Form	9	9	0	
Departm	ient o	f the	Treasury	

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.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015 Open to Public Inspection

Inte	rnal Rev	enue Serv	/ice	►	Information	about Form	990 and it	s instructions	s is at v	www.irs.gov	/form990.		Inspect	ion
A	For t	he 201	5 calenda	ar year, or ta	ax year beg	jinning		, 2018	5, and	ending			, 20	
_			C Name of	organization							D Employer i	dentific	ation number	
в	Check if a	applicable:	THE A	ACTORS' H	FUND OF 1	AMERICA								
	Add char			isiness As							13-163	5251		
		ige ie change		and street (or F	P.O. box if mail	is not delivered t	o street add	ess)	Room	/suite	E Telephone			
		al return	729 9	SEVENTH	AVENUE.	10TH FLO	OR				(212) 22	21 - 7	300	
-	-	ninated		own, state or pr				de				- 1 / .		
+		nded	-	YORK, NY	-	,					G Gross recei	nte ¢	48,424	115
+	retur Appl	n ication		nd address of pr		TORED	UL DENT	NCASA -	סשממ	שאיזכוד	H(a) Is this a gr			X No
L	pend	ling		-	-						subordinate	s?		
	T					10TH FLO					H(b) Are all subo		L	No
<u>+</u>		xempt sta		501(c)(3)	501(c) () ┥ (in:	sert no.)	4947(a)(1)	or	527	-		(see instructions)	
J				TORSFUND		T		-			H(c) Group exer			
1				Corporation	Trust	Association	Other	▶		. Year of forma	ation: 1882 M	State of	of legal domicile:	: NY
P	art l		nmary											
	1										L HUMAN SP	ERVIC	CES_ORG	
JCe				HOUSING,										
nar				O ALL PE										
Governance	2										∕₀ of its net asse	ts.		
		Numbe	er of voting	members of	the governin	g body (Part V	'l, line 1a)					3		51.
50 ري	4											4		51.
Activities &	5	Total r	number of i	individuals en	nployed in ca	lendar year 20)15 (Part V,	line 2a)				5		318.
ći	6	Total r	number of	volunteers (es	timate if nece	ssary)						6		39.
Ā	7a	Total ι	unrelated b	usiness reven	ue from Part	VIII, column (0	C), line 12					7a		0.
												7b		0.
											Prior Year		Current Y	ear
ъ	8	Contril	butions and	dgrants (Part '	VIII, line 1h)						19,116,8	32.	24,394	1,578.
nu	9	Progra	im service i	revenue (Part	VIII, line 2g)			COP	Y FOR		11,459,9	37.	12,141	.,152.
Revenue	10	Investr	ment incon	ne (Part VIII, d	column (A), lir	nes 3, 4, and 7	'd)	PUBLIC I	NSPEC	TION	2,457,3	03.		7,932.
£	11			Part VIII, colur							602,6			5,341.
	12			dd lines 8 thr							33,636,8	57.	37,699	, 003.
	13			ar amounts pa							2,886,7			1,005.
	14			or for members							i	0.	i	<u> </u>
ú	40			ompensation,							16,937,00	18,108	3,049.	
ISe	16a			draising fees (F							141,1		5,230.	
Expenses	h	Total fi	undraisina	expenses (Pa	rt IX column	(D) line 25)	2	. 846.834	• • •	•••	,_		<u></u> :	
ш	17			Part IX, colum							9,580,5	9 471	,396.	
				Add lines 13-1							29,545,52		30,448	
	19			penses. Subtra							4,091,33),323.
L S		Reven	ue less exp	Jenses. Subur					• • •		ning of Current		End of Yea	
Net Assets or Fund Balances	20	Total -	onoto /Dat	V line 10						Degli	71,080,8		77,610	
Asse Bali	20		•						•••	· · ·	25,975,35		26,434	
ind /	21		•	art X, line 26)					• • •	· · ·				
	22 rt II		nature Bl	id balances. S	Subtract line 2	1 from line 20	<u></u>				45,105,52	27.	51,176	, 0/4.
					wa avaminad t	his return in alu		nonving ochodu				£		
true	e, corre	ect, and c	complete, De	claration of pre	parer (other tha	an officer) is bas	ed on all info	panying schedu prmation of whi	ch prep	arer has any k	and to the best o nowledge.	т ттукп	lowledge and be	mer, it is
			ΠΛ	IANK	on	·····					[]	101	5 0110	
Sig	n		Signature of	officer								ðĮ	2016	
He			°/								Dale			
		🖪 –	CONNIE					CFO						
				name and title		Dec. 1				-	·····		-1.5.1	
Paio	4		ype prepare			Preparer's sig			Dat		Check	if PT		
	parer	BRID	GET T	ROCHE		Bridge	Fadu		11	/09/201			200666837	
	Only	Firm's	name 🕨	GRANT TH	HORNTON 1	LLP					Firm's EIN 🕨		055558	
	,	Firm's a	address 🕨	757 THIRD A	VE 4TH FLOOP	R NEW YORK, 1	NY 10017-2	2013			Phone no.	212-	599-0100	
Мау	the II	RS disc	uss this re	eturn with the	preparer show	vn above? (see	e instructior	ns)					X Yes	No
For	Paper	work R	Reduction	Act Notice, se	ee the separa	te instruction	s.						Form 990	(2015)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part	Additional (Not	Automatic) 3-Month E	xtension o	f Time. Only file the origina	Il (no copies need	ed).	
					filer's identifying nu		
	Name of exempt organization or other filer, see instructions.			En	nployer identification i	number	(EIN) or
Туре							
print				251			
- File by f		id room or suite no. If a P.O. bo	ox, see instruc	tions. So	cial security number (SSN)	
	le by the Je date for 729 SEVENTH AVENUE, 10TH FLOOR						
filing yo return. S		office, state, and ZIP code. Fo	r a foreign ad	dress, see instructions.			
instruct		Y 10019					
Enter	the Return code for the	return that this application	is for (file a	separate application for each	return)		. 0 1
Appl	ication		Return	Application			Return
ls Fo	r		Code	Is For			Code
Form	n 990 or Form 990-EZ		01				
Form	n 990-BL		02	Form 1041-A			08
Form	n 4720 (individual)		03	Form 4720 (other than indivi	idual)		09
Form	990-PF		04	Form 5227	·		10
Form	n 990-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069			11
Form	990-T (trust other than	above)	06	Form 8870			12
STOP	! Do not complete Part	II if you were not already	granted ar	automatic 3-month extension	on on a previously	iled Fo	orm 8868.
• The	e books are in the care of	► CONNIE YOO 729 SEVENTH AVE	NEW YOR	K NY 11021			
Tel	ephone No. 🕨 212	221-7300		Fax No. \blacktriangleright			
• If th	ne organization does not	have an office or place of	business in	the United States, check this b	oox		►
• If th	nis is for a Group Return,	enter the organization's fo	our digit Gro	up Exemption Number (GEN)		. If	this is
				rt of the group, check this box			
list wit	th the names and EINs o	of all members the extension	on is for.				
4	l request an additional 3-	month extension of time u	ntil	11/	15 ,20 16 .		
5	For calendar year 2015	, or other tax year beginn	ing	, 20, and e	ending		, 20
6	If the tax year entered in	line 5 is for less than 12 m	nonths, cheo	k reason: Initial return	n 🔄 Final return		
	Change in accounti	ng period					
7 3	State in detail why you ne	eed the extension ALL 7	THE NECE	SSARY INFORMATION TO	PREPARE A		
(COMPLETE AND ACCU	RATE RETURN IS NOT	' AVAILAB	BLE AT THIS TIME.			
8a	If this application is for	Forms 990-BL, 990-PF, 9	90-T, 4720	, or 6069, enter the tentativ	ve tax, less any		
!	nonrefundable credits. Se	ee instructions.			8	a \$	0.
b	If this application is fo	or Forms 990-PF, 990-T	, 4720, oi	6069, enter any refundat	ole credits and		
(estimated tax payments	s made. Include any pr	ior year o	verpayment allowed as a	credit and any		
-	amount paid previously w					o \$	0.
				ent with this form, if required,	by using EFTPS		
	(Electronic Federal Tax P	ayment System). See instru	uctions.		8	c \$	0.

Signature and Verification must be completed for Part II only.

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

Signature 🕨 Title ► DIRECTOR Sudget fode Date ► 08/09/2016 Form 8868 (Rev. 1-2014)

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.
 Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

► X

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time
to file income tax returns
Enter filer's identifying number see instructions

	Enter mer sidentifying number, see mat dettons
Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
THE ACTORS' FUND OF AMERICA	13-1635251
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
729 SEVENTH AVENUE, 10TH FLOOR	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
NEW YORK, NY 10019	
	Name of exempt organization or other filer, see instructions.THE ACTORS' FUND OF AMERICANumber, street, and room or suite no. If a P.O. box, see instructions.729 SEVENTH AVENUE, 10TH FLOORCity, town or post office, state, and ZIP code. For a foreign address, see instructions.

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ►CONNIE_YOO, 729_SEVENTH_AVE_NEW_YORK, NY_11021_____

Т	elephone No. ▶ 212 221-7300 FAX No. ▶			
• If	the organization does not have an office or place of business in the United States, check this box			▶□
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			If this is
	he whole group, check this box		an	d attach
	t with the names and EINs of all members the extension is for.			
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
	until 08/15, 20 16, to file the exempt organization return for the organization named al	bov	e. T	he extension is
	for the organization's return for:			
	► X calendar year 2015 or			
	▶ tax year beginning, 20, and ending,	20		
		-		-
2	If the tax year entered in line 1 is for less than 12 months, check reason:	n		
	Change in accounting period			
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS		1	
	(Electronic Federal Tax Payment System). See instructions.	3c	\$	0.
Caut	ion. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Forn			EO for payment
instr	uctions.			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Fc	rm 990 (2015) Page 2
F	Part 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 ACTORS FUND IS A NATIONWIDE HUMAN SERVICES ORGANIZATION THAT
	HELPS ALL PROFESSIONALS IN PERFORMING ARTS AND ENTERTAINMENT.
	THE FUND IS A SAFETY NET, PROVIDING PROGRAMS AND SERVICES FOR
	THOSE WHO ARE IN NEED, CRISIS OR TRANSITION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program Services? Yes X No If "Yes," describe these changes on Schedule O.

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

(Code:) (Expenses \$	12,040,307. including grants	of \$) (R	Revenue \$ 10,24	19,695.)
SKILLED	NURSING CARE & AS	SSISTED LIVING FACILI	FY: IN 1902, THE		
ACTORS F	UND OPENED A RETI	REMENT HOME FOR MEMBI	ERS OF THE		
ENTERTAI	NMENT COMMUNITY.	TODAY, THE FUND PROV	IDES 124-BEDS OF		
ASSISTED	LIVING AND SKILI	LED NURSING CARE AT TH	HE LILLIAN BOOTH		
ACTORS H	OME IN ENGLEWOOD	NEW JERSEY. IN 2015	, THE LILLIAN BOOT	Н	
ACTORS H	OME PROVIDED A HO	ME TO 158 RESIDENTS.	IN BEAUTIFUL		
SURROUND	INGS, THE HOME PR	ROVIDED HIGH QUALITY (CARE FOR SENIORS		
THROUGH	ITS 82-BED SKILLE	D NURSING AND 42-ROOM	M ASSISTED LIVING		
FACILITY	. THE HOME REALIZ	ED 96% OCCUPANCY IN T	THE SKILLED NURSIN	G	
FACILITY	AND 88% IN ASSIS	STED LIVING. (SEE SCH	EDULE O)		

4b	(Code:) (Expenses \$ 11,0	084,699. including grants of	\$ 1,798,567.) (Revenue \$	1,335,978.)
	HUMAN SERVICES	(SOCIAL SERVIC	CES + EMPLOYMENT &	TRAINING + HE	ALTH	
	SERVICES): THE	FUND HELPED 13	3,899 PEOPLE THROUG	H ITS PROGRAM	S AND	
	THOUSANDS MORE	THROUGH ITS ON	N-LINE TRAINING AND	INFORMATION		
	SERVICES. THES	E COMPREHENSIVI	E PROGRAMS ARE DESI	GNED TO MEET	THE	
	CRITICAL NEEDS	OF ENTERTAINM	ENT PROFESSIONALS I	HROUGHOUT THE	IR	
	LIVES. (SEE SC	HEDULE O).				

