24,280.
(10) COURTNEY B. VANCE	1.00			l						
PRESIDENT	1 00	Х		Х		_		0.	0.	0.
(11) PAMELA REED	1.00			l						
1ST VICE PRESIDENT	1 00	Х		X		<u> </u>		0.	0.	0.
(12) SHARON LAWRENCE	1.00	l		l					•	•
2ND VICE PRESIDENT	1 00	Х		X		<u> </u>		0.	0.	0.
(13) MAUREEN DONNELLY	1.00	l		l					•	•
TREASURER	1 00	Х		Х		_		0.	0.	0.
(14) CLYDE KUSATSU	1.00								•	•
SECRETARY	0.50	Х		Х		_		0.	0.	0.
(15) GABRIELLE CARTERIS	0.50	,,							0	0
DIRECTOR	0.50	Х				-		0.	0.	0.
(16) BRANDEN CHAPMAN	0.50	٦,							_	0
DIRECTOR	0.50	Х		\vdash		\vdash		0.	0.	0.
(17) LINDA DUNCOMBE	0.50	~							_	0
DIRECTOR		X						0.	0.	0.

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95-3967876

Part VII Section A. Officers, Directors, Tru	(B)	 			C)	,		(D)		/E\
(A)	Average			Pos		1		` '	(E)	(F)
Name and title	hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable	Estimated amount of
	week					s botr r/trus		from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	or director				p		organization	(W-2/1099-MISC/	from the
	related	ee or	ıstee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee	nstitutional trustee		oyee	Highest compensated employee		1099-NEC)		and related
	below	vidua	itutio	je.	Key employee	nest c	Former			organizations
	line)	Indi	Inst	Officer	Key	Emp	Fori			
(18) SAM FREED	0.50									
DIRECTOR		Х						0.	0.	0.
(19) JASON GEORGE	0.50									
DIRECTOR		Х						0.	0.	0.
(20) DULE HILL	0.50									
DIRECTOR		X						0.	0.	0.
(21) BILL IMMERMAN	0.50									
DIRECTOR (THRU 6/2023)		Х						0.	0.	0.
(22) JIM KERR	0.50									
DIRECTOR		Х						0.	0.	0.
(23) JO ANN KESSLER	0.50									
DIRECTOR		X						0.	0.	0.
(24) DEA LAWRENCE	0.50									
DIRECTOR		X						0.	0.	0.
(25) JOHN MCGUIRE	0.50									
DIRECTOR		Х						0.	0.	0.
(26) JEFF SPURGEON	0.50									
DIRECTOR		Х						0.	0.	0.
1b Subtotal	•	•				•		739,868.	1,767,497.	572,237.
c Total from continuation sheets to Part \								0.	0.	0.
d Total (add lines 1b and 1c)								739,868.	1,767,497.	572,237.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GONRING LIN SPAHN INC., 149 PALOS VERDES		
BLVD. SUITE A, REDONDO BEACH, CA 90277	CONSULTING SERVICES	240,000.
BANKHEAD REAL ESTATE CORP		
26 BROADWAY, 8TH FLOOR, NEW YORK, NY 10004	CONSULTING SERVICES	201,492.
BEST PRACTICE PS INC, 300 E. PIKE ST. STE.		
2001, SEATTLE, WA 98122	DESIGN SERVICES	200,284.
NEPC, LLC	INVESTMENT	
255 STATE ST., BOSTON, MA 02109	MANAGEMENT SERVICES	127,019.
FRONTLINE LLC, 6711 FOREST LAWN DR. #206,		
LOS ANGELES, CA 90068	IT SERVICES	109,734.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization		

Form 990 (2022)

Pa	rt V									
		Check if Schedule O	conta	ins a respon	se o	or note to any lin		(D)	(0)	<u>.</u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	Federated campaigns		1a						
ant	1 aFederated campaigns1abMembership dues1b									
چ <u>ق</u>		Fundraising events				443,222.				
ffs, r A	·	d Related organizations				2,856,521.				
is is	Ì	Government grants (contr				, , ,				
Siz	Ì	f All other contributions, gifts,								
e E		similar amounts not included				24,565,450.				
불턴		Noncash contributions included in				1,306,184.				
Contributions, Gifts, Grants and Other Similar Amounts	i	n Total. Add lines 1a-1f		- · · <u>· · · · · · · · · · · · · · · · ·</u>			27,865,193.			
						Business Code				
ø	2 :	a								
Program Service Revenue	1	<u> </u>			_					
Ser										
a a		d								
og B		e			_					
4	1	All other program service	rever	nue						
		g Total. Add lines 2a-2f								
	3	Investment income (include	•							
	other similar amounts)						702,680.			702,680.
	4	Income from investment of		•	ı					
	5	Royalties	. <u></u>							
				(i) Real		(ii) Personal				
	6 a Gross rents 6a 274,911. b Less: rental expenses 6b 79,249.									
		Rental income or (loss)	6c	195,66	2.		105 662		105 662	
		Net rental income or (loss) <u>.</u>	(i) Securitie		(ii) Other	195,662.		195,662.	
	/ :	a Gross amount from sales of		4,584,31	_	(ii) Other				
		assets other than inventory b Less: cost or other basis	7a	4,304,31						
a			76	4,294,35	55					
Revenue		and sales expenses	70	289,95						
ě		d Net gain or (loss)					289,957.			289,957.
ᡖ		a Gross income from fundraisi								,
O ţ		including \$								
		contributions reported on								
		Part IV, line 18			8a	89,024.				
	-	Less: direct expenses			8b	110,998.				
	(Net income or (loss) from	fund	raising event	s		-21,974.			-21,974.
	9 :	a Gross income from gamin	g ac	tivities. See						
		Part IV, line 19			9a					
	١	Less: direct expenses			9b					
		Net income or (loss) from		· .						
	10	a Gross sales of inventory, I		I						
		and allowances			10a					
		Less: cost of goods sold		_	10b					
_		Net income or (loss) from	sales	of inventory		Business Code				
Sn	44 .	_				Busiliess Code				
Miscellaneous Revenue	11 :	ao			-					
ila Ken	'				-					
<u>sc</u>	Ì	d All other revenue								
Σ	Ì	Total. Add lines 11a-11d								
		Total revenue See instruction					29 031 518.	0.	195 662.	970 663.

11660316 116000 663106

Pai	990 (2022) OF TELEVISION TIX Statement of Functional Expense		ARTISTS FOUN	ID. 95-39	67876 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nolete column (A)	
JCUI	Check if Schedule O contains a respon			npicie coluinin (A).	
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	147,145.	147,145.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,932,286.	3,932,286.		
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	484,582.	112,217.	192,558.	179,807
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	2,396,373.	1,806,676.	389,136.	200,561
8	Pension plan accruals and contributions (include	_, _, _, , , , , , , ,	_,000,070*	303,1300	
0	section 401(k) and 403(b) employer contributions)	324,503.	245,248.	52,300.	26,955
9	Other employee benefits	247,972.	186,604.	40,656.	20,712
10		226,455.	153,145.	45,556.	27,754
11	Payroll taxes Fees for services (nonemployees):	220, 433.	133,143.	43,3301	21,131
	` , ,	223,210.	71,450.	151,760.	
a	Management	34,135.	10,964.	23,171.	
	Legal	34,133.	10,004.	23,111.	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17	87,274.		87,274.	
f	Investment management fees	01,214.		01,214.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1 012 664	593,219.	397,931.	21 51/
	column (A), amount, list line 11g expenses on Sch O.)	1,012,664.	4,689.	120.	21,514 5,750
12	Advertising and promotion	133,248.	17,992.		12,388
13	Office expenses	133,440.	17,992.	102,868.	14,300
14	Information technology				
15	Royalties	1 007 041	0.60 470	217 040	107 500
16	Occupancy	1,287,841.	962,470.	217,849.	107,522.
17	Travel	16,686.	8,104.	8,520.	62.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	360,748.	307,575.	53,173.	
23	Insurance	52,601.	31,041.	18,565.	2,995
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 0.)				
а	TAX & LICENSES	84,218.	3,208.	63,569.	17,441.
b	INSTALLATION & MAINTENA	61,458.	59,415.	2,043.	
С	SECURITY & PARKING	49,197.	39,526.	5,865.	3,806
d	TELEPHONE & INTERNET	39,559.	11,022.	28,537.	
е	All other expenses	107,131.	36,796.	65,442.	4,893
25	Total functional expenses. Add lines 1 through 24e	11,319,845.	8,740,792.	1,946,893.	632,160
26	Joint costs . Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Chack hara () is sallowing COD on a (ACC OFC 700)				

