# **Return of Organization Exempt From Income Tax**

orm **990** 

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

OMB No. 1545-0047
2013

Open to Public Inspection

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.

A For the 2013 calendar year, or tax year beginning , 2013, and ending 20 D Employer identification number C Name of organization B Check if applicable: THE ACTORS' FUND OF AMERICA Doing Business As 13-1635251 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 729 SEVENTH AVENUE, 10TH FLOOR (212) 221-7300Initial return City or town, state or province, country, and ZIP or foreign postal code Amended NEW YORK, NY 10019 41,386,543. G Gross receipts \$ return Application pending Name and address of principal officer: JOSEPH BENINCASA -H(a) Is this a group return for Nο Yes X subordinates' 729 SEVENTH AVENUE NEW YORK, NY 10019 Yes No H(b) Are all subordinates included? X | 501(c)(3) 4947(a)(1) or If "No," attach a list. (see instructions) Website: ► WWW.ACTORSFUND.ORG H(c) Group exemption number Form of organization: X | Corporation Other > L Year of formation: 1882 M State of legal domicile: NY Summary 1 Briefly describe the organization's mission or most significant activities: WE ARE A NATIONAL HUMAN SERVICES ORG. PROVIDING HOUSING, SOCIAL SVCS, HEALTH SVCS, & EMPLOYMENT/TRAINING Governance PROGRAMS TO ALL PERFORMING ARTS AND ENTERTAINMENT PROFESSIONALS. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 49. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 48. 326. 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 98. 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) 15,927,472. 15,986,602 **COPY FOR** Program service revenue (Part VIII, line 2g) 11,324,445 11,579,764. PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 937,325 1,098,806. 10 734,291. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 412,511 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 28,660,883. 29,340,333. 12 3,959,891 3,620,429. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 15,957,545 16,256,695. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 121,413. 134,446. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ \_ \_ \_ 2,176,723. 8,318,392. 8,441,631. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 28,357,241. 28,453,201. 18 887,132. 303,642. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** 65,366,671 65,458,385. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 25,597,422 19,843,762 39,769,249. 45,614,623 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name PTIN Preparer's signature Date Check Paid self-employed SCOTT THOMPSETT P00741490 Preparer Firm's name ► GRANT THORNTON LLP Firm's EIN ▶ 36-6055558 Use Only Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4057 212-599-0100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Page 2 Form 990 (2013)