4c (Code:) (Expenses \$	2,715,678. including g	rants of \$ 815,438.) (Revenue \$	555,479.)
HOUSING: AFFORDABLE, SUPPO				
CONCERN FOR MANY IN THE PI	ERFORMING ARTS AN	ID ENTERTAINMENT		
INDUSTRY. THE ACTORS FUND	WORKS IN MANY WA	YS TO HELP ITS		
CONSTITUENTS FIND AND SECU	JRE HOUSING. (SEE	SCHEDULE O)		
4d Other program services (Describe in S	Schedule O.)			
(Expenses \$ including	g grants of \$) (Revenue \$)	
4e Total program service expenses ►	25,840,684.			
JSA 5E1020 1.000				Form 990 (2015)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•		1	х	
•	complete Schedule A	2	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	A	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
Ũ	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	•		
5	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	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	х	
44		10	А	
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,"		х	
h	complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		х
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	an		
L	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
لہ		TIC		
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444	v	
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? 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		Х
		Form	990	(2015)

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Form 990 (2015)

Checklist of Required Schedules

Part IV

JSA 5E1021 1.000

Part IV Checklist of Required Schedules (continued) Ves. v		90 (2015)		F	Page 4
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H, 20a X b II "Yes to line 20a, idd the organization stach a copy of its audited financial statements to this return? 20b 22b 22b <th>Part</th> <th>V Checklist of Required Schedules (continued)</th> <th></th> <th></th> <th></th>	Part	V Checklist of Required Schedules (continued)			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this roturn? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or form of them \$5,000 of grants or other assistance to a for domestic indiviousl on Part IX, column (A), line 71 // Yes," complete Schedule / Parts I and II. 2 23 Did the organization newer Yes' to Part VII. Section A, line 3, 4, or 5 about compensation of the organization newer Yes' to Part VII. Section A, line 3, 4, or 5 about compensation of the organization newer Yes' to Part VII. Section A, line 3, 1, 2002 // Yes," answer lines 24b 24 Did the organization newer Yes' to Part VII. Section A, line 3, 4, or 5 about compensation of the organization new 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? // Yes," answer lines 24b 24 Did the organization aware schedule // Mr. or to line 25a 25 Section 501(cl(3), 501(cl), and 501(cl)/20) organization aware than a refunding scrow at any time during the year? 25 Section 501(cl(3), 501(cl), and 501(cl)/20) organization aware line in engaged in an axoces benefit transaction with a disqualified person during the year? 26 Did the organization aware that it engaged in an axoces benefit transaction with a disqualified person in a print year, and that the transaction has not been reported schedule L, Part I 27 Did the organization aware that it engaged in an axoces benefit transaction with a d				Yes	No
1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization and that the transaction than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, clumn (A), line 12 "I "Yes," complete Schedule Parts I and II. 21 X 22 Did the organization approximates that the signal of the organization approximates that the organization approximates that the organization approximates that was issued after December 31, 2002 II "Yes," answer lines 24 at x 22 X 240 Did the organization have a tax-exempt bord 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 II "Yes," answer lines 24 at x 24a X 241 Did the organization mixed any torceeded to tax-exempt bonds beyond a temporary period exception?. 24a X 245 Section 501(cA), 501(cA), and 501(c2) organization organization organization magon in an excess bondit transaction that a disqualified person in a prior year, and that the tansaction has not been reported on any of the organization argon in an excess bondit transaction has not been reported an only other organization argon in a prior year, and that the transaction has not been reported on any of the organization argon in a prior year, and that the transaction has not been reported to an officer, director, trustee, key employees, substantial contributor or any of the organization argon in a prior year, and that the transaction has not been reported has an officer, director, trustee, key employees, and that the transaction has not bene reported han an other difficere, director, trustee, key emplo	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.			Х
21 X 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to of or domestic individuals on part X, column (A), line 2? If "yes," complete Schedule I, Part I A. 22 X 23 Did the organization answer "yes," to Part VII, Section A, line 3, 4, or 5 about compensation of 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 24 and complete Schedule I. Wos," go to Ine 25a. 24a X 24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pariod exception". 24d X 240 Did the organization anistian an escrow account other than a refunding escrow at any time during the year? 24d X 241 Did the organization aver that it ongaged in an excess benefit transaction with a disqualified person during the year? 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization aver that it ongaged in an excess benefit transaction with a disqualified person? 25a X 25a L It to reganization aver, trustes, key employees, highest compensated employees, or disqualified person? 26b X 25a L Did the organization aver, trustes, expreprise Schedule L, Part II 27c X	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No," go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds. 24b X 24c X 24d X 24d X 24d X 25 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations prince Forms 900 or 900-522? 7 26 Did the organization sport forms or payables to any our or forms or files. 26d X 26 Did the organization inport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any disqualified person disco, complete Sche	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
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 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or wore? <i>If "Yes," complete Schedule L, Part IV</i>. 28 Z 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule L, Part IV</i>. 29 Z 20 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," assets sections</i> 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>. 31 Did the organization neated to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part I</i>, <i>III</i>. 35 Did the organization. Nave a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organization. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organization. Did the organization make any transfers to an exempt non-charitable related organization. Conduct more than 5% of its activities through an entity t					
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a 28 X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 31 X 33 Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 34 Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, o		disqualified persons? If "Yes," complete Schedule L, Part II	26		X
entity 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28 X 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or wore? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. 31 X 32 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 X 34 Was the organization neated	27				
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M,	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or undirect owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 X 32 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 X 34 Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a X 35a Did the organizations. Did the organizations. Did the organizations. Sid within the meaning of section 512(b)(13)? 35a X 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		Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			0-		v
			31		
	38		20	v	

THE ACTORS' FUND OF AMERICA

Form 990 (2015)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	_		
		· · · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			-
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	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 318			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		Х
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).	5.0		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or			
a	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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.)	120		
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	154		
F	Note. See the instructions for additional information the organization must report on Schedule O.			
u	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			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA			990	(2015

Form 9	990 (2015) THE ACTORS' FUND OF AMERICA 13-1635	251	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 51			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 51			
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 70	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	
a b	The organization's CEO, Executive Director, or top management official	15b	Х	
, N	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.01		
Section	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed CA, IL, NJ, NY, PA, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	504/	-)(2)-	
18	available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)	501(0	2)(3)8	s only)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interfinancial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s: 🕨		

Page	ĺ
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	Check if Schedule O contains a response or note to any line in this Part VII
	Independent Contractors
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		(C)								
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average					e than c		Reportable	Reportable	Estimated
	hours per					is both or/trust		compensation from	compensation from related	amount of other
	week (list any hours for					1		the	organizations	compensation
	related	ndiv or di	nsti	Officer	(ey o	ligh	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	1 24 25	Institutional trustee	ë,	Key employee	Highest compensated employee	ler	(W-2/1099-MISC)		organization and related
	line)	r trus)al tr		oyee	omp				organizations
	,	stee	uste			ens				0
			ð			ated				
(1)BRIAN STOKES MITCHELL	10.00	-								
CHAIRMAN OF THE BOARD	0.	X						0.	0.	0.
(2)MARC GRODMAN, M.D.	5.00									
SECRETARY	0.	Х						0.	0.	0.
(3)ABBY SCHROEDER	5.00									
ASSISTANT SECRETARY	0.	Х						0.	0.	0.
_(4)STEVE_KALAFER	5.00									
TREASURER	0.	Х						0.	0.	0.
(5)MARK_HOSTETTER	5.00									
ASSISTANT TREASURY	0.	Х						0.	0.	0.
(6)PHILIP S. BIRSH	5.00									
VICE CHAIR	0.	Х						0.	0.	0.
(7)BEBE_NEUWIRTH	5.00									
VICE CHAIR	0.	Х						0.	0.	0.
(8)LEE H. PERLMAN	5.00									
VICE CHAIR	0.	Х						0.	0.	0.
(9)PHILIP J. SMITH	5.00									
VICE CHAIR	0.	Х						0.	0.	0.
(10)ALEC_BALDWIN	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(11)ANNETTE_BENING	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(12) JEFFREY_BOLTON	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(13)JOHN_BREGLIO	1.00									
TRUSTEE	0.	X						0.	0.	0.
(14)EBS_BURNOUGH	1.00									
TRUSTEE	0.	X						0.	0.	0.

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	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any	· ·	not ch		more	e than o is both		Reportable compensation	Reportable compensation from	Estimated amount of other
		hours for related organizations below dotted line)					or/truemployee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
5)	JAMES J. CLAFFEY, JR.	1.00		Ű			ted				
-	TRUSTEE	0.	X						0.	0.	
6)	NANCY COYNE TRUSTEE	1.00	x						0.	0.	
7)	MERLE DEBUSKEY	1.00							0.	0.	
	TRUSTEE	0.	x						0.	0.	
8)	RICK ELICE	1.00									
	TRUSTEE	0.	Х						0.	0.	
9)	JANICE REALS ELLIG	1.00							_		
0.	TRUSTEE	0.	X						0.	0.	
0)	TERESA EYRING TRUSTEE	1.00	x						0.	0.	
1)	JOYCE GORDON	1.00							0.	0.	
'	TRUSTEE	0.	x						0.	0.	
2)	KEN HOWARD	1.00									
	TRUSTEE	0.	X						0.	0.	
3)	DAVID HENRY HWANG	1.00									
	TRUSTEE THRU 9/15	0.	X						0.	0.	
4)	ANITA JAFFE	1.00	37						0		
5)	TRUSTEE KATE EDELMAN JOHNSON	0.	X						0.	0.	
	TRUSTEE	0.	x						0.	0.	
1b	Sub-total	1							0.	0.	
с	Total from continuation sheets to Part VII, S							►	1,825,954.	0.	547,79
	Total (add lines 1b and 1c)								1,825,954.	0.	547,79
2	Total number of individuals (including but not reportable compensation from the organization		hose 1(d al	bove	e) who	o re	eceived more than	\$100,000 of	
			10	,							Yes
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3
4	For any individual listed on line 1a, is the sorganization and related organizations grain individual	eater than	\$15	50,00	00?	lf	"Yes	,"	complete Schedu	le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	mpen	satio	on f	from	n any	un	related organization	on or individual	5
	ction B. Independent Contractors										· · · ·
1	Complete this table for your five highest com compensation from the organization. Report of year.										
	(A) Name and business add	dress							(B) Description of se	ervices C	(C) ompensation
лп	TACHMENT 1										
AI								+			
<u> </u>											