Form **990** (2022)

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

Check here

Pa	rt 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
	1	Cash - non-interest-bearing	365,379.	1	15,305,601.
	2	Savings and temporary cash investments	12,941,324.	2	12,750,032.
	3	Pledges and grants receivable, net	580,002.	3	1,798,139.
	4	Accounts receivable, net		4	
	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	
ठ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	113,552.	9	106,701.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 14,955,873.			
	b	Less: accumulated depreciation 10b 5,462,650.	4,535,991.	10c	9,493,223.
	11	Investments - publicly traded securities	23,360,675.	11	22,105,718.
	12	Investments - other securities. See Part IV, line 11	2,487,909.	12	3,809,428.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	101 056	14	2 465 452
	15	Other assets. See Part IV, line 11	101,856.	15	9,467,173.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	44,486,688.	16	74,836,015.
	17	Accounts payable and accrued expenses	1,585,873.	17	3,162,722.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		-00	
<u>ia</u>		controlled entity or family member of any of these persons		22	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23 24	
	2 4 25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		40.1.1.5	796,388.	25	10,526,974.
	26	of Schedule D Total liabilities. Add lines 17 through 25	2,382,261.	26	13,689,696.
	20	Organizations that follow FASB ASC 958, check here	2,002,2020	20	20,000,000
es		and complete lines 27, 28, 32, and 33.			
Š	27	Net assets without donor restrictions	41,013,362.	27	43,360,539.
3ak	28	Net assets with donor restrictions	1,091,065.	28	17,785,780.
힏		Organizations that do not follow FASB ASC 958, check here			
₫		and complete lines 29 through 33.			
ŏ	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	42,104,427.	32	61,146,319.
_	33	Total liabilities and net assets/fund balances	44,486,688.	33	74,836,015.

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Pa	rt XI Reconciliation of Net Assets					-
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2.9	9,03	1,5	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,31		
3	Revenue less expenses. Subtract line 2 from line 1	3	1'	7,71	1,6	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4:	2,10	4,4	27.
5	Net unrealized gains (losses) on investments	5		1,33	3,6	19.
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		-	3,4	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6.	1,14	6,3	19.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization SCREEN ACTORS GUILD-AMERICAN FEDERATION 95-3967876 TELEVISION AND RADIO ARTISTS 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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. 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

95-3967876 Page 2 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6203241.	14894923.	6919588.	22753751.	27863193.	78634696.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6203241.	14894923.	6919588.	22753751.	27863193.	78634696.
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)						21895095.
	Public support. Subtract line 5 from line 4.						56739601.
	ction B. Total Support	Т			1	Т	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	6203241.	14894923.	6919588.	22753751.	2/863193.	/8634696.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	424 262	E70 060	E61 70E	F06 774	702 600	2774200
_	and income from similar sources	424,262.	578,869.	561,795.	506,774.	702,680.	2774380.
9	Net income from unrelated business						
	activities, whether or not the			643.	34 277	172,188.	207,108.
40	business is regularly carried on			040.	34,211.	172,100.	207,100.
IU	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						81616184.
	Gross receipts from related activities,	etc (see instruction	nne)			12	D1010101.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax			
.0	organization, check this box and stor						
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	69.52 %
	Public support percentage from 2021					15	59.77 %
	33 1/3% support test - 2022. If the o					ore, check this bo	
b	stop here. The organization qualifies as a publicly supported organization LX b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, chec	k this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s

Schedule A (Form 990) 2022

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.)

Sec	tion A. Public Support	ciow, picase comp	olete i art ii.j				
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that					1	
	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					+	
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5					1	
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					1	
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		T		_	1	1
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2021. If the		-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
	Private foundation. If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
_		
2		
3a		
2h		
3b		
3c		
00		
4a		
4b		
4c		
5a		
		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
IUa		
10b		
100		

232024 12-09-22 Schedule A (Form 990) 2022

	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
С	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, prov	ride		
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membersh	ip of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	·		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of the support of the su			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	. , , ,			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	? 1		
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e instructions).		
а				
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	c	tal entity (see instruction	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
^	these activities but for the organization's involvement.	2b		
3				
а		2-		
b	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

232025 12-09-22 Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

OF TELEVISION AND RADIO ARTISTS FOUND.

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations		
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		•		
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
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			
Sect	ion 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):				
а	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			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting orga	nization (see	
_	instructions).				

Schedule A (Form 990) 2022

SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND. 95-3967876 Page 7 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount

Schedule A (Form 990) 2022

i Carryover from 2017 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2022 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior yearsb Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions

Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

7 Excess distributions carryover to 2023. Add lines 3i

line 7:

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND.

95-3967876 Page 8 OF TELEVISION AND RADIO ARTISTS FOUND. Schedule A (Form 990) 2022 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. Part VI (See instructions.)

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND.

Employer identification number

95-3967876

Organization type (check one):						
Filers of		Section:				
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	X 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\$					
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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				

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$_2,856,521.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 1,050,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$1,009,168.	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,001,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$1,000,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$ 732,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
15		\$ 710,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	rumo, adaross, und En TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, dudiess, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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
4	8304 SHARES OF VARIOUS PUBLICLY TRADED STOCKS	\$1,009,168.	08/02/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND. 95-3967876 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

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 Open to Public Inspection

Name of the organization

SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND.

Employer identification number 95-3967876

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered 165 offi offi 950, Falt IV, IIII	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	
Da			
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	. —	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	led conservation contribution in the form of	Held at the End of the Tax Year
_	day of the tax year.		
_	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic stru		2c
a	Number of conservation easements included in (c) acquired a		2d
3	historic structure listed in the National Register Number of conservation easements modified, transferred, rele		
3	year	eased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
Ū	violations, and enforcement of the conservation easements it	·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
_			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footne	<u> </u>	ents that describes the
Da	organization's accounting for conservation easements.	Ant Historical Transcript on Oth	han Cincilan Assats
Pa	t III Organizations Maintaining Collections of	·	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958	· · · · · · · ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		*
	(i) Revenue included on Form 990, Part VIII, line 1		
_			<u>-</u>
2	If the organization received or held works of art, historical trea		gain, provide
_	the following amounts required to be reported under FASB AS	-	¢
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		\$