Part III	Statement of Program Service Accomplishments
1 Briefly	Check if Schedule O contains a response or note to any line in this Part III
-	describe the organization's mission:
THE A	ACTORS FUND IS A NATIONWIDE HUMAN SERVICES ORGANIZATION THAT
	S ALL PROFESSIONALS IN PERFORMING ARTS AND ENTERTAINMENT.
THE F	UND IS A SAFETY NET, PROVIDING PROGRAMS AND SERVICES FOR
THOSE	WHO ARE IN NEED, CRISIS OR TRANSITION.
prior F	e organization undertake any significant program services during the year which were not listed on the orm 990 or 990-EZ?  Yes X N
Did th	describe these new services on Schedule O.  e organization cease conducting, or make significant changes in how it conducts, any program  Yes X
	s?
expens	ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other all expenses, and revenue, if any, for each program service reported.
A (Code: HUMAN SERVI	SERVICES (SOCIAL SERVICES + EMPLOYMENT & TRAINING + HEALTH
THE F	TUND HELPED OVER 17,000 PEOPLE THROUGH ITS PROGRAMS AND OVER
	000 THROUGH ITS ON-LINE TRAINING AND INFORMATION SERVICES.
	COMPREHENSIVE PROGRAMS ARE DESIGNED TO MEET THE CRITICAL
	OF ENTERTAINMENT PROFESSIONALS THROUGHOUT THEIR LIVES. (SEE
	OULE O).
5011111	
· (Codo:	\(\( \( \text{Expanses} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
(Code:	7(1) 11/13/3101
	LED NURSING CARE & ASSISTED LIVING FACILITY
	PERATE 124-BEDS OF ASSISTED LIVING AND SKILLED NURSING CARE AT
	ILLIAN BOOTH ACTORS HOME IN ENGLEWOOD, NEW JERSEY. LAST YEAR,
	PEOPLE RESIDED THERE AND RECEIVED HIGH QUALITY CARE. THE HOME
REALI	ZED FULL OCCUPANCY WITH SHORT STAYS IN HOSPITALS RESULTING IN
	HOLDS" (98% OCCUPANCY IN SKILLED NURSING FACILITY AND 97% IN
ASSIS	TED LIVING).
THE H	HOME ACHIEVED THE HIGHEST RATING POSSIBLE, FIVE STARS, FROM
THE F	EDERAL GOVERNMENT'S DEPARTMENT OF HEALTH (AND WAS RECOGNIZED
BY US	NEWS & WORLD REPORT AS AMONG THE BEST AND RECEIVED A
"PERF	ECT SURVEY" BY THE STATE OF NEW JERSEY). (SEE SCHEDULE O)
(Code:	) (Expenses \$ 2,513,220. including grants of \$ 946,868. ) (Revenue \$ 574,285. )
HOUSI	
7 EEOE	RDABLE, SUPPORTIVE AND SENIOR HOUSING IS A CRITICAL CONCERN
	MANY IN THE PERFORMING ARTS AND ENTERTAINMENT INDUSTRY. THE
	RS FUND WORKS IN MANY WAYS TO HELP ITS CONSTITUENTS FIND AND
SECUR	RE HOUSING. (SEE SCHEDULE O)
d Other p	program services (Describe in Schedule O.)
(Expen	including grants of \$ ) (Revenue \$ )
Total p	rogram service expenses ▶ 24,991,313.
A 2.000	Form <b>990</b> (20
	834G 700J 11/17/2014 8:33:47 AM V 13-7.5F 0168426-00013 PAG

Form 990 (2013)
Part IV Chacklist of Paguired Schodules

Part	Checklist of Required Schedules		V	N.
	1. (1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.7	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444	Х	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes."	111		
ıza		12a		Х
h	complete Schedule D, Parts XI and XII	124		
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
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	Х	
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) Page 4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	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	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	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	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	$\textbf{Section 501(c)(3) organizations.} \ \ \textbf{Did the organization make any transfers to an exempt non-charitable}$			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	$ \   \text{Did the organization conduct more than 5\% of its activities through an entity that is not a related organization } \\$			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	$ \   \text{Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and } \\$	l		
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2013) Page **5** 

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
	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 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	X	
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  326			
	that the sale has been all your enamed that the your enamed the sale has been all the sa	2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	Λ	
3 2	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		
	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	37	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
٨	required to file Form 8282?	70		21
	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		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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 and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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			
	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 11a			
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

JSA 3E1040 1.000 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 

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	49		
	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	48		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship wit	h		
	any other officer, director, trustee, or key employee?		. 2	X	
3	Did the organization delegate control over management duties customarily performed by or ur	der the dire	ct		
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	ed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's a			-	X
6	Did the organization have members or stockholders?			-	Х
7a	Did the organization have members, stockholders, or other persons who had the power to el				
	one or more members of the governing body?				X
b	Are any governance decisions of the organization reserved to (or subject to approval				37
	stockholders, or persons other than the governing body?				X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken durir	ng		
	the year by the following:			v	
a	The governing body?			X	_
b	Each committee with authority to act on behalf of the governing body?				-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X
Secti	on B. Policies (This Section B requests information about policies not required by the Int			de )	
3001.	on bit didice (The decitor bit equation information about policide het required by the int	orriar recor	140 000	Yes	No
102	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				
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		1	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•	1	X	
b		mig the ferm.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests t				
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes	s,"		
	describe in Schedule O how this was done		120	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 an	d approval b	ру		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision			
а	The organization's CEO, Executive Director, or top management official				
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	_			37
	with a taxable entity during the year?				X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard th	ne		
Soct	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 \( \subseteq \text{CA}, \text{IL}, \text{NJ}, \text{NY}, \text{PA} \)				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and available for public inspection. Indicate how you made these available. Check all that apply.	1 330-1 (260	TUC ITUIL	(U)(3)S	orlly)
	X Own website Another's website X Upon request Other (explain in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	,	interest	nolice	, and
1 3	financial statements available to the public during the tax year.	o, commet u	11161691	Policy	,, and
20	State the name, physical address, and telephone number of the person who possesses the books	and records	of the		
		221-7300	J. 1116		