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	erson lirect	e than or is both a or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	m	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	>)	from the organization and related organizations
) SHARON KARMAZIN TRUSTEE	1.00	x						0.).	
) MICHAEL KERKER	1.00										
TRUSTEE	0.	x						0.		o.	
) CHRIS KEYSER	1.00										
TRUSTEE	0.	Х						0.).	
) STEWART F. LANE TRUSTEE	<u> </u>	x						0.		D .	
) PAUL LIBIN	1.00										
TRUSTEE	0.	X						0.).	
) MATTHEW LOEB	1.00							-			
TRUSTEE	0.	X			<u> </u>			0.).	
) KRISTEN MADSEN TRUSTEE THRU 2/15	1.00	x						0.	.	.	
) KEVIN MCCOLLUM	1.00							0.		J	
TRUSTEE	0.	x						0.		o.	
) LIN-MANUEL MIRANDA	1.00	- 23						<u>0.</u>			
TRUSTEE	0.	x						0.		D.	
) SAM NAPPI	1.00										
TRUSTEE	0.	х						0.		b .	
) JAMES L. NEDERLANDER	1.00										
TRUSTEE	0.	Х						0.	().	
b Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)		<u></u>		 	• • • •	· · · ·			¢4.00.000 -f		
Total number of individuals (including but n reportable compensation from the organization Did the organization list any former of employee on line 1a? <i>If "Yes," complete Sch</i>	tion ►	10 or, or) tru	uste	e,	key e	mp	loyee, or highes	t compensated		Yes I
For any individual listed on line 1a, is the organization and related organizations individual	e sum of rep greater than	oortab \$15	ile c 0,0	com 00?	pen / If	sation <i>"Yes,</i>	n ar ," (nd other compens complete Schedu	sation from the le J for such		4 X
Did any person listed on line 1a receive for services rendered to the organization? <i>If</i> ection B. Independent Contractors											5
Complete this table for your five highest co compensation from the organization. Repor year.											tax
(A) Name and business a	address							(B) Description of se	ervices	Com	(C) pensation
							1				

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(A) Name and title		box, office	unles er and	Pos heck ss pe d a d	erson lirect	e than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
) MARTHA NELSON TRUSTEE	1.00	x						0.	0.	
) PHYLLIS NEWMAN	1.00									
TRUSTEE	0.	Х						0.	0.	
) STANLEY NEWMAN JOINED 2015	1.00									
TRUSTEE	0.	X						0.	0.	
) HAROLD PRINCE	1.00							_		
TRUSTEE .) ROBERTA REARDON	0.	X						0.	0.	
TRUSTEE	0.	x						0.	0.	
CHARLOTTE ST. MARTIN	1.00	- 23								
TRUSTEE	0.	x						0.	0.	
) THOMAS SCHUMACHER	1.00]								
TRUSTEE	0.	Х						0.	0.	
) KATE SHINDLE JOINED 2015	1.00									
TRUSTEE	0.	X						0.	0.	
) DAVID STEINER	1.00	4								
TRUSTEE	0.	X						0.	0.	
) JACK TANTLEFF	1.00								0	
TRUSTEE ') EDWARD D. TUREN	0.	X						0.	0.	
TRUSTEE	0.	x						0.	0.	
b Sub-total										
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)				•••	•••					
Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offi employee on line 1a? <i>If "Yes," complete Sche</i>	t limited to t on ► cer, directo	hose 1(or, or) tru	uste	e,	key e	mp	loyee, or highes	t compensated	Yes 3
For any individual listed on line 1a, is the organization and related organizations g <i>individual</i> . Did any person listed on line 1a receive o	reater than r accrue co	\$15 mpen	50,0 satio	00? on f	from	"Yes n any	;," - un	complete Schedu related organizatio	le J for such on or individual	4 X
for services rendered to the organization? If " ection B. Independent Contractors	res," comple	te Sch	nedu	ile J	i for	such	per	son		5
Complete this table for your five highest cor compensation from the organization. Report year.										
(A) Name and business ad	ldress							(B) Description of se	ervices C	(C) Compensation
							+			

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	heck ss pe d a d	ition more rson lirect	e than on is both a or/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations	5	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	organization and related organizations
) TOM VIOLA	1.00										
TRUSTEE	0.	Х					_	0.		0.	
) JOMARIE WARD	1.00							0			
TRUSTEE	0.	X					_	0.		0.	
) JOSEPH H. WENDER TRUSTEE	1.00	x						0.		0.	
) DAVID WHITE	1.00						-	0.		0.	
TRUSTEE	1.00	x						0.		0.	
) B.D. WONG	1.00						+				
TRUSTEE	0.	x						0.		0.	
) NICK WYMAN	1.00										
TRUSTEE	0.	x						0.		0.	
) JOSEPH BENINCASA (NON-VOTING)	50.00	-									
PRESIDENT & CEO	10.00			Х				384,946.		0.	95,28
) BARBARA DAVIS	50.00	-		37							00 60
CHIEF OPERATING OFFICER) CONNIE YOO	10.00			Х			-+	253,494.		0.	82,68
CHIEF FINANCIAL OFFICER	10.00	-		х				211,812.		0.	76,25
) THOMAS EXTON	50.00						+	<u> </u>		<u> </u>	10,23
CHIEF ADVANCEMENT OFFICER	0.	1		x				203,314.		0.	47,81
) JORDAN STROHL	50.00						+	,01.			
ADMINISTRATOR	0.	1			х			172,338.		0.	55,56
o Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)						• • • • • •					
Total number of individuals (including but not reportable compensation from the organizatio Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i>	n ► cer, directo	10 or, or) tru	uste	e,	key er	nple	oyee, or highes	t compensated		Yes M
For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0 •	00?	lf	"Yes,"	" c	complete Schedu	le J for suc	h	4 X
Did any person listed on line 1a receive or for services rendered to the organization? If "Y ection B. Independent Contractors											5
Complete this table for your five highest com compensation from the organization. Report of year.											s tax
(A) Name and business ad	dress							(B) Description of se	ervices	Co	(C) mpensation
							-				

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	(A) Name and title	(B) (C) (D) Average Position Reportable hours per (do not check more than one box, unless person is both an hours for compensation from compensation						(E) Reportable compensation fro related		(F) Estimated amount of other			
		hours for related organizations below dotted line)	offic Individual trustee or director	n Institutional trustee	a Officer		Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C) (C)	ompensati from the rganizatic and relate rganizatio	on d
59)	KEITH MCNUTT DIRECTOR OF WESTERN REGION	50.00 0.					x		154,231.		0.	39,5	52
50)	TAMAR SHAPIRO DIR. OF SOCIAL SRVCS, NATIONAL	35.00 0.					х		119,602.		0.	50,8	36
	SUSAN LATHAM DEPUTY DIRECTOR OF ADVANCEMENT	35.00 0.					х		109,465.		0.	43,5	55
	DARREN ROBERTSON DIRECTOR OF HR & ADMIN.	35.00					х		109,602.		0.	21,5	56
) 3)	MARIA BOX DIRECTOR OF NURSING	40.00					X		107,150.		0.	34,6	58
c d	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	ection A	 	iste	•••	•••		re	ceived more than	\$100,000 of			
	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the s	ule J for suc	ch ind	ividu	Jal						3	Yes	1
	organization and related organizations gre individual	eater than accrue co	\$15 mpen:	0,00 satio	00? on f	lf rom	"Yes	," (uni	complete Schedu related organizatio	le J for such on or individual	4		
	ction B. Independent Contractors												
1	Complete this table for your five highest com compensation from the organization. Report c year.											x	
	(A) Name and business add	ress							(B) Description of se	rvices		C) ensation	
								+					

Par	t VII							
		Check if Schedule O co	ontains a respor	nse or note to ar	ny line in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b d f g h	Federated campaigns Membership dues Fundraising events	1b 1c 1d 1d itions) grants, d above 1f in lines 1a-1f: \$	1,376,705. 1,958,700. 21,059,173. 285,890.	24 204 570			
Program Service Revenue	2a b c d e f	NET PATIENT SERVICES REVE NET RESIDENT SERVICES REVE HUMAN SERVICES All other program service reve	NUE /ENUE	Business Code 900099 900099 900099	24,394,578. 8,367,563. 1,882,132. 1,891,457.	8,367,563. 1,882,132. 1,891,457.		
Po	g 3 4 5	Total. Add lines 2a-2f	cluding divider tax-exempt bond	nds, interest,	12,141,152. 694,185. 0. 0.			694,185.
	6a b c d 7a	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of	(i) Real	(ii) Personal	0.			
	b c d	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	9,161,488. 8,787,741. 373,747.		373,747.			373,747.
Other Revenue		Gross income from fundra events (not including \$ <u>1</u> of contributions reported on See Part IV, line 18	uising , <u>376,705.</u> line 1c). a	2,033,042.				3/3,/47.
õ	ь с 9а	Less: direct expenses Net income or (loss) from fu Gross income from gaming See Part IV, line 19	ndraising events activities.	▶	95,341.			95,341.
	b c 10a	Less: direct expenses Net income or (loss) from g Gross sales of invento	b b b b ory, less	└ · · · · · · ▶	0.			
	b c	returns and allowances Less: cost of goods sold Net income or (loss) from sa Miscellaneous Revenu	b les of inventory		0.			
	11a b c							
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instruction			0.	12,141,152.		1,163,273.

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 815,438 815,438 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 1,798,567. 1,798,567. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 1,226,348. 270,117. 690,196. 266,035. 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 7 Other salaries and wages 11,799,420. 10,651,230 364,332 783,858. 8 Pension plan accruals and contributions (include 1,085,386. 882,401 121,860 81,125. section 401(k) and 403(b) employer contributions) 184,734. 2,934,432 2,631,643 118,055 9 Other employee benefits 1,062,463. 918,440. 56,900 87,123. Payroll taxes 10 11 Fees for services (non-employees): 0 a Management 4,147. 61,688 48,691 8,850 b Legal 158,269 64,104. 85,698 8,467. c Accounting 0 d Lobbying 255,230. 255,230. e Professional fundraising services. See Part IV, line 17 155,157. 155,157 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 1,705,252. 1,263,632 69,517 372,103. (A) amount, list line 11g expenses on Schedule O.) 38,176 1,929 12 Advertising and promotion 47,801 7,696. 809,933. 483,534. 113,237 213,162. 13 Office expenses 379,838 272,383. 37,802. 69,653. 14 Information technology 0 15 Royalties 2,441,872. 2,025,133 173,418 243,321. Occupancy 16 225,569. 157,975. 22,952 44,642. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 197,479 7,747. 184,216 5,516 19 Conferences, conventions, and meetings 285,072 225,080. 59,560 432. Interest 20 0 21 Payments to affiliates 1,317,430. 1,171,697. 87,921 57,812. Depreciation, depletion, and amortization 22 244,954. 223,910. 8,341 12,703. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aNURSING_HOME/ASSISTED_LIVING_ 987,154. 987,154. 146,844 146,844. bFUNDRAISING EXPENSES cBAD_DEBT_EXPENSES 307,084 307,084 d _____ e All other expenses _____ 1,761,162 30,448,680 25,840,684 2,846,834. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