232051 09-01-22

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Schedule D (Form 990) 2022

Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	ar Assets	(contir	nued)	age —
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its	•		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "Yes" o	n Form 99	0, Part IV,	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo					\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	+	years back	(e) Four	years	back
1a	Beginning of year balance	23,241,836.	12,834,854.	13,970,113.	11,	942,580.	11,	875,	941.
b	Contributions	111,541.	16,281,906.		2,	542,027.			
С	Net investment earnings, gains, and losses	2,044,795.	-5,067,497.	1,350,118.		309,407.		637,	929.
d	Grants or scholarships	303,000.	488,581.	539,360.		823,901.		571,	290.
е	Other expenditures for facilities								
	and programs	589,287.		1,946,017.					
f	Administrative expenses	523,662.	318,846.						
g	End of year balance	23,982,223.	23,241,836.	12,834,854.	13,	970,113.	11,	942,	580.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	99.9000	_%						
b	Permanent endowment1000	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	nd administered for t	:he		,		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		_X_
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line 10.				
	Description of property	(a) Cost or of			Accumula		(d) Boo	k value	Э
		basis (investm	nent) basis	(other) d	epreciatio	n			
1a	Land								
b	Buildings								
С	Leasehold improvements			2,815. 3,	547,5	84.	3,41		
d	Equipment				915,0			1,5	
<u>e</u>	Other		5,98	6,475.			5,98		
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part)	K. column (B), line 10	Oc.)			9,49	3,22	23.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 OF TELEVISI	ON AND RADIO	ARTISTS FOUND.	95-3967876 Page 3
Part VII Investments - Other Securities.	ON THIS RUIDIO	antigib i donb.	33 3307070 Fage 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A) PRIVATE INVESTMENT FUNDS	3,783,016.	COST	
(B) VARIABLE ANNUITIES	26,412.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,809,428.		
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	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15	
	Description		(b) Book value
(1) OPERATING RIGHT-OF-USE AS	SET		9,363,658.
(2) OTHER ASSETS			103,515.
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			0 467 172
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		9,467,173.
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part Y	line 25
(a) Description of lightlift.	0111 01111 000, 1 art 14, mile	TTC OF TTT. OCC FORTH 330, T AIT X,	(b) Book value
······································			(b) Book value
(1) Federal income taxes (2) OPERATING LEASE LIABILITY			10,526,974.
			10,320,314.
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2022

10,526,974.

(9)

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

95-3967876 Page 4

Part XI Reconciliation of Revenue per Audited Finar	cial Statements Wit	h Revenue per Re	turn.	erere rage
Complete if the organization answered "Yes" on Form 990	Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial state	ments		1	30,358,112
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	:			
a Net unrealized gains (losses) on investments	2a	1,333,619. 4,400.		
b Donated services and use of facilities	2b	4,400.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	79,249.		
e Add lines 2a through 2d			2e	1,417,268
3 Subtract line 2e from line 1			3	28,940,844
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	:	05 054		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	87,274. 3,400.		
b Other (Describe in Part XIII.)	4b	3,400.		00 574
c Add lines 4a and 4b			4c	90,674
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Pa			5	
Part XII Reconciliation of Expenses per Audited Fina		ith Expenses per F	tetur	n.
Complete if the organization answered "Yes" on Form 990	Part IV, line 12a.		1	11 216 222
			1	11,316,220
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	4 400		
a Donated services and use of facilities		4,400.	-	
b Prior year adjustments			-	
c Other losses		70 040	-	
d Other (Describe in Part XIII.)	2d	79,249.		02.640
e Add lines 2a through 2d			2e	83,649
3 Subtract line 2e from line 1			3	11,232,571
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	I I	0.5.05.4		
a Investment expenses not included on Form 990, Part VIII, line 7b		87,274.	-	
b Other (Describe in Part XIII.)	4b			0.7.07.4
c Add lines 4a and 4b			4c	87,274
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. F	art I. line 18.)		5	11,319,845
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line			; 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 inf	ormation.		
DADM W ITNE A.				
PART V, LINE 4:				
FUNDS ARE INTENDED TO PROVIDE SCHOLA	מט מווא מ	אוויים אם ספאם	ъъм	CEDVITCEC
TONDO ARE INTENDED TO TROVIDE BEHOLA	ROTTED AND GR	ANID OR IROG	117711	DERVICED
IN FUTURE YEARS.				
IN TOTOKE TEAMO.				
PART X, LINE 2:				
THE FOUNDATION IS A TAX-EXEMPT ORGAN	TZATTON UNDER	SECTION 501	(C)	(3) OF THE
THE TOOKSTITION IS IT THE BRIDE ORGAN	101111011 0110111	DECITOR SUI	(0)	(5) 01 1112
INTERNAL REVENUE CODE AND SECTION 23	701(D) OF THE	REVENUE AND	ТΑ	XATTON
INTERNAL REVENUE CODE IND DECITOR TO	701(2) 01 1112	TIEVERIOE TEND		21111 1 011
CODE OF THE STATE OF CALIFORNIA. ACC	ORDINGLY, NO	PROVISION FO	R T	NCOME
	0112111021 / 110	1110 / 15 101 10		
TAXES IS INCLUDED IN THE ACCOMPANYIN	G FINANCIAL S	TATEMENTS. I	N A	DDITION.
	: 2			,
THE FOUNDATION PAYS TAXES ON UNRELAT	ED BUSINESS I	NCOME FOR WH	ICH	

MANAGEMENT ANTICIPATES TO BE ZERO IN TAX EXPENSE FOR THE THE YEARS ENDED

SEPTEMBER 30, 2023 AND 2022, RESPECTIVELY.

Part XIII Supplemental Information (continued)
FASB ASC TOPIC NO. 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (ASC
740), CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND
PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE
FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR
EXPECTED TO BE TAKEN IN A TAX RETURN. IN ACCORDANCE WITH ASC 740, THE
FOUNDATION RECOGNIZES THE IMPACT OF TAX POSITIONS IN THE FINANCIAL
STATEMENTS IF THAT POSITION IS MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON
AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. AS OF AND FOR THE
YEAR ENDED SEPTEMBER 30, 2023 AND 2022, THE FOUNDATION HAD NO
UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES 79,249.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
PLEDGE WRITE-OFFS 3,400.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
RENTAL EXPENSES 79,249.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND.

95-3967876

•		ctivities Out	side the United States. Comple	te if the organization answered "	Yes" on
Form 990, Part IV	,				
-	-		ds to substantiate the amount of its grar		
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the q	grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance out	side the
United States.			•		
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is ne	eeded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	INVESTMENTS		2,635,032.
3 a Subtotal	0	0			2,635,032.
b Total from continuation	_	_			_
sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2,635,032.
LHA For Paperwork Reduct				Schedule E	(Form 990) 2022

232071 10-17-22

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	nization by the IRS, o	or for which the grantee	recognized as charities by the or counsel has provided a sect					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

Part IV	Foreian	Forms
---------	---------	-------

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Schedule G (Form 990) 2022

Name of the organization SCREEN ACTORS GUILD-AMERICAN FEDERATION **Employer identification number** 95-3967876 OF TELEVISION AND RADIO ARTISTS FOUND. 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. а Mail solicitations e l Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 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.

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OF TELEVISION AND RADIO ARTISTS FOUND. 95-3967876 Page 2

Г	irt i	of fundraising events. Complete if the of fundraising event contributions and gr	•	•		-
		Ţ Ţ	(a) Event #1 SAG AWARDS	(b) Event #2 LA GOLF TOURNAMENT	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Revenue		Cross resolute	(event type) 349,691.	(event type) 182,555.	(total number)	532,246.
Ř	1	Gross receipts				
	2	Less: Contributions	349,691.	93,531.		443,222.
	3	Gross income (line 1 minus line 2)		89,024.		89,024.
	4	Cash prizes				
တ္	5	Noncash prizes				
bense	6	Rent/facility costs		38,377.		38,377.
Direct Expenses	7	Food and beverages		2,907.		2,907.
	8	Entertainment		40.051		60 514
	9	Other direct expenses		42,971.		69,714.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	. ,			110,998. -21,974.
Pa	rt I			 n 990, Part IV, line 19, or r		21/3/10
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
-Be	1	Gross revenue				
	2	Cash prizes				
Direct Expenses						
t Exp	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	Ent	ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	ucts gaming activities: _ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No

Schedule G (Form 990) 2022

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SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND.