JSA 3E1042 1.000

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

- 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."

THE ACTORS' FUND OF AMERICA

- 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.

	Average hours per week (list any	box,	unles	heck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)JOSEPH BENINCASA	50.00									
PRESIDENT & CEO (NON-VOTING)	10.00	Х		Х				377,070.	0	103,486.
(2)BRIAN STOKES MITCHELL	10.00									
CHAIRMAN OF THE BOARD		Х		Х				0	0	0
(3)MARC GRODMAN, M.D.	5.00									
SECRETARY		Х		Х				0	0	0
(4)ABBY SCHROEDER	5.00									
ASSISTANT SECRETARY		Х		Х				0	0	0
(5)STEVE KALAFER	5.00									
TREASURER		Х		Х				C	0	0
(6)LEE H. PERLMAN	5.00									
ASSISTANT TREASURER		X		Х				C	0	0
(7)PHILIP S. BIRSH	5.00									
VICE CHAIR		X		Х				C	0	0
(8)BEBE NEUWIRTH	5.00									
VICE CHAIR		X		Х				C	0	C
(9)PHILIP J. SMITH	5.00									
VICE CHAIR		Х		Х				0	0	0
(10)ALEC BALDWIN	1.00									
TRUSTEE		X						0	0	0
(11)ANNETTE BENING	1.00									
TRUSTEE		X						C	0	0
(12)JED W. BERNSTEIN	1.00									
TRUSTEE (THROUGH 05/2013)		X						0	0	C
(13)JEFFREY BOLTON TRUSTEE	1.00	X						C	0	(
(14)JOHN BREGLIO	1.00									
TRUSTEE		Х						l o	0	0

Form **990** (2013)

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000 (80)		ORS' FUN	D OF	' Al	MEF	RIC	!A			13-1635	251	-	P
Form 990 (201 Part VII	Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es,	and I	Hig	hest Compensat	ed Employees (c	ontinue		Page 8
	(A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not cl unles	Pos heck ss pe	cition more erson lirect	e than o	one an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	E: ar com	(F) stimated nount of other pensation	f
		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)	org an	anizatio d related anization	t
5) EBS	BURNOUGH	1.00											
TRUS			X						0	0			0
.6) JAME TRUS	S_JCLAFFEY, JR. TEE	1.00	X						0	0			0
.7) NANC	Y COYNE	1.00											
TRUS	TEE	T	Х						0	0			0
8) MERL	E DEBUSKEY	1.00											
TRUS	TEE	T	Х						0	0			0
9) RICK	ELICE	1.00											
TRUS	TEE	T	Х						0	0			0
O) JANI	CE REALS ELLIG	1.00											
TRUS	TEE		Х						0	0			0
1) TERE	SA EYRING	1.00											
TRUS	TEE		Х						0	0			0
2) JOYC	E GORDON	1.00											
TRUS	TEE		Х						0	0			0
3) MARC	HOSTETTER	1.00											
TRUS	TEE		Х						0	0			0
24) KEN	HOWARD	1.00											
TRUS	TEE		X						0	0			0
5) DAVI	D HENRY HWANG	1.00											
TRUS	TEE		X						0	0			0
1b Sub-to	tal							$\blacktriangleright$	377,070.	0		.03,4	
c Total fi	om continuation sheets to Part VII, S	ection A						$\blacktriangleright$	1,225,511.	0		03,4	
	add lines 1b and 1c)								1,602,581.	0	4	06,9	25.
	umber of individuals (including but not ble compensation from the organizatio		ا hose و		d al	bov	e) wh	o re	ceived more than	\$100,000 of			
												Yes	No
3 Did the	e organization list any former offic	er, directo	r, or	tru	ıste	e,	key e	emp	loyee, or highes	t compensated			
	ee on line 1a? If "Yes," complete Sched										3		Х