0

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	990 (2	·			Page I
Par	rt X	Balance Sheet	DUAN		1
		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	4,084,331.	1	4,465,089
	2	Savings and temporary cash investments	2,183.	2	450,499
	3	Pledges and grants receivable, net	4,342,911.	3	7,369,989
	4	Accounts receivable, net	1,581,127.	4	1,260,377
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
ŝ	7	Notes and loans receivable, net	0.	7	0
Assets	8	Inventories for sale or use	- 0.	8	0
◄	9	Inventories for sale or use Prepaid expenses and deferred charges	338,629.	9	516,472
	-			9	510,472
	IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 34,461,868			
	b	Less: accumulated depreciation		100	16,767,180
	11				18,478,573
	12	Investments - publicly traded securities		12	10,470,573
	12	Investments - other securities. See Part IV, line 11		13	
	13 14	Investments - program-related. See Part IV, line 11	•	14	(
		Intangible assets			28,302,530
	15	Other assets. See Part IV, line 11			
_	16	Total assets. Add lines 1 through 15 (must equal line 34)			77,610,709
	17	Accounts payable and accrued expenses			2,886,175
	18	Grants payable		18	
	19	Deferred revenue			345,747
	20	Tax-exempt bond liabilities	5,360,960.	20	5,044,894
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	2,938,180
les	22	Loans and other payables to current and former officers, directors,			
Ĭ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties			3,872,675
	24	Unsecured notes and loans payable to unrelated third parties		24	(
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	10 500 001		11 246 264
		of Schedule D	10,520,291.	25	11,346,364
_	26	Total liabilities. Add lines 17 through 25		26	26,434,035
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	20,604,819.	27	25,698,620
ñ	28	Temporarily restricted net assets	6,640,997.	28	7,483,864
	29	Permanently restricted net assets		29	17,994,190
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲ A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	45,105,527.	33	51,176,674
	34	Total liabilities and net assets/fund balances	71,080,877.	34	77,610,709

THE	ACTORS '	FUND	OF	AMERICA

Form 990	0 (2015)				Pa	ge 12
Part	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		37,6	99,(03.
2	Total expenses (must equal Part IX, column (A), line 25)	2		30,4	48,6	580.
3	Revenue less expenses. Subtract line 2 from line 1	3		7,2	50,3	323.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		45,1	05,5	527.
5	Net unrealized gains (losses) on investments	5	-	-1,3	62,5	752.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	83,	576.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		51,1	76,6	574.
Part >	KII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
	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," e	xplair	nin			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com	npiled	lor			
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis X 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 o	overs	iaht			
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in 🛛			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

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.

Depa	artment of the Treasury nal Revenue Service	► Informatio		Attach to Form 990 or (Form 990 or 990-F7)			is at www.irs.gov/form9	Open to Public 90. Inspection
	e of the organization							tification number
	E ACTORS' FUND	OF AMER	ICA					-1635251
Ра				organizations must o	complet	e this pa	art.) See instructions	
			•	is: (For lines 1 through			/	
1		-		tion of churches desc	-	-		
2				. (Attach Schedule E				
3				rganization described	-			
4	A medical rese	earch organiz	zation operated in	conjunction with a hose	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
	hospital's name	e, city, and st	tate:					
5		-		a college or universit	ty owned	d or ope	erated by a governme	ntal unit described in
~			Complete Part II.)	romontol unit docoribo	مانه مممه	ion 170	(
6		-	-	rnmental unit describe				m the general public
7			-	-	ipport in	om a go	ivernmental unit of inc	om the general public
0			(1)(A)(vi). (Compl	o)(1)(A)(vi). (Complete	Dort II.)			
8 9							contributions momb	ership fees, and gross
3								re than 331/3% of its
	•							tax) from businesses
		-		975. See section 509				
10		-		usively to test for publi		-		
11	-	-	-		-			ry out the purposes of
		-	-		-			tion 509(a)(3). Check
			-			-	and complete lines 11e	
а		-					orted organization(s),	-
			-		-			tees of the supporting
		-	omplete Part IV, S					
b	Type II . A su	pporting org	anization supervis	ed or controlled in co	nnectior	n with its	s supported organization	on(s), by having
	control or ma	anagement c	of the supporting o	organization vested in	the sam	e persor	ns that control or man	age the supported
	organization(s). You mus t	complete Part IV	, Sections A and C.				
С		-					on with, and functional	ly integrated with,
-		•	. , .	s). You must comple				
d		-			-		ection with its suppor	
		-					oution requirement and	an attentiveness
е			-	omplete Part IV, Sect			hat it is a Type I, Type I	
C		•		ionally integrated sup			••••••	і, туре ш
f	Enter the number				porting t	nganiza		
g			-	orted organization(s).				••••
	(i) Name of supported or	rganization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
								included only
					Yes	No		
(A)								
(B)								
(D) —								
(C)								
(D)								
(E)								
Tota	al							

OMB No. 1545-0047

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Schedule A (Form 990 or 990-EZ) 2015

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.)

<u>Sec</u>	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,174,462.	14,646,193.	15,927,472.	19,116,882.	24,394,578.	89,259,587.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	15,174,462.	14,646,193.	15,927,472.	19,116,882.	24,394,578.	89,259,587.
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)						2,192,686.
6	Public support. Subtract line 5 from line 4.						87,066,901.
	tion B. Total Support	(-) 0044	(1-) 0040	(-) 0040	(-1) 0044	(-) 0045	(0 T-+-)
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,174,462. 720,838.	14,646,193.	15,927,472. 645,337.	19,116,882.	24,394,578. 694,185.	89,259,587.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) $$_{\rm ATCH}.1$$	2,174,681.	2,007,779.	2,562,941.	2,306,485.	2,033,042.	11,084,928.
11	Total support. Add lines 7 through 10						103,506,790.
12	Gross receipts from related activities, etc. (s	see instructions)				12	58,952,112.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup	•	-				
14	Public support percentage for 2015 (li		· ·			14	84.12%
15	Public support percentage from 2014					15	81.03%
16a	331/3% support test - 2015. If the o	-					
	this box and stop here . The organization						•••
b	331/3% support test - 2014. If the c						
170	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	-	-				
	Part VI how the organization meets t					-	
	organization			•	•		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga	anization meets	s the "facts-and	-circumstances'	" test, check th	nis box and st e	op here.
	Explain in Part VI how the organization				-	-	
18	supported organization Private foundation. If the organization						
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Part III

Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

(complete em) in year eneer		and organization randa to quality
If the organization fails to gu	alify under the tests listed below,	please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6							
6	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1	1		1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	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						
11	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for						
	organization, check this box and stop here .						<u></u> ▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,					15	%
16	Public support percentage from 2014 Schee					16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2015 (lin	ie 10c, column (f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2014 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2015. If the org	anization did n	ot check the bo	x on line 14, and	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check this	s box and sto j	here. The org	anization qualifies	s as a publicly	supported organ	ization 🕨 📃
b	331/3% support tests - 2014. If the organ	nization did not	check a box on	line 14 or line 19	a, and line 16 i	s more than 331/	3 %, and
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			
JSA				, , ,			990 or 990-EZ) 2015
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Page **4**

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.**
- **10 a** 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 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.)

0 - 11	THE ACTORS' FUND OF AMERICA 13-1635	029T		-
Part	IN Supporting Organizations (continued)		1	Page 5
i ui i			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Vaa	
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Secti	on D. All Type III Supporting Organizations	1		
00011			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see 		-	
2	Activities Test. Answer (a) and (b) below.		163	110
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies programs and activities of each			

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Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard. b

³b Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See ir	structions. All		
other Type III non-functionally integrated supporting organizations must cor	nplete S	ections A through E.	(B) Current Year		
Section A - Adjusted Net Income (A) Prior Year					
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
amorganay tamparary reduction (and instructions)					

emergency temporary reduction (see instructions)

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

6

Schedule A (Form 990 or 990-EZ) 2015

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page
	ion D - Distributions	oupporting organizat		Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	uses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	see of supported organi		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
0	(provide details in Part VI). See instructions.	The organization is resp	0113106	
•	Distributable amount for 2015 from Section C, line 6			
9				
10	Line 8 amount divided by Line 9 amount		(**)	<i>/</i> ····\
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
v	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
'	and 4c.			
0	Breakdown of line 7:			
8				
<u>а</u> ь				
b	Evenes from 2012			
<u>د</u>	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
GROSS SPECIAL EVENTS INCOME	2,174,681.	2,007,779.	2,562,941.	2,306,485.	2,033,042.	11,084,928.
TOTALS =	2,174,681.	2,007,779.	2,562,941.	2,306,485.	2,033,042.	11,084,928.

JSA 5E1225 1.000 71834G 700J 11/9/2016 10:01:04 AM V 15-7F Page 8

Sche	edu	le	В
(Form	990,	99	D-ЕZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

Name of the organization

THE ACTORS' FUND OF AMERICA

Employer identification number

13-1635251

Organization	type	(check	one):
--------------	------	--------	-------

Filers of:	Section:
Form 990 or 990-EZ	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

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Name of organization THE ACTORS ' FUND OF AMERICA

Employer identification number 13-1635251

art I Co	ntributors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,108,000.	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
2		\$1,966,387.	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
3		\$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
4		\$947,706.	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
5		\$750,000.	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
6		\$1,434,329.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

JSA 5E1253 2.000 Name of organization THE ACTORS' FUND OF AMERICA

Employer identification number

13-1635251

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

JSA 5E1254 2.000

Name of of	rganization THE ACTORS' FUND OF AM	ERICA		Employer identification number
Dout III	Entrainetralizione cheritable etc.	e e se tributione te ens	animationa descrit	13-1635251
	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	t he year from any o i ons completing Part I e year. (Enter this info	ne contributor. Co II, enter the total of rmation once. See	mplete columns (a) through (e) and exclusively religious, charitable, etc.
(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, an	d ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
			-	
		(e) Transfer	of gift	
	Transferee's name, address, an	$d 7IP \pm 4$	Relations	hip of transferor to transferee
			Relations	
		.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
			-	
			-	
		(e) Transfer	of gift	
	Transferee's name, address, an	d ZIP + 4	Relations	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
			-	
			-	
	Transferee's name, address, an	(e) Transfer d ZIP + 4		hip of transferor to transferee
		.		