Sch	edule G (Form 990) 2022 OF TELEVISION AND RADIO ARTISTS FOUND. 95-3	<u> 3967876</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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
12	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility		
	An outside facility	13b	<u>%</u>
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?	L Yes	No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	: If "Yes," enter name and address of the third party:		
·	on 165, office hard address of the tille party.		
	Nama		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	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 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	, ,
	ios, ros, ro, and ros, ao approach ros prorras any adamenta mention coordinates and		
			<u>.</u>

SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND. 95-3967876 Page 4 Schedule G (Form 990) Part IV Supplemental Information (continued)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 **Open to Public**

Inspection SCREEN ACTORS GUILD-AMERICAN FEDERATION Employer identification number

OF TELEVI	SION AND	RADIO ARTIS	TS FOUND.				95-3967876
Part I General Information on Grants a							
1 Does the organization maintain records t							
criteria used to award the grants or assis							No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	1	·	· · · · · · · · · · · · · · · · · · ·		(f) Method of	T	
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTORS FUND OF AMERICA 729 SEVENTH AVE., 10TH FLOOR							
NEW YORK, NY 10019	13-1635251	501(C)(3)	88,145.	0.			COVID-19 SUPPORT
GHETTO FILM SCHOOL 79 ALEXANDER AVE., 4TH FLOOR, BRONX, NY 10454	13-4127229	501(C)(3)	25,000.	0.			OPERATIONAL SUPPORT
MOTION PICTURE & TELEVISION FUND 23388 MULHOLLAND DR.			, ,				
WOODLAND HILLS, CA 91364	95-1652916	501(C)(3)	25,000.	0.			OPERATIONAL SUPPORT
2 Enter total number of section 501(c)(3) at	•		e line 1 table				3.

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

Schedule I (Form 990) 2022

95-3967876

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance DISASTER RELIEF 31 40,472, 0 EMERGENCY ASSISTANCE 2392 3,308,140 0 SAG-AFTRA STAFF ASSISTANCE GRANTS 4 900 0 JOHN DALES SCHOLARSHIPS 131 298,000, 0 MCGUIRE SCHOLARSHIP 5 000 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: WHEN IT IS PRACTICAL, DISBURSEMENTS FOR ASSISTANCE TO INDIVIDUALS THROUGH THE EMERGENCY ASSISTANCE, STAFF ASSISTANCE OR HEALTH PROGRAMS ARE MADE DIRECTLY TO THE SERVICE PROVIDER, NOT TO THE INDIVIDUAL. SCHOLARSHIP DISTRIBUTIONS REQUIRE PROOF OF STUDENT STATUS. IF DISBURSEMENTS ARE MADE DIRECTLY TO THE INDIVIDUAL AND IT IS \$600 OR MORE, THE FOUNDATION WILL ISSUE IRS FORM 1099 TO THE INDIVIDUAL DETAILING THE AMOUNT OF ASSISTANCE GRANTED

45

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)											
(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						
ORSATTI SCHOLARSHIP	1.	5,000.	0.								
ORBATTI SCHOLARBRIF	1.	3,000.	0.								
HEALTH ASSISTANCE PROGRAMS	39.	58,529.	0.								
NASHVILLE ASSISTANCE FUND	3.	5,500.	0.								
BETTY MITCHELL SICK & BENEFIT FUND	17.	23,194.	0.								
BITT MITCHBE STOK & BEKEITT TOND	17.	23,134.									
SENIOR FINANCIAL CRISIS FUND	160.	183,551.	0.								

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND.

Employer identification number 95-3967876

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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:			
а	The organization?	5a		Х
	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DUNCAN CRABTREE IRELAND	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	929,777.	24,948.	0.	0.	220,427.	1,175,152.	0.
(2) ARIANNA OZZANTO	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	389,142.	19,538.	0.	54,927.	36,005.	499,612.	0.
(3) REBECCA DAMON	(i)	0.	0.	0.	0.	0.	0.	0.
3RD VICE PRESIDENT	(ii)	240,803.	8,458.	0.	0.	55,460.	304,721.	0.
(4) CYD WILSON	(i)	208,241.	0.	0.	27,988.	20,649.	256,878.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHARLOTTE WELLS	(i)	180,852.	0.	0.	24,307.	18,222.	223,381.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID WHITE	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER DIRECTOR	(ii)	154,831.	0.	0.	20,809.	13,641.	189,281.	0.
(7) MATTHEW HUHN	(i)	133,044.	0.	0.	17,881.	12,387.	163,312.	0.
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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. SCREEN ACTORS GUILD-AMERICAN FEDERATION

OF TELEVISION AND RADIO ARTISTS FOUND.

Employer identification number 95-3967876

Pai	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	termini	na	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu		_	3
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	2	1,306,184.	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 23	Historical artifacts							
23 24	Scientific specimens Archeological artifacts							
2 4 25	O11 /							
26	Other () Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	zation durino	the tax vear for c	ontributions				
	for which the organization completed Form 82						0	
	· ·		J				Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	or			
	exempt purposes for the entire holding period?	?				30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31		_X_
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

SCREEN ACTORS GUILD-AMERICAN FEDERATION

Schedule M (Form 990) 2022 OF TELEVISION AND RADIO ARTISTS FOUND. 95-396/8/6 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE CONTRIBUTIONS DISCLOSED IN COLUMN (B) ARE BASED ON THE NUMBER OF
CONTRIBUTIONS.

Schedule M (Form 990) 2022

232142 09-09-22

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SCREEN ACTORS GUILD-AMERICAN FEDERATION TELEVISION AND RADIO ARTISTS FOUND.

Employer identification number 95-3967876

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE SAG-AFTRA FOUNDATION PROVIDES VITAL ASSISTANCE AND EDUCATIONAL PROGRAMMING TO THE PROFESSIONALS OF SAG-AFTRA WHILE SERVING THE PUBLIC AT LARGE THROUGH ITS SIGNATURE CHILDREN'S LITERACY PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: EVER, WITH THE RECENT WORK STOPPAGES IMPACTING MANY ARTISTS IN THE SAG-AFTRA FAMILY OF 160,000. WHILE THE STOPPAGE HAS ENDED, MANY MEMBERS CONTINUE TO STRUGGLE COVERING THEIR BASIC EXPENSES AS OUR INDUSTRY RETURNS TO WORK.

COBRA ASSISTANCE: THE SAG-AFTRA FOUNDATION COBRA (CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT) ASSISTANCE PROGRAM PROVIDES SHORT-TERM FINANCIAL GRANTS TO ELIGIBLE SAG-AFTRA MEMBERS AND THEIR FAMILIES WHO HAVE LOST THEIR EARNED ELIGIBILITY THROUGH SAG-AFTRA YET WISH TO CONTINUE THEIR HEALTH INSURANCE COVERAGE THROUGH THE 18-MONTH ASSISTANCE PROGRAM.

CATASTROPHIC HEALTH FUND: PROVIDES INSURANCE PREMIUM PAYMENT GRANTS TO ELIGIBLE SAG-AFTRA MEMBERS AND THEIR DEPENDENTS WHO SUFFER FROM CATASTROPHIC ILLNESS OR INJURY AND HAVE QUALIFIED THROUGH SAG-AFTRA PENSION AND HEALTH FOR THIS PROGRAM.

DISASTER RELIEF FUND: PROVIDES URGENT FINANCIAL SUPPORT TO SAG-AFTRA MEMBERS AND THEIR FAMILIES AFFECTED BY NATURAL DISASTERS.

SENIOR FINANCIAL CRISIS FUND: IN 2022, THE FOUNDATION CREATED THE

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND.