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes." complete Schedule J for such			
	individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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

Part VII Section A. Officers, Directors,	ırustees, Ke	y En	plo			and F	ııgl			continue		
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe d a d	rson lirect	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	an com	stimated nount of other pensati	f
	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)	org an	om the anizatio d related anization	d
26) ANITA JAFFE	1.00											
TRUSTEE		X						0	0			(
27) KATE EDELMAN JOHNSON	1.00											
TRUSTEE		Х						0	0			(
28) MICHAEL KERKER	1.00											
TRUSTEE		Х						0	0			(
29) CHRIS KEYSER	1.00											
TRUSTEE		Х						0	0			(
30) STEWART F. LANE	1.00											
TRUSTEE		Х						0	0			
31) PAUL LIBIN	1.00											
TRUSTEE		Х						0	0			
32) MATTHEW LOEB	1.00											
TRUSTEE		Х						C	0			
33) KRISTEN MADSEN	1.00											
TRUSTEE		Х						0	0			(
34) KEVIN MCCOLLUM	1.00											
TRUSTEE		Х						0	0			(
35) LIN-MANUEL MIRANDA	1.00											
TRUSTEE		Х							0			(
36) JAMES L. NEDERLANDER	1.00											
TRUSTEE		Х							0			(
							<b></b>					
1b Sub-total c Total from continuation sheets to Part VII	Section A		• • •		• •							
d Total (add lines 1b and 1c)	-				• •							
2 Total number of individuals (including but n							re	ceived more than	\$100 000 of			
reportable compensation from the organiza			11310 )	uai	DOV	S) WIIC	, 10	scerved more than	φ100,000 01			
roportable componential ment and organiza-											Yes	No
2 Did the executed list only former of	fficer directo		4		_	م بدیا		Javaa ar birbaa			163	NO
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch	nedule J for suc	ch ind	lividu	ual						3		Х
<b>4</b> For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	0,0	00?	. If	"Yes	,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive												
for services rendered to the organization? If										5		Х
Section B. Independent Contractors	,											
Complete this table for your five highest compensation from the organization. Repo												