SCHEDULE D		Sunnlem	ontal Financi	al St	atomonte			OMB No. 1545-0047		
(Fo	rm 990)	Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,						<u> ଏ</u> ଲ ୩ ଅ		
-			, 8, 9, 10, 11a, 11b, 11c				2015			
Depa	artment of the Treasury		Attach to Form	990.			Open to Public			
Inter	nal Revenue Service	Information about Schedu	le D (Form 990) and its	instruc	<u> </u>		Inspection			
Nam	e of the organization					Em	Employer identification number			
_	E ACTORS' FUNI						13-16352	51		
Pa		tions Maintaining Donor Adv				Acc	ounts.			
	Complete	e if the organization answered					<u> </u>			
			(a) Donor ad	vised fu	inds		(b) Funds and	other accounts		
1		nd of year								
2		of contributions to (during year)								
3		of grants from (during year)								
4		at end of year				مام م				
5	-	ion inform all donors and donor	-					Yes No		
6	-	nization's property, subject to the	-		-					
0	•	e purposes and not for the bene								
		issible private benefit?				•	• •	Yes No		
Pa		tion Easements.					<u></u>			
		e if the organization answered	"Yes" on Form 990	, Part	IV, line 7.					
1	Purpose(s) of con	servation easements held by the	e organization (check a	ll that a	apply).					
	Preservatio	n of land for public use (e.g., rec	reation or education)		Preservation of	of a h	istorically im	portant land area		
	Protection of	of natural habitat			Preservation of	of a c	ertified histo	ric structure		
	Preservatio	n of open space								
2	Complete lines 2a	through 2d if the organization h	eld a qualified conser	vation	contribution in	the f				
		last day of the tax year.					Held at the	End of the Tax Year		
а	Total number of c	onservation easements				2a				
b		tricted by conservation easement				2b				
С		vation easements on a certified				2c				
d		rvation easements included in (c				2d				
_		isted in the National Register		<u> </u>						
3		rvation easements modified, trai	nsterred, released, ex	tinguis	hed, or termina	ated	by the organ	nization during the		
	tax year ►	where property subject to cope	priotion accoment is la	ootod	•					
4 5		where property subject to conse ation have a written policy re								
5	-	orcement of the conservation ea					-			
6		hours devoted to monitoring, inspec								
6		nours devoted to monitoring, inspec	sting, narioling or violati	uns, an	to enforcing cons	serva	ion easements	s during the year		
7	Amount of expense	es incurred in monitoring, inspec	ting, handling of violat	ions, a	nd enforcina ca	nser	vation easem	ents during the yea		
•	►\$,				ienie aanlig nie jea		
8		vation easement reported on line	2(d) above satisfy the	require	ements of section	on 17	0(h)(4)(B)(i)			
)(4)(B)(ii)?		-				Yes No		
9	In Part XIII, descri	be how the organization reports	conservation easeme	ents in	its revenue and	expe	nse statemer	nt, and		
		d include, if applicable, the text of		organi	zation's financia	al sta	itements that	describes the		
		counting for conservation easeme								
Pa		tions Maintaining Collections				Sim	ilar Assets.	•		
	•	e if the organization answered								
1a	If the organization works of art, hist public service, pro	n elected, as permitted under S torical treasures, or other simil wide, in Part XIII, the text of the f	FAS 116 (ASC 958), ar assets held for pr ootnote to its financia	not to ublic e I state	report in its r xhibition, educ ments that desc	even atior	ue statemen 1, or researc s these items	t and balance shee th in furtherance o		
b	If the organizatio works of art, hist public service, pro	n elected, as permitted under torical treasures, or other simil- vide the following amounts relat	SFAS 116 (ASC 958 ar assets held for pu ing to these items:	i), to i ublic e	report in its re exhibition, educ	venu atior	ie statement n, or researc	and balance shee th in furtherance of		
		ded in Form 990, Part VIII, line 1								
		ed in Form 990, Part X								
2		n received or held works of a					s for financia	al gain, provide th		
	following amounts	s required to be reported under S	SFAS 116 (ASC 958) r	elating	to these items					
a h	Revenue included	in Form 990, Part VIII, line 1 Form 990, Part X				• •	▶\$			
	maacta IIIUUUEU II	I JULI JOU FAILA								

For Pa	perwork Re	duction	Act Notice, s	ee the	Instructions f	or For	m 9	90.
JSA								
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	/1834G	/000	11/9/201	LЮ	10.01.04	АΜ	V	12-/F

Schedule D (Form 990) 2015

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Sahar		ACTORS' FUND	OF AME	KICA				13-	163525.	-	Page 2
Par	dule D (Form 990) 2015 rt III Organizations Maintainir	na Collections of	Art Hist	torical T	reasur	es c	or Othe	r Similar A	ssets (c	ontin	
3	Using the organization's acquisition	-									,
-	collection items (check all that app			,				g			
а	Public exhibition	,	d	Loan	or excha	ange	programs	6			
b	Scholarly research		e	Other		0 1	U				
с	Preservation for future gene	rations		_							
4	Provide a description of the organ	nization's collections	and expla	ain how	they fur	ther	the orga	nization's exe	mpt purp	ose i	n Part
	XIII.										
5	During the year, did the organization	on solicit or receive of	donations c	of art, hist	orical tre	easur	es, or ot	her similar		_	
	assets to be sold to raise funds rath		ained as pa	art of the	organiza	ation's	s collecti	on?	<u> </u>	s	No
Par	t IV Escrow and Custodial Ar Complete if the organizat 990, Part X, line 21.		s" on Form	n 990, Pa	art IV, li	ine 9	, or repo	orted an amo	ount on F	orm	
1a	Is the organization an agent, truste	e custodian or othe	er intermed	liary for c	ontribut	ions	or other a	assets not			
1 a	included on Form 990, Part X?								Υ.	s [X No
b	If "Yes," explain the arrangement in	n Part XIII and comr	olete the fo	llowing tal	ble [.]				· · `	.5	
~				lie thing tai				Amour	nt		
с	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an am					or cus	stodial ad	count liability?	Y X Ye	s	No
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the e	xplanatior	has be	en pro	ovided or	Part XIII		[
Par	rt V Endowment Funds.										
	Complete if the organizat	ion answered "Yes	s" on Forn	n 990, Pa	art IV, li	ine 1	0.				
		(a) Current year	(b) Pric		(c) Two			(d) Three years ba			ars back
1a	Beginning of year balance	12,327,039.	12,44	8,865.			339.	7,239,38			1,152
b	Contributions	391,655.			2,8	817,	268.	948,66	2. 1	,121	1,350
С	Net investment earnings, gains,										
	and losses	-191,176.	45	3,992.	1,3	366,	592.	818,81	4.	168	8,336
d	Grants or scholarships										
е	Other expenditures for facilities			- 010			0.5.4		_		
	and programs	424,591.	57	5,818.		434,	954.	387,52	1.	331,45	
f	Administrative expenses	10 100 007	10.00	7 0 2 0	10	200	245	0 (10 22	0 7		
g	End of year balance	12,102,927.		7,039.			245.	8,619,33	9. 1	, 235	9,384
2	Provide the estimated percentage			e (line 1g	, column	(a)) ł	neld as:				
a h	Board designated or quasi-endowm Permanent endowment ► 98.2		_%								
b C	Temporarily restricted endowment										
U	The percentages on lines 2a, 2b, a		100%								
3a	Are there endowment funds not in			ation that	are held	d and	adminis	tered for the			
vu	organization by:		io organiza			a ana	aannio			Yes	s No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations									-	X
b	If "Yes" on line 3a(ii), are the relate									-	
4	Describe in Part XIII the intended u	0	•								
1	t VI Land, Buildings, and Equ	ipment.							B		
	Complete if the organiza Description of property				or other ba			1			<u>).</u>
	Description of property		other basis tment)		or other ba other)	ISIS	(c) Accur deprec		(d) Book	value	
1a	Land				100,00	0.				100	,000.
b	Buildings			21,8	378,89	2.	13,192	2,502.	8,	686,	,390.
С	Leasehold improvements			2,9	964,55	52.		3,936.	2,	470,	,616.
d	Equipment	[2,0	027,49	8.	1,44	5,079.		582	,419.
e	Other				490,92			3,171.			,755.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part	X, colum	n (B), lin	ne 100	.)				,180.
								-	hedule D (

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

Page 3 **Investments - Other Securities.** Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other_ (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 18,728,845. (1) INTERCOMPANY RECEIVABLES (2) VALUE OF INTEREST IN SPLIT (3) INTEREST AGREEMENT 4,868,463. (4) CASH HELD ON BEHALF OF OTHERS 2,938,180. (5) ANNUITY FUND INVESTMENTS 1,590,523. (6) DEFERRED FINANCING COST 176,519. (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 28,302,530. ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) POST RETIREMENT BENEFITS OBLIGATION 6,098,689 (3) ANNUITY PAYMENT LIABILITY 2,605,144 1,665,269 (4) DEFERRED RENT (5) MISCELLANEOUS 977,262 (6)(7)(8)(9) 11,346,364. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 5E1270 1.000

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Schedu	le D (Form 990) 2015		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	7	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
0	Other losses.	1	
с 4	Other (Describe in Part XIII.)	1	
d	Add lines 2a through 2d	2e	
е 3	Subtract line 2e from line 1	3	
-			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a			
b	Other (Describe in Part XIII.)	4c	
с 5	Add lines 4a and 4b	5	
-	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, l	art V. line 4: Par	rt X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		,

SEE PAGE 5

JSA

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Schedule D (Form 990) 2015

Part XIII

ESCROW AND CUSTODIAL ARRANGEMENTS

Supplemental Information (continued)

CASH HELD ON BEHALF OF OTHERS REPRESENTS UNCLAIMED FUNDS ENTRUSTED TO THE ACTORS FUND COLLECTED FROM ENTERTAINMENT EMPLOYERS FOR UNEMANCIPATED MINORS RENDERING ARTISTIC OR CREATIVE SERVICES PURSUANT TO CALIFORNIA LAW (FAMILY CODE SECTIONS 6750-6753). THE ESTABLISHMENT OF SUCH ACCOUNT IS KNOWN AS A "COOGAN ACCOUNT" IN THE INDUSTRY. THE ACTORS FUND HAS BEEN DESIGNATED AS THE TRUSTEE OF THE UNCLAIMED ACCOUNTS. UPON PRESENTATION OF APPROPRIATE DOCUMENTATION, THE ACTORS FUND PAYS THE UNCLAIMED FUNDS TO THE COOGAN ACCOUNT OF THE BENEFICIARY. IF THE BENEFICIARY HAS ATTAINED THE AGE OF 18 (EIGHTEEN) OR IS LEGALLY EMANCIPATED. THE UNCLAIMED FUNDS ARE PAID TO THE BENEFICIARY. IF THE BENEFICIARY IS DECEASED, THE UNPAID FUNDS ARE PAID TO HIS/HER ESTATE. CASH HELD BY THE ACTORS FUND ON BEHALF OF BENEFICIARIES IS OFFSET BY A CORRESPONDING LIABILITY IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION. CASH HELD ON BEHALF OF OTHERS CONSIST OF FUNDS INVESTED PRINCIPALLY IN MONEY MARKET FUNDS AND FIXED-INCOME SECURITIES AND AS OF DECEMBER 31, 2015 AND 2014 ARE CLASSIFIED WITHIN LEVEL 1.