Employer identification number 95-3967876

SENIOR FINANCIAL CRISIS FUND TO HELP SAG-AFTRA MEMBERS, AGES 65 AND

OLDER, WHO ARE EXPERIENCING UNPRECEDENTED FINANCIAL HARDSHIP DUE TO AN

UNEXPECTED LIFE CRISIS, SUCH AS AN ACCIDENT, CATASTROPHIC ILLNESS OR

INJURY, HEALTH CRISIS CREATING A FINANCIAL BURDEN, LOSS OF HOUSING DUE

TO AN EVICTION, DEATH IN THE FAMILY, NATURAL DISASTER, OR OTHER

EMERGENCY CRISIS SITUATIONS COVERED UNDER INTERNAL REVENUE SERVICE

GUIDELINES WHICH PERTAIN TO GRANTING TAX FREE MONIES TO INDIVIDUALS.

BETTY MITCHELL SICK & BENEFIT FUND: AN EMERGENCY FINANCIAL ASSISTANCE

FUND DESIGNED TO ASSIST ELIGIBLE MEMBERS FROM THE CHICAGO LOCAL WHO ARE

STRUGGLING WITH A FINANCIAL, PERSONAL, OR MEDICAL CRISIS.

NASHVILLE PERFORMER EMERGENCY RELIEF FUND: AN EMERGENCY FINANCIAL

ASSISTANCE FUND DESIGNED TO ASSIST ELIGIBLE MEMBERS FROM THE NASHVILLE

LOCAL WHO ARE STRUGGLING WITH A FINANCIAL, PERSONAL, OR MEDICAL CRISIS.

THE SCHOLARSHIP PROGRAMS PROVIDES OPPORTUNITIES FOR SAG-AFTRA MEMBERS

AND THEIR DEPENDENTS FOR STUDY AT ACCREDITED INSTITUTIONS OF HIGHER

EDUCATION, TO PURSUE RELATED PROFESSIONS WITHIN THE

ENTERTAINMENT INDUSTRY, OR CHANGE THEIR CAREER PATHS.

THE JOHN L. DALES STANDARD SCHOLARSHIP IS AWARDED TO ELIGIBLE SAG-AFTRA

MEMBERS AND THEIR DEPENDENTS FOR STUDY AT ACCREDITED INSTITUTIONS OF

HIGHER EDUCATION. THE JOHN L. DALES TRANSITIONAL SCHOLARSHIP IS AWARDED

TO ELIGIBLE SAG-AFTRA MEMBERS TO PURSUE RELATED PROFESSIONS WITHIN THE

ENTERTAINMENT INDUSTRY OR CHANGE THEIR CAREER PATHS.

THE GEORGE HELLER MEMORIAL SCHOLARSHIP IS AWARDED TO ELIGIBLE SAG-AFTRA

Schedule O (Form 990) 2022 Page 2

Name of the organization SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND.

Employer identification number 95-3967876

MEMBERS AND THEIR DEPENDENTS FOR STUDY AT ACCREDITED INSTITUTIONS OF

KEN ORSATTI SCHOLARSHIP FUND PROVIDES ONE SCHOLARSHIP ANNUALLY TO A

SAG-AFTRA EMPLOYEE WHO IS PURSUING A COLLEGE OR GRADUATE DEGREE.

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

FOUNDATION'S WEBSITE VIDEO GALLERY AND YOUTUBE CHANNEL, HELPING TO

ENSURE THAT MEMBERS WHO ARE UNABLE TO ATTEND IN PERSON BECAUSE OF

GEOGRAPHIC LOCATION, SCHEDULING CONFLICTS, OR MOBILITY ISSUES, HAVE

ACCESS TO THIS PROGRAMMING.

THE BUSINESS: THE BUSINESS PROVIDES PARTICIPATING MEMBERS WITH AN

ENHANCED UNDERSTANDING OF ENTERTAINMENT'S FINANCIAL AND OPERATIONAL

MECHANICS, AS WELL AS CURRENT TRENDS AND CONDITIONS ACROSS THE

INDUSTRY. ATTENDEES LEARN PRACTICAL STRATEGIES FOR SOCIAL MEDIA

SELF-MARKETING, PRE-AUDITION PREPARATION, AND MONEY MANAGEMENT IN LARGE

FORMAT SEMINARS AND HIGHLY INTERACTIVE SMALL GROUP SESSIONS.

PARTICIPANTS ARE PROVIDED WITH TOOLS TO HELP THEM BEGIN TO THINK NOT

ONLY AS ARTISTS, BUT ALSO AS SMALL BUSINESS OWNERS, UNDERSTANDING THE

VARIOUS MARKETS AND THE BUYERS WITHIN THOSE MARKETS, AND PUTTING IN

PLACE LONG-TERM CAREER PLANS.

CONVERSATIONS: CONVERSATIONS PROGRAMS PRESENT FILM AND TELEVISION

SCREENINGS ACCOMPANIED BY MODERATED DISCUSSIONS WITH CAST MEMBERS, AS

WELL AS CAREER CONVERSATIONS WITH LEADING ACTORS WHO HAVE MADE LASTING

ARTISTIC AND PROFESSIONAL CONTRIBUTIONS TO THE INDUSTRY. CONVERSATIONS

PROGRAMMING IS CURATED WITH A FOCUS ON PROJECTS AND ASSOCIATED CASTS

HIGHER EDUCATION.

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND.

Employer identification number 95-3967876

GENERATING BOTH CONSUMER ATTENTION AND CRITICAL HONORS, OFFERING

ATTENDEES THE OPPORTUNITY TO LEARN FROM FELLOW PERFORMING ARTISTS WHO

ARE WORKING IN CURRENT OR RECENT PRODUCTIONS. GUEST SPEAKERS EXPLORE

THE PROCESS AND PROFESSION OF ACTING AND DRILL DOWN INTO THE PERSONAL

EXPERIENCES AND ARTISTIC INFLUENCES THAT HAVE SHAPED THEIR CAREERS.

THESE INSIGHTS PROVIDE BOTH NEW AND ESTABLISHED PERFORMERS IN THE

AUDIENCE WITH AN EXPANDED UNDERSTANDING OF FRESH METHODS FOR

APPROACHING MATERIAL, BOTH IN AUDITIONS AND WHILE WORKING ON SET.

CASTING ACCESS: OFFERING CRITICAL INSIGHT INTO THE CASTING PROCESS,

PROVIDING MEMBERS WITH COLD READING EXPERIENCE IN AN INTERACTIVE CLASS

SETTING. PARTICIPANTS RECEIVE FEEDBACK FROM RESPECTED INDUSTRY CASTING

PROFESSIONALS THEY MAY NOT OTHERWISE HAVE HAD THE OPPORTUNITY TO MEET

AND LEARN FROM.

COMPUTER LAB: THE FOUNDATION OPENED A VIRTUAL COMPUTER LAB DESIGNED TO

HELP MEMBERS UNDERSTAND AND BECOME COMFORTABLE USING CURRENT

TECHNOLOGY. CLASSES GIVE PARTICIPANTS ACCESS TO WRITING SOFTWARE AND

VIDEO AND AUDIO EDITING PROGRAMS, HELPING THEM CREATE THEIR OWN

PROFESSIONAL WEBSITES AND BUILD THEIR ONLINE BRANDS. THE LA COMPUTER

LAB WILL OPEN IN THE SPRING OF 2024 AND NEW YORK IN-PERSON CLASSES WILL

BE OFFERED LATER IN THE YEAR.

VOICEOVER LAB: THIS PROGRAMMING IS DESIGNED TO PREPARE MEMBERS FOR

CAREERS IN THE VOICEOVER ARTS. VO LAB PROGRAMMING PROVIDES MEMBERS

WITH INSTRUCTION, CONSTRUCTIVE FEEDBACK, AND ADVICE ON CAREER

DEVELOPMENT STRATEGIES FROM RESPECTED INDUSTRY PROFESSIONALS IN

INTERACTIVE CLASSES THAT EXPLORE PERFORMANCE TECHNIQUE IN MULTIPLE

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND.