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tr		y En	nplo			and H	ligl			continue		
(A)	(B)				C)			(D)			(F)	
Name and title	Average hours per	(do ı	not cl		ition mor	e than o	ne	Reportable compensation	Reportable compensation from		stimated nount of	
	week (list any					is both a tor/truste		from	related		other pensation	ion
	hours for related	or Inc						the organization	organizations (W-2/1099-MISC)		om the	
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ghest	Former	(W-2/1099-MISC)	(11 2) 1000 111100)	_	anizatio d related	
	below dotted line)	tor tr	ona		ploy	t con					anization	
		uste	trus		ee	ηpen						
		Ф	tee			Highest compensated employee						
37) MARTHA NELSON	1.00											
TRUSTEE	-	Х						C	0			0
38) PHYLLIS NEWMAN	1.00											
TRUSTEE		Х						C	0			0
39) HAROLD PRINCE	1.00											
TRUSTEE		X						C	0			0
40) ROBERTA REARDON	1.00											
TRUSTEE		X						C	0			0
41) CHARLOTTE ST. MARTIN	1.00											
TRUSTEE		X						С	0			0
42) THOMAS SCHUMACHER	1.00											
TRUSTEE	1 00	X						C	0			0
43) DAVID STEINER	1.00											0
TRUSTEE	1 00	X						C	0			0
44) EDWARD D. TUREN	1.00	X										0
TRUSTEE 45) TOM VIOLA	1.00								0			
TRUSTEE		X							0			0
46) JOMARIE WARD	1.00	21							,			
TRUSTEE		X							0			0
47) JOSEPH H. WENDER	1.00											
TRUSTEE		Х						C	0			0
1b Sub-total							<b>•</b>					
c Total from continuation sheets to Part VII, S	Section A				• •		•					
d Total (add lines 1b and 1c)	-						<b>•</b>					
2 Total number of individuals (including but not							re	eceived more than	\$100,000 of			
reportable compensation from the organization	on 🕨	9	9									
											Yes	No
3 Did the organization list any former offi												
employee on line 1a? If "Yes," complete Scheo	dule J for su	ch ina	livid	ual						3		X
4 For any individual listed on line 1a, is the												
organization and related organizations g												
individual										4	X	
5 Did any person listed on line 1a receive or										_		v
for services rendered to the organization? <i>If "Section B. Independent Contractors</i>	res, comple	ie Sci	ieau	iie J	i ior	sucn	per	son		5		X
Complete this table for your five highest cor	nnaneatad i	ndena	anda	ant i	con	tracto	re t	that received more	than \$100 000 c	of.		
compensation from the organization. Report												
The same of the sa	,					, , ,	_	J 2				

year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\blacktriangleright$ 

(A)	(B)			(0	?)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	Posineck ss pe	ition more	e is or/trust e is or/trust e mployee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated mount of other npensation from the ganization d related anization	on n
8) DAVID WHITE	1.00					<u> </u>						
TRUSTEE		X						0	0			(
19) B.D. WONG TRUSTEE	1.00	X						0	0			(
0) NICK WYMAN	1.00											
TRUSTEE	†	Х						0	0			(
1) GEORGE ZUBER	1.00											
TRUSTEE	†	Х						0	0			
2) BARBARA DAVIS	50.00											
CHIEF OPERATING OFFICER	10.00			Х				241,227.	0		49,6	02
3) CONNIE YOO	50.00											
CHIEF FINANCIAL OFFICER	10.00			Х				198,218.	0		49,3	99
4) TOM EXTON	50.00											
CHIEF ADVANCEMENT OFFICER	†			х				192,349.	0		32,1	62
5) KEITH MCNUTT	50.00											
DIRECTOR OF WESTERN REGION	†					X		131,247.	0		27,1	.25
6) ISRAEL DURAN	35.00											
DIRECTOR OF IT	†					X		113,784.	0		34,9	17
7) TAMAR SHAPIRO	35.00											
DIR. OF SOCIAL SERVICES, NAT.	†	•				X		105,134.	0		40,3	62
8) JORDAN STROHL	50.00											
ADMINISTRATOR	†	•				X		143,055.	0		40,1	36
1b Sub-total												
c Total from continuation sheets to Part VII. S	ection A				• •							
d Total (add lines 1b and 1c)	•											
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of			
reportable compensation from the organizatio		٥				<i>-</i> ,			<b>4</b> . 33,333 3.			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,00	00?	lf	"Yes	5,"	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	ıle J	for	such	per	son		5	$\bot$	X
Section B. Independent Contractors												