SCHEDULE D, PART V: ENDOWMENT FUNDS

THE ACTORS' FUND OF AMERICA HOLDS AN ENDOWMENT FUND THAT IS MAINTAINED TO PROVIDE A PERMANENT SOURCE OF INCOME TO SUPPORT THE HOUSING, RESIDENCY AND SOCIAL SERVICE PROGRAMS OF THE ACTORS FUND. THE ENDOWMENT IS MANAGED SO THAT ITS PRINCIPAL MUST BE INVESTED AND KEPT INTACT IN PERPETUITY. THE FUND'S INCOME IS USED BY THE ACTORS FUND TO SUPPORT CHARITABLE PROGRAMS, SPECIAL EVENTS AND ITS OVERALL CHARITABLE MISSION. Supplemental Information (continued)

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Part XIII

UNDER THE ACCOUNTING STANDARDS CODIFICATION TOPIC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES," ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") GUIDANCE WAS ISSUED WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS STANDARD PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE STANDARD ALSO PROVIDES GUIDANCE ON MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, AND DISCLOSURE. THE ACTORS FUND DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS. THE ACTORS FUND HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO REVIEW OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE TAX YEARS ENDED 2012, 2013, 2014 AND 2015 REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

	Supplemen	tal Information R	egarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)	Complete if th	ne organization answer organization entered r	ed "Yes" on nore than \$	Form 990, P 15,000 on Fo	Part IV, lines 17, 18, or rm 990-EZ, line 6a.	19, or if the	2015
Department of the Treasury	.			or Form 990		"	Open to Public
Internal Revenue Service	Information ab	out Schedule G (Form	990 or 990-E	Z) and its in:	structions is at www.ir	-	Inspection
Name of the organization						Employer identification	
THE ACTORS' FUND		plata if the area	nization		Waall an Earm (13 - 1635251	
Part Form 990	ng Activities. Com)-EZ filers are not r	equired to comp	lete this p	oart.		· · ·	17.
	the organization rais	ed funds through a		•			
a X Mail solicitat	ions	е			non-government g		
b X Internet and	email solicitations	f			government grants	6	
c Phone solicit d In-person so		g	X Spec	cial fundra	ising events		
2a Did the organizat or key employees	ion have a written or s listed in Form 990,						X Yes No
b If "Yes," list the t compensated at I	en highest paid indi east \$5,000 by the o		(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
(i) Name and addre or entity (fur		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
ATTACHMENT 1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
					2 004 550	055 020	0.000.040
	which the organizat			to solicit	3,224,578. contributions or		
CA, DC, IL, MD, NJ, N							

Schedule G (Form 990 or 990-EZ) 2015

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Page **2**

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

			(a) Event #1	(b) Event #2 BOMBSHELL	(c) Other events 63.	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	910,779.	931,688.	1,567,279.	3,409,746.
£		Less: Contributions	254,915.	483,137.	638,653.	1,376,705.
	3	Gross income (line 1 minus line 2)	655,864.	448,551.	928,626.	2,033,041.
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs	65,386.	14,925.	107,940.	188,251.
t Expe	7	Food and beverages	80,271.	32,751.	62,046.	175,068.
Direct	8	Entertainment	2,100.	67,568.	21,851.	91,519.
	9	Other direct expenses				
	10					454,838.
		Net income summary. Subtract line 1				1,578,203.
Pa	rt I	II Gaming. Complete if the orgative than \$15,000 on Form 990-E	anization answered "Y EZ. line 6a.	es" on Form 990, Pa	rt IV, line 19, or repo	orted more
Ð				(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo		col. (a) through col. (c))
Rev						
		Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d))		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
	ı İs	nter the state(s) in which the organizat the organization licensed to conduct of "No," explain:	tion conducts gaming ac gaming activities in each	of these states?		_ Yes No
		/ere any of the organization's gaming " "Yes," explain:	licenses revoked, suspe			_ Yes No

Schedule G (Form 990 or 990-EZ) 2015

JSA

	THE ACTORS' FUND OF AMERICA	13-163	5251	
Sched	ule G (Form 990 or 990-EZ) 2015			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
	formed to administer charitable gaming?	[Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book			70
14	records:	.5 010		
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	aomina		
15 a	revenue?		Yes	No
h	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the	165	
U	If res, enter the amount of gaming revenue received by the organization \blacktriangleright \Im	anu me		
-	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:			
C	If res, enter name and address of the third party.			
	Nama N			
	Name ►			
	Address ►			
16	Gaming manager information:			
10				
	Namo N			
	Name ►			
	Gaming manager compensation ► \$			
	Description of convises provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming pro-	aaada ta		
a				
ь.	retain the state gaming license?		res	
b	Enter the amount of distributions required under state law to be distributed to other exempt organization and a supervisition during the tax upon the formation of the supervisition of the tax upon the tax upon the supervisition of the super	anizations		
D	or spent in the organization's own exempt activities during the tax year s	(111)		
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additic	nai intorn	nation	
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2015

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ATTACHMENT 1

990,	SCHEDULE	G,	PART	I	-	HIGHEST	PAID	FUNDRAISER
------	----------	----	------	---	---	---------	------	------------

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
RESOURCE & EVENT MANAGEMENT LIMITED 232 MADISON AVENUE, SUITE 1107 NEW YORK NY 10016	CONSULTANT	Х	910,779.	125,000.	785,779.
CHARITY BUZZ 437 FIFTH AVENUE, FLOOR 11 NEW YORK NY 10016	AUCTION	х	81,298.	17,230.	64,068.
LAUTMAN MASKA NEILL & COMPANY 1730 RHODE ISLAND AVE NW WASHINGTON DC 20036	CONSULTANT	Х	2,232,501.	113,000.	2,119,501.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States		омв №. 1545-0047 20 15	
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.		Open to Public Inspection	
Internal Revenue Service	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		inspection	
Name of the organization		Employer ide	ntification number	
THE ACTORS ' FUN	ID OF AMERICA	13-1635	251	
Part I General I	nformation on Grants and Assistance			
_	zation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants o eria used to award the grants or assistance?		and X Yes No	

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACTORS FUND HOUSING DVELOPMENT CORP							
729 SEVENTH AVENUE NEW YORK, NY 10019	80-0522071	501(C)(3)	815,438.		N/A	N/A	HOUSING SUBSIDY
(2)	_						
(2)							
_(3)	-						
(4)	_						
(5)							
(6)							
(7)	_						
(8)	_						
(9)	_						
(10)	_						
(11)	_						
(12)	-						
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations li 	d governmen	t organizations	listed in the line 1 ta	able		· · · · · · · · · · · · · · · · · · ·	1.

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

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

(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 non-cash assistance
FINANCIAL ASSISTANCE	2,171.	1,798,567.			
3					
4					
5					
3					
7					

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

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

ALL GRANT RECIPIENTS USE THE FUNDS IN THE MANNER INTENDED:

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

DIRECTLY PAYABLE TO THE SERVICE PROVIDER, THEREBY ENSURING THAT THE

REQUESTED BILLS ARE TIMELY PAID.

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

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

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

SHOWING PAYMENT, FOOD PURCHASE RECEIPTS.

Page 2

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
3					
1					
5					
j					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

3. FOR ALL GRANTEES THAT RECEIVE ASSISTANCE ON A CONTINUAL BASIS, THEY

ARE REQUIRED TO MEET WITH THEIR COUNSELOR TO REVIEW BUDGETS AND FINANCIAL

NEED.

4. ON A QUARTERLY BASIS, ACCOUNTING PROVIDES SOCIAL SERVICES WITH A LIST

OF UNCASHED CHECKS THAT ARE REVIEWED BY COUNSELOR AND GRANTEE. IF CHECKS

CONTINUE TO GO UNCASHED, SOCIAL SERVICES WILL STOP PROVIDING ASSISTANCE.

SCH	EDULE J	Compen	sation Information	0	//B No. ⁻	1545-0	047
(Fori	m 990)	For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എത	16	
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 2:	3	ZU	IJ	
Departn	nent of the Treasury	► A	Attach to Form 990.	O	pen to		
	Revenue Service of the organization	Information about Schedule J (Formation about Schedule J)	rm 990) and its instructions is at www.irs.gov/			ectio	n
	0			Employer identification		ſ	
Part		UND OF AMERICA		13-163525	T		
Faru	Question					Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form			
			provide any relevant information regarding				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso	nal residence			
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees			
	Discretio	onary spending account	Personal services (e.g., maid, chauff	eur, chef)			
b	If any of the or reimburse	boxes on line 1a are checked, did th ement or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	egarding payment plete Part III to			
	explain				1b		
2	•		to reimbursing or allowing expenses				
			D/Executive Director, regarding the item				
					2		
3			nization used to establish the compensation at apply. Do not check any boxes for method				
			e CEO/Executive Director, but explain in P				
	Ē Š	nsation committee	Written employment contract				
	· · ·	dent compensation consultant	X Compensation survey or study				
	Form 99	90 of other organizations	X Approval by the board or compensa	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	•		ayment?		4a		Х
b	Participate in	, or receive payment from, a suppleme	ental nonqualified retirement plan?		4b	X	
С			ased compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.			
	Only section						
5	-		rganizations must complete lines 5–9. , line 1a, did the organization pay or accrue	001			
5	•	n contingent on the revenues of:	, line ra, did the organization pay of accrue	any			
а	-	-			5a		Х
b					5b		X
	•	e 5a or 5b, describe in Part III.					
6			, line 1a, did the organization pay or accrue	any			
	compensatior	n contingent on the net earnings of:					
а	-				6a		Х
b					6b		X
		e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov		-	v	
0			escribe in Part III paid or accrued pursuant to a contract the		7	X	
8	•		Regulations section 53.4958-4(a)(3)?	•			
		-	Regulations section 53.4956-4(a)(3)?		8		х
9			low the rebuttable presumption proced				
_					9		

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Page 2

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 are not 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JOSEPH BENINCASA (NON-V	7 (i)	365,746.	7,200.	12,000.	62,018.	33,266.	480,230.	0
1 ^{PRESIDENT & CEO}	(ii)	0.	0.	0.	0.	0.	0.	0
BARBARA DAVIS	(i)	240,274.	4,820.	8,400.	44,486.	38,202.	336,182.	0
2 ^{CHIEF OPERATING OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0
CONNIE YOO	(i)	205,812.	0.	6,000.	36,650.	39,604.	288,066.	C
3 ^{CHIEF FINANCIAL OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	C
THOMAS EXTON	(i)	203,314.	0.	0.	16,038.	31,775.	251,127.	C
4 ^{CHIEF ADVANCEMENT OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	C
JORDAN STROHL	(i)	152,662.	8,138.	11,538.	22,826.	32,743.	227,907.	C
5 ^{ADMINISTRATOR}	(ii)	0.	0.	0.	0.	0.	0.	C
KEITH MCNUTT	(i)	142,992.	2,839.	8,400.	21,941.	17,587.	193,759.	C
6DIRECTOR OF WESTERN REGION	(ii)	0.	0.	0.	0.	0.	0.	C
TAMAR SHAPIRO	(i)	119,602.	0.	0.	18,612.	32,250.	170,464.	C
7 DIR. OF SOCIAL SRVCS, NATIONAL	(ii)	0.	0.	0.	0.	0.	0.	0
SUSAN LATHAM	(i)	109,465.	0.	0.	9,496.	34,054.	153,015.	C
8DEPUTY DIRECTOR OF ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	C
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2015

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Schedule J (Form 990) 2015

Part III Supplemental Information

Complete this part to 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 J, PART I, LINE 4B

FOR THE YEAR ENDING DECEMBER 31, 2015, PRESIDENT & CEO, JOSEPH BENINCASA,

CHIEF EXECUTIVE OFFICER, BARBARA DAVIS, AND CFO, CONNIE YOO PARTICIPATED

IN THE ORGANIZATION'S SUPPLEMENTAL 457(F) NONQUALIFIED RETIREMENT PLAN.

THE AMOUNTS INCLUDED FOR 2015 WERE \$22,818, \$6,841, AND \$1,403,

RESPECTIVELY.

SCHEDULE J, PART I, LINE 7 & PART II, COLUMN (B)(II)

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

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

CERTAIN OBJECTIVE PERFORMANCE METRICS. ALL BONUSES WERE AUTHORIZED BY THE

PRESIDENT & CEO WITHOUT ANY INPUT BY THE INDIVIDUAL THAT RECEIVED THE

BONUS.