Employer identification number 95-3967876

VOICEOVER SUBSETS -- INCLUDING VOICING COMMERCIALS, VOICE-TO-PICTURE

PROMO WORK, AUDIOBOOK NARRATION, AND ANIMATION AND VIDEO GAME VOICE

ACTING. THE FOUNDATION RE-OPENED THE LA AND NY FACILITIES AND

CONTINUES TO PROVIDE BOTH IN-PERSON AND VIRTUAL PROGRAMMING.

ON-CAMERA: MEMBERS HAVE THE OPPORTUNITY TO REHEARSE IN FRONT OF THE

CAMERA IN OUR LA AND NY ON-CAMERA LABS, WHICH OFFER QUIET, DEDICATED

SPACES WITH INDUSTRY STANDARD LIGHTING AND EQUIPMENT. STAFFED BY

TRAINED ENGINEERS, THE ON-CAMERA LABS ARE CURRENTLY PROVIDING BOTH

IN-PERSON AND REMOTE ONE-ON-ONE SESSIONS IN WHICH OUR ENGINEERS SERVE

AS READERS OR HELP MEMBERS TROUBLESHOOT TECH-RELATED ISSUES THEY MAY BE

HAVING WHILE SELF-RECORDING THEIR OWN AUDITIONS. ADDITIONALLY, THE

FOUNDATION HAS PRODUCED A COLLECTION OF TECH TIPS VIDEOS WITH RELEVANT

INFORMATION FOR SELF-RECORDING AUDITIONS, SUCH AS POINTERS FOR

LIGHTING, BACKDROPS, AND CAMERA AND SOUND TECHNIQUE. THESE VIDEOS ARE

PUBLISHED IN OUR WEBSITE VIDEO GALLERY AND ON OUR YOUTUBE CHANNEL.

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

LITERACY INITIATIVES: PROMOTES READING AND LITERACY SKILL DEVELOPMENT
IN CHILDREN.

STORYLINE ONLINE: THE FOUNDATION'S DIGITAL LITERACY PROGRAM, AVAILABLE

AT NO COST AND AD-FREE TO THE PUBLIC, CONTINUES TO BE A VITAL RESOURCE

FOR ELEMENTARY SCHOOL TEACHERS PROVIDING LESSONS REMOTELY, AS WELL AS

FOR THE MANY PARENTS AND CAREGIVERS WHO ARE TAKING A MUCH LARGER DAILY

ROLE IN THEIR CHILDREN'S EDUCATIONAL ACTIVITIES. THE STORYLINE ONLINE

LIBRARY HAS GROWN TO 80 VIDEOS DESIGNED TO BUILD READING CAPACITY AT

THE K THROUGH 4 LEVEL, WITH ACCLAIMED ACTORS VOLUNTEERING THEIR TIME TO

October 2 DEVELO, WITH ACCEPTED ACTORD VORONTERING THEIR TIME TO

Schedule O (Form 990) 2022 Page **2**

Name of the organization SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND.

Employer identification number 95-3967876

READ CHILDREN'S BOOKS ALOUD ALONGSIDE IMAGINATIVELY PRODUCED

ILLUSTRATIONS. EPISODES RUN BETWEEN SEVEN AND 15 MINUTES, WITH EACH

VIDEO FOCUSING ON TOPICS INCLUDING COMMUNITY SPIRIT, HONESTY,

PERSEVERANCE, RESPONSIBILITY, AND KINDNESS AND COMPASSION FOR OTHERS,

ENCOURAGING YOUNG LEARNERS TO EXPLORE THESE CONCEPTS AND IDENTIFY

COMMONALITIES IN HUMAN EXPERIENCES THAT ON THE SURFACE MAY SEEM VERY

DIFFERENT FROM THEIR OWN. SUPPLEMENTAL ACTIVITY GUIDES DEVELOPED BY A

CREDENTIALED ELEMENTARY EDUCATOR AND ALIGNED WITH ENGLISH LANGUAGE ARTS

(ELA) COMMON CORE STANDARDS ACCOMPANY EVERY VIDEO FOR USE IN THE

CLASSROOM, VIRTUAL CLASSROOM, HOSPITALS, AND AT HOME.

EXPENSES \$ 507,597. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FINANCE COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE FORM 990 BEFORE FILING. ALL MEMBERS OF THE BOARD RECEIVE A COPY OF THE RETURN PRIOR TO FILING.

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

THE ISSUE IS DISCUSSED AT THE ANNUAL MEETING OF THE FOUNDATION BOARD. A

REQUEST IS MADE THAT BOARD MEMBERS PROVIDE INFORMATION OF ANY INVOLVEMENTS

WITH OTHER NON-PROFITS OR FOR-PROFIT ORGANIZATIONS THAT WOULD GIVE RISE TO

A CONFLICT.

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

THE BOARD OR THE EXECUTIVE COMMITTEE SHALL REVIEW AND APPROVE THE

COMPENSATION, INCLUDING BENEFITS, OF THE EXECUTIVE DIRECTOR TO ENSURE THAT

SUCH PERSON'S COMPENSATION IS JUST AND REASONABLE.

SCHEDULE R (Form 990)

Part I

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.

Open to Public Inspection

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCREEN ACTORS GUILD-AMERICAN FEDERATION OF TELEVISION AND RADIO ARTISTS FOUND.

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

Employer identification number 95-3967876

OMB No. 1545-0047

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-yea	r assets Direct	(f) controlling entity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, l	pecause it had one	e or more related tax-ex	empt	
(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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
SAG-AFTRA - 45-4931719				501(c)(3))		Yes	No
5757 WILSHIRE BLVD., 7TH FLOOR	PERFORMERS UNION	CALIFORNIA	501(C)(5)	N/A	N/A		x

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 OF TELEVISION AND RADIO ARTISTS FOUND.

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)	(b)	(c) (d)		(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion		Code V-UBI amount in box 20 of Schedule	managing partner?		Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
												_
Identification of Related Ord	anizations Taxable a	s a Corno	ration or Trust. Co	molete if the organizati	ion answered "Yes	" on Form 990 Pa	art IV. I	ine 34	because it had o	ne or	mo	re related

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	Section 512(b)(13) controlled entity?	
								Tes	NO

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

1a

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.

c Gift, grant, or capital contribution from related organization(s)				1c	Х	
d Loans or loan guarantees to or for related organization(s)				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Х	
l Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		Х
m Performance of services or membership or fundraising solicitations by related organ				1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n		Х
				10		Х
p Reimbursement paid to related organization(s) for expenses				1p	Х	
q Reimbursement paid by related organization(s) for expenses				1q		Х
1 7 3 (7 1						
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on w						
(a)	(b)	(c)	(d)			
Name of related organization	Transaction	Amount involved	Method of determining amount in	volved		
	type (a-s)					
1) SAG-AFTRA	C	2,856,521.	ACTUAL COST			
2) SAG-AFTRA	K	200,000.	ACTUAL COST			
3)						
4)						
5)						
6)						
32163 09-14-22			Schedule	R (Forr	n 990)	2022

Schedule R (Form 990) 2022

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)	Are all partners se 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managi partne Yes N	(k) or Percentage ownership
	_ - -								
	_								
	-								
	_								
	_								
	_								
	<u> </u> - -								

SCREEN ACTORS GUILD-AMERICAN FEDERATION

<u>Schedule R</u>	(Form 990) 2022 OF TELEVISION AND RADIO ARTISTS FOUND.	95-3967876	Page 5
Part VII	(Form 990) 2022 OF TELEVISION AND RADIO ARTISTS FOUND. Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		