OMB No. 1545-0047 SCHEDULE K Supplemental Information on Tax-Exempt Bonds (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990. Open to Public Department of the Treasury Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number THE ACTORS' FUND OF AMERICA 13-1635251 Part I Bond Issues (h) On (i) Pooled (c) CUSIP # (d) Date issued (a) Issuer name (b) Issuer EIN (e) Issue price (f) Description of purpose (g) Defeased behalf of financing issuer Yes No Yes No Yes No A NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY 7.000.000. BUILDING AND STRUCTURES 22-2045817 12/11/2007 х x Х в С D Proceeds Part II Α R С D 1,639,040. 2 Amount of bonds legally defeased 101,861. 3 Total proceeds of issue 7,095,621. 4 Gross proceeds in reserve funds 5 Capitalized interest from proceeds 6 Proceeds in refunding escrows 7 Issuance costs from proceeds 8 Credit enhancement from proceeds 9 Working capital expenditures from proceeds 10 Capital expenditures from proceeds 7,000,000. 11 Other spent proceeds 12 Other unspent proceeds Year of substantial completion 13 2008 Yes No Yes No Yes No Yes No 14 Were the bonds issued as part of a current refunding issue? Х **15** Were the bonds issued as part of an advance refunding issue? Х 16 Has the final allocation of proceeds been made? Х 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? Х Part III Private Business Use Α в С D Yes No Yes No Yes No 1 Was the organization a partner in a partnership, or a member of an LLC, Yes No which owned property financed by tax-exempt bonds? Х 2 Are there any lease arrangements that may result in private business use of bond-financed property? Х For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2015

13-1635251

Schedule K	(Form	990	2015

Ocific									гауе
Pa	rt III Private Business Use (Continued) N	EW JERSE	Y ECONOM	IC DEVE	LOPMENT .	AUTHORI	TY		
			Α		З	(C	[D
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?	-	X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
с	Are there any research agreements that may result in private business use of								
	bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		C
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		Q
6	Total of lines 4 and 5		%		%		%		ç
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		Q
с	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х							
Pa	rt IV Arbitrage								
			Α		З	(C	[D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
	Rebate not due yet?		X						
	Exception to rebate?		X						
	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
2	Is the bond issue a variable rate issue?		X						
3									
	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X						
4a			X						·
4a b c	hedge with respect to the bond issue? Name of provider Term of hedge		X						
4a b c	hedge with respect to the bond issue?		X						

Page **2**

13-1635251

Schedule K (Form 990) 2015

Part IV Arbitrage (Continued)								i aye u
Fait iv Aibit age (Continued)		A		в		C		0
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider		21						
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the		Λ						
	v							
requirements of section 148? Part V Procedures To Undertake Corrective Action	X							
Part V Procedures To Undertake Corrective Action		Α		В	1	C	1	כ
Has the organization established written procedures to ensure that violations	Yes					-		
of foderal tax requirements are timely identified and corrected through the	res	No	Yes	No	Yes	No	Yes	No
voluntary closing agreement program if self-remediation is not available under applicable regulations?								
	X							
Part VI Supplemental Information. Provide additional information for responses to	question				10115).			
						S	chedule K (Fo	orm 990) 2015

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Schedule K (Form 990) 2015

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

FORM 990, SCHEDULE K, LINE 3

THE AMOUNT REPRESENTED AS THE TOTAL BOND ISSUE - \$7,095,621 INCLUDES

\$95,621 IN THE BOND INTEREST EARNED ON THE BOND HOLDINGS, THIS EXPLAINS

THE DIFFERENCE BETWEEN THE ORIGINAL BOND ISSUE AMOUNT OF \$7,000,000 IN

PART I AND THE \$7,095,621 IN PART II.

FORM 990, SCHEDULE K, PART IV, LINE 2

THE ACTORS FUND OF AMERICA HAD A REBATE CALCULATION COMPLETED BY AN INDEPENDENT THIRD PARTY. THE ORGANIZATION DOES NOT ANTICIPATE THAT THERE WILL BE ANY REBATE DUE AND WILL DISCLOSE THE RESULTS FROM THE CALCULATION

ON ITS SUCCEEDING YEAR'S FORM 990.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public

Inspection

Employer identification number

13-1635251

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

THE	ACTORS '	FUND	OF	AMERICA
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Par	t Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contrib	etermining	
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	9.	285,890.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for			
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	jement	29		
					_	Yes	No
30a	During the year, did the organizat				-		
	28, that it must hold for at least th	•					
	to be used for exempt purposes for		olding period?)a	X
b	If "Yes," describe the arrangement in						
31	Does the organization have a			-			
	contributions?					1 X	
32a	Does the organization hire or use	•	0				
	contributions?					2a	X
	If "Yes," describe in Part II.						
33	If the organization did not report ar	n amount in	column (c) for a type of pro	pperty for which column (a) is checked,		
	describe in Part II.						
FOL P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (rorm 990)	1 (2015)

Page 2

Part II Supplemental Information. Complete this part to 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 ACTORS' FUND IS REPORTING THE NUMBER OF ITEMS RECEIVED ON PART I,

COLUMN B.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

THE ACTORS' FUND OF AMERICA

PART III, LINE 4A - 4D

PROGRAM ACCOMPLISHMENT 1: SKILLED NURSING CARE & ASSISTED LIVING

FACILITY

IN 1902, THE ACTORS FUND OPENED A RETIREMENT HOME FOR MEMBERS OF THE ENTERTAINMENT COMMUNITY. TODAY, THE FUND PROVIDES 124-BEDS OF ASSISTED LIVING AND SKILLED NURSING CARE AT THE LILLIAN BOOTH ACTORS HOME IN ENGLEWOOD, NEW JERSEY. IN 2015, THE LILLIAN BOOTH ACTORS HOME PROVIDED A HOME TO 158 RESIDENTS. IN BEAUTIFUL SURROUNDINGS, THE HOME PROVIDED HIGH QUALITY CARE FOR SENIORS THROUGH ITS 82-BED SKILLED NURSING AND 42-ROOM ASSISTED LIVING FACILITY. THE HOME REALIZED 96% OCCUPANCY IN THE SKILLED NURSING FACILITY AND 88% IN ASSISTED LIVING. THE HOME ACHIEVED A 5 STAR RATING - THE HIGHEST RATING POSSIBLE BY THE FEDERAL GOVERNMENT THROUGH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS). THE HOME WAS ALSO RECOGNIZED BY US NEWS AND WORLD REPORT AS ONE OF THE BEST NURSING HOMES IN 2015.

PROGRAM ACCOMPLISHMENT 2: HUMAN SERVICES (SOCIAL SERVICES + EMPLOYMENT & TRAINING + HEALTH SERVICES)

THE ACTORS FUND HUMAN SERVICES OFFER COMPREHENSIVE PROGRAMS DESIGNED TO MEET THE CRITICAL NEEDS OF ENTERTAINMENT PROFESSIONALS THROUGHOUT THEIR LIVES. IN 2015, THE FUND HELPED 13,899 PEOPLE THROUGH ITS PROGRAMS AND THOUSANDS MORE ACCESSED TOOLS AND RESOURCES THROUGH OUR WEBSITE.

SOCIAL SERVICES

OUR FREE AND CONFIDENTIAL SOCIAL SERVICES COVER A FULL RANGE OF CATEGORIES. LICENSED CLINICAL SOCIAL WORKERS ARE AVAILABLE TO PROVIDE ASSESSMENT, REFERRALS, COUNSELING, AND OTHER PRACTICAL HELP AND SUPPORT TO ADDRESS THE MANY DIFFICULTIES THAT CAN ARISE THROUGHOUT ONE'S LIFE AND CAREER.

IN 2015, THE ACTORS FUND PROVIDED \$1,780,729 IN EMERGENCY FINANCIAL ASSISTANCE TO 2,167 INDIVIDUALS. WE SERVED 5,955 PEOPLE IN CRISIS AND TRANSITION THROUGH THE FOLLOWING PROGRAMS: THE ENTERTAINMENT ASSISTANCE PROGRAM, SENIORS AND DISABLED PROGRAM, THE HIV/AIDS INITIATIVE, WOMEN'S HEALTH INITIATIVE, ADDICTION AND RECOVERY SERVICES, MENTAL HEALTH PROGRAM, FINANCIAL WELLNESS, THE DANCERS' RESOURCE, AND HOWL! HELPS. OVER 700 PEOPLE PARTICIPATED IN OUR SUPPORT GROUPS AND SEMINARS ON COPING SKILLS FOR ANXIETY AND DEPRESSION, MANAGING CASH FLOW FOR ARTISTS, MANAGING STUDENT LOANS, LIVING ON A RETIREMENT INCOME AND MORE.

YOUTH SERVICES

IN LOS ANGELES, THE ACTORS FUND'S LOOKING AHEAD PROGRAM ENHANCED THE ABILITY OF PROFESSIONAL YOUNG PERFORMERS, AGES 9-18, TO MAKE SUCCESSFUL TRANSITIONS TO ADULTHOOD BY BUILDING A MORE COHESIVE COMMUNITY FOR THEM AND BY EXPANDING THEIR OPPORTUNITIES TO EXPLORE NEW SOCIAL AND CAREER OPPORTUNITIES. THE FUND PROVIDED 24 EDUCATIONAL EVENTS, 20 COMMUNITY SERVICE ACTIVITIES, 18 SOCIAL EVENTS, 53 LEADERSHIP DEVELOPMENT WORKSHOPS, 27 EDUCATIONAL AND 49 MENTAL HEALTH COUNSELING SESSIONS FOR 192 YOUNG PERFORMERS AND 144 FAMILY MEMBERS.

Page 2

HEALTH SERVICES

IN 2015, HEATH CARE WAS AGAIN A MAJOR PRIORITY OF THE ACTORS FUND, -ESPECIALLY WITH THE ONGOING ROLLOUT OF THE AFFORDABLE CARE ACT. TO HELP MEMBERS OF OUR COMMUNITY TAKE ADVANTAGE OF AVAILABLE AFFORDABLE HEALTH INSURANCE PLANS, OUR ARTISTS HEALTH INSURANCE RESOURCE CENTER (AHIRC) HELD SEMINARS AND COUNSELING SESSIONS TO EDUCATE INDIVIDUALS AND SMALL BUSINESSES ABOUT THEIR OPTIONS AND WHAT THEY NEEDED TO DO TO ENROLL. 3,920 PEOPLE ATTENDED OUR FREE HEALTH INSURANCE SEMINARS OR RECEIVED INDIVIDUAL COUNSELING AND WE HELPED 1,552 CLIENTS IN NEW YORK AND CALIFORNIA ENROLL IN AFFORDABLE HEALTH PLANS. THE FUND OPERATES A NATIONAL WEB-BASED HEALTH INSURANCE RESOURCE CENTER AND, IN 2015, 102,632 PEOPLE VISITED THE WEBSITE.

WE ALSO CONTINUED TO PROVIDE FREE MEDICAL CARE TO THOSE IN NEED AT OUR AL HIRSCHFELD FREE HEALTH CLINIC, THE ONLY ONE OF ITS KIND IN NEW YORK CITY. IN 2015, THE CLINIC PROVIDED 2,392 FREE MEDICAL VISITS TO 933 PEOPLE. THE CLINIC'S VOLUNTEER PHYSICIANS PROGRAM - BROADWAY DOCS - CONTRIBUTED 2,059 MEDICAL VISITS VALUED AT \$96,440 WITH LABORATORY TESTING VALUED AT \$189,691 DONATED BY BIO-REFERENCE LABS.

THE CAREER CENTER

THE CAREER CENTER (FORMERLY THE ACTORS FUND WORK PROGRAM) HELPS ARTS AND ENTERTAINMENT PROFESSIONALS DEVELOP AND SECURE PARALLEL OR SIDELINE CAREERS WHERE THEY CAN USE THEIR UNIQUE SKILLS TO EARN A CONSISTENT

Schedule O (Form 990 or 990-EZ) 2015	Pag
Name of the organization	Employer identification number
THE ACTORS' FUND OF AMERICA	13-1635251

INCOME WHILE MAINTAINING THE FLEXIBILITY THEY NEED TO ALSO PURSUE THEIR ARTISTIC CAREERS. THE CAREER CENTER IS A COMPREHENSIVE PROGRAM THAT HELPS THOUSANDS OF INDUSTRY PROFESSIONALS EXPLORE THEIR CAREER OPTIONS AND MAXIMIZE THEIR CHANCES OF FINDING SATISFYING WORK BY IDENTIFYING THEIR SKILLS AND INTERESTS. PARTICIPANTS WHO ARE INTERESTED IN FINDING WORK TO COMPLEMENT THE EARNINGS FROM THEIR ENTERTAINMENT INDUSTRY WORK TYPICALLY LOOK FOR SIDELINE OR PARALLEL CAREERS WHICH PROVIDE INCOME WHILE MAINTAINING FLEXIBILITY TO CONTINUE THEIR CAREERS IN THE CREATIVE SECTOR. THOSE WHO HAVE DECIDED TO TRANSITION TO ANOTHER CAREER CAN EXPLORE A VARIETY OF CAREER AND JOB OPTIONS. ALL PARTICIPANTS ATTEND WORKSHOPS AND CLASSES AT THEIR OWN PACE, OR THEY CAN MEET WITH INDIVIDUAL COUNSELORS TO IDENTIFY THEIR MARKETABLE SKILLS AND CREATE A CAREER PLAN. EITHER WAY, THEY CAN SELECT FROM A MENU OF PROGRAM COMPONENTS, INCLUDING WORKSHOPS, SEMINARS AND TRAINING, TO HELP THEM ACHIEVE THEIR CAREER GOALS. IN 2015, THE PROGRAM SERVED 2,799 ENTERTAINMENT PERFORMING ARTS AND ENTERTAINMENT PROFESSIONALS.

PROGRAM ACCOMPLISHMENT 3: HOUSING

AFFORDABLE, SUPPORTIVE AND SENIOR HOUSING IS A CRITICAL CONCERN FOR MANY IN THE PERFORMING ARTS AND ENTERTAINMENT INDUSTRY. THE ACTORS FUND WORKS IN MANY WAYS TO HELP ITS CONSTITUENTS FIND AND SECURE HOUSING.

THE DOROTHY ROSS FRIEDMAN RESIDENCE, (A 178-UNIT AFFORDABLE, SUPPORTIVE HOUSING RESIDENCE ON WEST 57TH STREET IN MANHATTAN, PROVIDES HOUSING FOR LOW-INCOME ENTERTAINMENT PROFESSIONALS, SENIORS AND PERSONS WITH AIDS. IN ge **2**

2015, 187 PEOPLE RESIDED AT THE FRIEDMAN. THE SOCIAL SERVICES AND A VIBRANT ACTIVITIES PROGRAM HELPED RESIDENTS BUILD COMMUNITY, FOCUS ON HEALTH AND WELLNESS AND STAY ENGAGED, CREATIVE AND ACTIVE.

IN WEST HOLLYWOOD, CA, THE ACTORS FUND, IN PARTNERSHIP WITH WEST HOLLYWOOD COMMUNITY HOUSING CORPORATION, PROVIDES 40 UNITS OF AFFORDABLE HOUSING TO LOW-INCOME PEOPLE WITH HIV/AIDS AT THE PALM VIEW RESIDENCE. IN ADDITION TO REGULAR COMMUNITY-BUILDING WORKSHOPS, THE BUILDING OFFERED WEEKLY YOGA AND PAINTING CLASSES.

THE SCHERMERHORN RESIDENCE IN DOWNTOWN BROOKLYN PROVIDES 216 UNITS OF AFFORDABLE, SUPPORTIVE HOUSING FOR LOW-INCOME PROFESSIONALS IN ENTERTAINMENT AND COMMUNITY RESIDENTS, AS WELL AS FORMERLY HOMELESS INDIVIDUALS WITH HIV/AIDS OR CHRONIC MENTAL ILLNESS. CREATED IN A PARTNERSHIP WITH BREAKING GROUND, THE SCHERMERHORN HAS WON NUMEROUS DESIGN AWARDS. HOUSED IN THE BUILDING IS THE ACTORS FUND ARTS CENTER, A 2,000 SQ FT BLACK BOX THEATER THAT OFFERS LOW-COST REHEARSAL AND PERFORMANCE SPACE TO OVER 60 SMALL ARTS GROUPS AND INDIVIDUAL ARTISTS EACH YEAR.

THE ACTORS FUND HOUSING RESOURCE CENTER PROVIDES INFORMATION ON FINDING AFFORDABLE HOUSING, ROOMMATES AND HOME SHARING, TENANTS' RIGHTS, HOUSING COURT AND PURCHASING YOUR FIRST HOME. THE HOUSING RESOURCE CENTER ALSO SPONSORS THE HOUSING BULLETIN BOARD WHERE INDUSTRY MEMBERS CAN POST HOUSING AVAILABILITIES AND SEARCH FOR PLACES TO LIVE. 396 PEOPLE ATTENDED

Schedule O (Form 990 or 990-EZ) 2015					
Name of the organization	Employer identification number				
THE ACTORS' FUND OF AMERICA	13-1635251				

HOUSING WORKSHOPS IN NYC OR MET WITH A HOUSING COUNSELOR TO DISCUSS THEIR HOUSING NEEDS.

FORM 990, PART VI, LINE 2

MANY ACTORS FUND TRUSTEES WORK IN THE ENTERTAINMENT INDUSTRY. THESE INDIVIDUALS ENTER INTO BUSINESS ARRANGEMENTS AMONG THEMSELVES. THESE RELATIONSHIPS ARE FLUID THROUGHOUT ANY GIVEN YEAR AND SO IDENTIFYING EACH AND EVERY ONE IS VERY DIFFICULT. THESE BUSINESS RELATIONSHIPS HAVE NO IMPACT ON THE ACTORS FUND'S OPERATIONS.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

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

Employer identification number 13–1635251

PROCESS FOR DETERMINING COMPENSATION FORM 990, PART VI, LINE 15A & 15B EACH YEAR AN INDEPENDENT COMPENSATION CONSULTANT VALIDATES THE ORGANIZATION'S COMPETITIVE POSITION IN THE MARKETPLACE BY REGION, ORGANIZATIONS WITH A SIMILAR MISSION, SIZE OF ORGANIZATION, AND OPERATIONAL BUDGET. ALL COMPENSATION IS REVIEWED BY THE ORGANIZATION'S COMPENSATION COMMITTEE AND APPROVED BY EXECUTIVE COMMITTEE.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

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

OTHER CHANGES TO NET ASSETS PART XI, LINE 9 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$(262,519) PENSION EXPENSE OTHER THAN NET PERIODIC PENSION COST \$446,095 ------TOTAL \$183,576

JSA 5E1228 1.000 71834G 700J 11/9/2016 10:01:04 AM V 15-7F

Schedule O (Form 990 or 990-EZ) 2015				
Name of the organization	Employer identification number			
THE ACTORS' FUND OF AMERICA	13-1635251			
	ATTACHMENT 1			

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SPIEZLE ARCHITECTURAL GROUP, INC. 120 SANHICAN DRIVE TRENTON, NJ 08618	ARCHITECTURE	976,530.
C & C CONSTUCTION MGMT., INC. 10063 SANDMEYER LANE PHILADELPHIA, PA 19116	CONSTRUCTION	920,763.
J. A. JENNINGS INC. 60 EAST 42 STREET NEW YORK, NY 10018	CONSTRUCTION	282,531.
THE TRUSTEES OF COLUMBIA UNIVERSITY 64 NAGIE AVENUE NEW YORK, NY 10040	CONTRACT MEDICAL SVC	257,504.
T&M ASSOCIATES 11 TINDALL ROAD MIDDLETOWN, NJ 07748	CONSTRUCTION	203,617.

13-1635251

SCHEDULE R (Form 990)

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

THE ACTORS' FUND OF AMERICA

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

	-			-	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
_(3)					
_(4)					
(5)					
(6)					

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled tity?
						Yes	No
(1) ACTOR'S FUND HOUSING DEVELOPMENT CORP 80-0522071							
729 SEVENTH AVENUE NEW YORK, NY 10019	HOUSING	NY	501(C)(3)	07	ACTORS ' FUND	X	
(2)	_						
(3)	_						
(4)	_						
(5)	-						
(6)	-						
(7)	-						

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

Schedule R (Form 990) 2015

OMB No. 1545-0047

Open to Public

Inspection

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2

Employer identification number

13-1635251

JSA 5E1307 1.000 Schedule R (Form 990) 2015

Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) (f) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or aging tner?	(k) Percentage ownership
		- country)		,			Yes	No		Yes	No	
_(1)	_											
(2)	_											
_(3)	_											
(4)												
(5)												
(6)	_											
(7)												
(7)	_											

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)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(h) Percentage ownership	
									Yes No
(1) AURORA WEST 57TH CORPORATION	13-3762850								
729 7TH AVENUE 10TH FLOOR NEW YORK, NY 10019		HOUSING	NY	N/A	C CORP	0.	0.	100.0000	x
(2) AURORA HOUSING DEVELOPMENT FUND CO INC	06-1401959								
729 7TH AVENUE 10TH FLOOR NEW YORK, NY 10019		DORMANT	NY	N/A	C CORP	0.	0.	100.0000	x
_(3)									
(4)									
(5)									
_(6)									
(7)									

JSA 5E1308 1.000 Schedule R (Form 990) 2015

13-1635251

Schedule R (Form 990) 2015

Note: Complete line 1# are entry is listed in Parts II, III, or 0 rths schedule. Ver Not 1 During the tay synt, diff berginstation (g) entry of the following transactions with one or more related organization (g). 1 <	Part V	Transactions With Related Organizations Complete if the organization answered "Ye	s" on Form 990, Part	IV, line 34, 35b, or 36.				
1. During the tax year, dd the organization engage in any of the following transactions with one or more related organizations listed in Parts II-N? 1 1 1 2. Receipt of (interest, ii) annulise, (iii) ryanities, or (ii) year thom a controlled entity. 1 <th>Note.</th> <th>Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.</th> <th></th> <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>	Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
b Gift, grant, or capital contribution to related organization(s). Gift, grant, or capital contribution from related organization(s). b Loans or loan guarantees to or for related organization(s). c Loans or loan guarantees by related organization(s). f Dividends from related organization(s). g Sale of assets from related organization(s). t Exchange of assets twin related organization(s). t R Lease of facilities, equipment, or other assets from related organization(s). t Performance of services or membership or fundraising solicitations by related organization(s). t Relates of facilities, equipment, maing lists, or other assets with related organization(s). t Reimbursement paid to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C Other transfer of cash or properly to related organization(s). t C O	1 D	uring the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	ed in Parts II-IV?	[
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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)	c) (d) domicile Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
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Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).