	EXTENDED TO AUGUST 15, 2024						
Form 990-T	Exempt Organization Business Income Tax Return OMB No. 1545-004						
	(and proxy tax under section 6033(e))		0000				
	For calendar year 2022 or other tax year beginning $\ \ \ \ \ \ \ \ \ \ \ \ \ $	<u>.3</u>	2022				
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.	- -	Open to Public Inspection for				
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		501(c)(3) Organizations Only				
A Check box if	Name of organization (Left Check box if name changed and see instructions.)	DEmpl	oyer identification number				
address changed.	SCREEN ACTORS GUILD-AMERICAN FEDERATION						
B Exempt under section	Print OF TELEVISION AND RADIO ARTISTS FOUND.		5-3967876				
X 501(c)(3)	Or Number, street, and room or suite no. If a P.O. box, see instructions.		o exemption number nstructions)				
408(e) 220(e)	" 5757 WILSHIRE BOULEVARD, PHI	_					
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	<u></u>					
529(a)529A	LOS ANGELES, CA 90036	JF ∟	Check box if				
	C Book value of all assets at end of year		an amended return.				
G Check organization	type X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university				
H Check if filing only to	Claim credit from Form 8941						
Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation						
	attached Schedules A (Form 990-T)		1				
-	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No				
	ame and identifying number of the parent corporation.						
L The books are in ca		<u> 123-</u>	549-6884				
Part I Total Uni	elated Business Taxable Income						
 Total of unrelated 	business taxable income computed from all unrelated trades or businesses (see		404 000				
instructions)		1	101,300.				
2 Reserved		2					
3 Add lines 1 and 2		3	101,300.				
4 Charitable contrib	utions (see instructions for limitation rules) STMT 1 STMT 2	4	2,222.				
5 Total unrelated but	siness taxable income before net operating losses. Subtract line 4 from line 3	5	99,078.				
6 Deduction for net	operating loss. See instructions STATEMENT 3	6	78,084.				
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.						
Subtract line 6 fro		7	20,994.				
8 Specific deduction	generally \$1,000, but see instructions for exceptions)	8	1,000.				
9 Trusts. Section 19	99A deduction. See instructions	9					
10 Total deductions	Add lines 8 and 9	10	1,000.				
11 Unrelated busine	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,						
enter zero		11	19,994.				
Part II Tax Com							
1 Organizations tax	table as corporations. Multiply Part I, line 11 by 21% (0.21)	1	4,199.				
2 Trusts taxable at	trust rates. See instructions for tax computation. Income tax on the amount on						
Part I, line 11 from	: Tax rate schedule or Schedule D (Form 1041)	2					
3 Proxy tax. See ins	structions	3					
4 Other tax amounts	s. See instructions	4					
5 Alternative minimum	ım tax (trusts only)	5					

223701 01-16-23

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

6 7

	90-T (2022)						F	Page 2
Part	-							
		nch Form 1118; trusts attach Form 1						
b	Other credits (see instructions)			1b				
С	General business credit. Attach For	m 3800 (see instructions)		1c				
d	Credit for prior year minimum tax (a	ttach Form 8801 or 8827)		1d				
е	Total credits. Add lines 1a through	1d				1e		
2						2	4,1	99.
3	Other amounts due. Check if from:	Form 4255 Form 8611		·	orm 8866			
4	Total tax. Add lines 2 and 3 (see in			ously deferred		3		
-	section 1294. Enter tax amount her		•	•		4	4,1	99.
5		m Form 965-A, Part II, column (k)				5		0.
6a	• •	edited to 2022		1 1			-	
		ck if section 643(g) election applies		6b				
c				- 	23,000.			
d		vithheld at source (see instructions)						
e		is)						
f		urance premiums (attach Form 8941)						
		ments: Form 2439		01				
9	Form 4136			6g				
7		gh 6g				7 2	23,0	0.0
8	• •	ons). Check if Form 2220 is attached				8		44.
	. , ,	e total of lines 4, 5, and 8, enter amou				9		
9		n the total of lines 4, 5, and 8, enter a	•••				18,5	57
10		nt: Credited to 2023 estimated tax		18,557.			10,5	0.
11 Part		Certain Activities and Other			Refunded	11		<u> </u>
								Na
1	,	ar year, did the organization have an		· ·	•		Yes	No
	-	rities, or other) in a foreign country?		-	-			
		n Bank and Financial Accounts. If "Y	es, entertne	manie or the ic	reign country			X
•	here	ation and the state of the stat					-	$\vdash $
2		ation receive a distribution from, or w	-					X
•		orms the organization may have to fil			Φ.			
3		erest received or accrued during the						
4	Enter available pre-2018 NOL carry			• •		•		
_		Don't reduce the NOL carryover sho	•	-	=	ı, iine 6.		
5		e Business Activity Code and availab	· ·	•				
		IOL claimed on any Schedule A, Parl	: II, line 17 for				-	
	Busi	ness Activity Code		<u> </u>	ost-2017 NOL ca		-	
		532000	\$			97,664.	-	
			\$	3				
	•	hod of accounting? (see instructions						X
b	•	described the change on Form 990, 9	990-EZ, 990-P	PF, or Form 112	8? If "No,"			
Г <u>ъ</u>								
Part '								
Provide	the explanation required by Part IV	line 6b. Also, provide any other addi	tional informa	ation. See instru	uctions.			
_								
Sian	Under penalties of perjury, I declare that I I correct, and complete. Declaration of prep	nave examined this return, including accompanyin arer (other than taxpayer) is based on all informati	g schedules and s on of which prepar	tatements, and to th er has any knowledo	e best of my knowled ge.	ge and belief, it is tr	ue,	
Sign Here		1			Ma	y the IRS discuss th	nis return v	with
пеге				IVE DIRE		preparer shown bel	· · · · · · · · · · · · · · · · · · ·	
	Signature of officer	Date T	itle		ins	tructions)? X	/es	No
	Print/Type preparer's name	Preparer's signature	D	ate	Check if	PTIN		
Paid		LAUREN A.			self- employed			
Prepa	rer LAUREN A. HAVEF		0	3/15/24		P00545		
Use O	Only Firm's name MOSS AI	DAMS LLP			Firm's EIN	91-018	3931	8
	21700	OXNARD ST. STE 3	00					
	Firm's address WOODI	LAND HILLS, CA 9136	7		Phone no. 8	18-577- 1	<u> 1900</u>	
223711 0	1-16-23					Form 9	990-T	(2022)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GRANTS TO CHARITABLE ORGS	N/A	147,145.
TOTAL TO FORM 990-T, PART I, L	INE 4	147,145.

ORM 990-T	CONTRIBUTIONS SUMMARY	SI	'ATEMENT 2
QUALIFIED CONTRIBUTIONS S QUALIFIED CONTRIBUTIONS S			
CARRYOVER OF PRIOR YEARS FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020 FOR TAX YEAR 2021	UNUSED CONTRIBUTIONS 307,645		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CO	NTRIBUTIONS	307,645 147,145	
TOTAL CONTRIBUTIONS AVAIL TAXABLE INCOME LIMITATION		454,790 2,222	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTION		452,568 0 452,568	
ALLOWABLE CONTRIBUTIONS D	EDUCTION		2,222
TOTAL CONTRIBUTION DEDUCT	ION		2,222

FORM 990-T		PRE 2018 NOL SCHE	DULE	STATEMENT	3		
PRE-2018 N	INE 6	78,084. 78,084.					
SCHEDULE A							
	1		0.				
TOTAL SCHEDULE A SHARE OF PRE-2018 NOL NET OPERATING DEDUCTION BALANCE AFTER PRE-2018 NOL DEDUCTION EXPIRING NET OPERATING LOSSES CARRY FORWARD OF NET OPERATING LOSS 0.							
FORM 990-T	PRE-201	18 NET OPERATING	LOSS DEDUCTION	STATEMENT	4		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR			
09/30/15 09/30/16 09/30/17 09/30/18	43,39						
NOL CARRYOV	34,688. 78,084.						

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

	ment of the Treasury Il Revenue Service Do not enter SSN numbers on this form as it is	ı	Open to Public Inspection for 501(c)(3) Organizations Only			
Α 1	Name of the organization SCREEN ACTORS GUILD-AM OF TELEVISION AND RADIO ARTISTS			B Employer 95-39		
<u>с</u> ।	Unrelated business activity code (see instructions) 53200	0		D Sequence	: 1	of 1
E [Describe the unrelated trade or business RENTAL					
	rt I Unrelated Trade or Business Income		(A) In a const	(D) E		(O) N - 1
Pa	onrelated Trade or Business income		(A) Income	(B) Expense	S	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	251 211			
6	Rent income (Part IV)	6	274,911.	79,2	49.	195,662.
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12	0.7.4.04.4		10	105.660
<u>13</u>	Total. Combine lines 3 through 12	13	274,911.	79,2	49.	195,662.
_	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come				s must be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	
4	Bad debts				5	
5 6	Interest (attach statement). See instructions				6	
7	Taxes and licenses Depreciation (attach Form 4562). See instructions		7			
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		SEE STATE	MENT 5	14	1,500.
15					15	1,500.
16	Unrelated business income before net operating loss deduction. S					-
	column (C)				16	194,162.
17	Deduction for net operating loss. See instructions		STMT 6	STMT 8	17	92,862.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

101,300.

n-	_	_	
PЯ	О	\mathbf{e}	- 2

	ule A (Form 990-T) 2022				Page 2
Part	III Cost of Goods Sold Enter meth	nod of inventory valuat	ion		
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line 2	<u> </u>	8	
9	Do the rules of section 263A (with respect to property p				Yes No
Part	IV Rent Income (From Real Property and	Personal Proper	ty Leased with R	eal Property)	
1	Description of property (property street address, city, st				
	A ACTORS CENTER RENTAL OF	PERSONAL AN	D REAL PROP	E 5757 WILS	HIRE BOU
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)	0.			
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)	274,911.			
С	Total rents received or accrued by property.	,			
	Add lines 2a and 2b, columns A through D	274,911.			
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) STMT 9	through D. Enter here 79,249.	and on Part I, line 6, c	olumn (A)	274,911.
5	Total deductions. Add line 4 columns A through D. En		line 6, column (B)		79,249.
Part					
1	Description of debt-financed property (street address, or	rity, state, ZIP code). C	heck if a dual-use. See	instructions.	
	A				
	В				
	c				
	D				1
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Par	t I, line 7, column (A)		0.
-	<u> </u>		, , , , , , ,		-
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A three	ough D. Enter here and	d on Part I, line 7, colur	nn (B)	0.
11	Total dividends-received deductions included in line				0.

<u>Sched</u>	<u>ule A (Form 990-T) 2022</u>	<u> </u>									Page 3
Part	∵VI ∣Interest, Annι	uities, Ro	oyalties, and Re	ents fror	n Contro	led Or	ganizations	s (see	instructi	ions)	
						E	xempt Contro	lled Orga	anization	s	
	Name of controlle organization	d	2. Employer identification number			al of specified nents made	5. Part of colu that is included controlling org tion's gross in		in the connected with		
(1)									9,0000	-	
(2)											
(3)											
(4)											
			No	nexempt (Controlled O	rganizati	ions				
•	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of speci yments mad		10. Part of that is incontrolling gross	luded in	the ition's		Deductions directly connected with come in column 10
(1)							J				
(2)											
(3)											
(4)											
Tatala							Add colum Enter here line 8, c		Part I,	Ente	columns 6 and 11. r here and on Part I, ine 8, column (B)
Totals Part		Income	of a Section 50	1(c)(7) ((a) or (17)	Organ	nization (a	aa inatu			<u> </u>
1 are		cription of		1(0)(1), (2. Amou		3. Deduction	ee instru	4. Set-	noidoo	5. Total deductions
	500	onpuon or	moomo		incor		directly conne (attach state	ected (attach st		
(1)											
(2)											
(3)											
(4)											
Totals					Add amo column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertisin	g Income (see insti	ructions)		
1	Description of exploite	ed activity:									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con line 10, column (B)		•					,		3	
4	Net income (loss) from lines 5 through 7	unrelated	I trade or business.	Subtract lir	ne 3 from lin	e 2. If a 🤉	gain, complete			4	
5	Gross income from ac	tivity that i	s not unrelated busi	ness incor	me					5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F									7	

Schedule A (Form 990-T) 2022

		_
Schedule A	(Form 990-T) 2022	age 4
Part IX	Advertising Income	

Part					
1	Name(s) of periodical(s). Check box if reporti	ing two or more periodicals on a	consolidated basis.		
	A				
	B				
	c				
_	D				
Enter a	amounts for each periodical listed above in the	e corresponding column.		1	
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ine			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column	in			
	line 4 showing a loss or zero, do not comple	te			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain	on			
а	Add line 8, columns A through D. Enter the		al or zero here and or	1	
_	Part II, line 13	grouter or the line oa, columns to	and the control of and of		0.
Part		irectors, and Trustees (s	ee instructions)		
Part		irectors, and Trustees (s	ee instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Di			3. Percentage of time devoted	4. Compensation
Part		irectors, and Trustees (s		of time devoted	attributable to
	X Compensation of Officers, Di			of time devoted to business	
1)	X Compensation of Officers, Di			of time devoted to business %	attributable to
1) 2)	X Compensation of Officers, Di			of time devoted to business %	attributable to
1) 2) 3)	X Compensation of Officers, Di			of time devoted to business %	attributable to
1) 2) 3)	X Compensation of Officers, Di			of time devoted to business %	attributable to
1) 2) 3) 4)	X Compensation of Officers, Di 1. Name			of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to
1) 2) 3) 4)	1. Name 1. Name	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business
1) 2) 3) 4)	Compensation of Officers, Di Name I. Name I. Enter here and on Part II, line 1	2. Title		of time devoted to business %	attributable to unrelated business

NOL CARRYOVER AVAILABLE THIS YEAR

FORM 990-T	(A)		OTHER	DEDUCT	IONS		STATEMENT	5
DESCRIPTION	I						AMOUNT	
AX PREP FE	- EES						1,5	500.
OTAL TO SO	HEDUL	E A, PART II,	LINE 14				1,5	500.
FORM 990-T	(A)	P	OST 2017	NOL SCI	HEDULE		STATEMENT	6
PRIOR YEAR 2017 NOI			NOL DEDUC	CTION		CARRYFO	RWARD OF 17 NOL	
197	7,664.	•	92	,862.			104,802.	
90-T SCH A	`	POST-201	7 NET OP	ERATING	LOSS DEDU	CTION	STATEMENT	7
990-T SCH A		POST-201	7 NET OP		LOSS DEDU	JCTION	STATEMENT	7
990-T SCH A		POST-201 SUSTAINED		S USLY	LOSS DEDU	5	AVAILABLE THIS YEAR	7

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 8
TAXABLE INCOME FRO	OM ALL ENTITIES FION OF TAXABLE INCOME	194,162. 194,162.
	CENTAGE OF PRE-2018 NET OPERATING LOSS DWED PRE-2018 NET OPERATING LOSS	100.00% 78,084.
TAXABLE INCOME AFT	TER PRE-2018 NET OPERATING LOSS	116,078. 92,862.
POST-2017 AVAILABI LESSER OF POST-201	LE L7 NET OPERATING LOSS OR 80% LIMITATION	197,664. 92,862.

197,664.

197,664.

FORM 990-T (A) DEDUCTIONS CONNECTED	WITH RENTAL	INCOME	STATEMENT 9
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES & WAGES GENERAL & ADMINISTRATIVE EXPENSES		23,882. 55,367.	
- SUBTOTAL	- 1	55,367.	79,249.
TOTAL TO FORM 990-T, SCHEDULE A, PART	IV, LINE 4		79,249.