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\,\blacktriangleright\,$ 

Part VII Section A. Officers, Directors, Tro	ustees Ke	v Fn	nnlo	Ve	es	and F	lia	hest Compensat	ed Emplo	vees (c	ontinue		Page <b>8</b>
(A)  Name and title	(B)  Average hours per week (list any hours for	(do i	not cl	Pos heck ss pe	C) sition more	e than o is both or/truste	ne an	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	able ion from	Es an	(F) stimated nount of other pensation	f
	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		org: and	om the anization d related anization	d
59) MARIA BOX DIRECTOR OF NURSING	40.00					Х		100,497.		0		29,7	736.
1b Sub-total							<u> </u>						
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>&gt;</b>						
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					re	eceived more than	\$100,000	of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Yes	No X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0								4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		Х
Complete this table for your five highest compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) compens	sation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to a	ny line in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts I	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
S, G	C	Fundraising events 1c	591,964.				
ia ii	d	Related organizations 1d					
ns, Simi	e	Government grants (contributions) 1e	1,914,700.				
er S	f	All other contributions, gifts, grants,					
들 된		and similar amounts not included above . 1f	13,420,808.				
5 P	g	Noncash contributions included in lines 1a-1f: \$	30,407.				
	h	Total. Add lines 1a-1f	<u></u>	15,927,472.			
Program Service Revenue			Business Code				
eve	2a	NET PATIENT SERVICES REVENUE	900099	7,629,677.	7,629,677.		
ě	b	NET RESIDENT SERVICES REVENUE	900099	2,071,873.	2,071,873.		
Ξ	С	HUMAN SERVICES	900099	1,878,214.	1,878,214.		
Se	d						
гаш	е						
ō	f	All other program service revenue					
	g	Total. Add lines 2a-2f		11,579,764.			
	3	Investment income (including dividends, inter					
		other similar amounts)		645,337.			645,337.
	4	Income from investment of tax-exempt bond		0			
	5	Royalties	(ii) Personal	0			
			(,				
	6a	Gross rents					
	b	Less: rental expenses					
	C d	Rental income or (loss)  Net rental income or (loss)	<b>.</b>	0			
	"	(i) Securities	(ii) Other	0			
	7a	Gross amount from sales of assets other than inventory 10,671,029.					
	b	Less: cost or other basis					
	"	and sales expenses 10,217,560.					
	С	Gain or (loss)					
	d	Net gain or (loss)		453,469.			453,469.
<u>o</u>	8a	Gross income from fundraising					
ű		events (not including \$591,964.					
eVe		of contributions reported on line 1c).					
Ř		See Part IV, line 18 a	2,562,941.				
Other Revenue	b	Less: direct expenses b	1,828,650.				
5	С	Net income or (loss) from fundraising events	. <u></u>	734,291.			734,291.
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.	<b>&gt;</b>	0			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory					
	٣	Miscellaneous Revenue	Business Code	0			
	44-						
	11a						
	b						
	c d	All other revenue					
	e	Total. Add lines 11a-11d		0			
_	12	Total revenue. See instructions		29,340,333.	11,579,764.		1,833,097.

13-1635251

# 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												
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	946,868.	946,868.									
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	2,673,561.	2,673,561.									
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0										
4	Benefits paid to or for members	0										
	Compensation of current officers, directors, trustees, and key employees	910,333.	540,142.	210,932.	159,259.							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0										
7	Other salaries and wages	10,967,443.	9,998,874.	360,645.	607,924.							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,119,802.	972,276.	70,786.	76,740.							
9	Other employee benefits	2,286,643.	2,100,492.	78,703.	107,448.							
10	Payroll taxes	972,474.	878,170.	41,676.	52,628.							
11	Fees for services (non-employees):											
а	Management	0										
b	Legal	90,677.	80,308.	4,801.	5,568.							
	Accounting	161,448.	63,995.	89,946.	7,507.							
d	I Lobbying	0			124 446							
	Professional fundraising services. See Part IV, line 17.	134,446.		140.016	134,446.							
	Investment management fees	142,016.		142,016.								
g	Other. (If line 11g amount exceeds 10% of line 25, column	1,407,055.	1 100 176	E2 E40	171 220							
	(A) amount, list line 11g expenses on Schedule O.)	20,782.	1,182,176.	53,549.	171,330.							
	Advertising and promotion	678,174.	453,886.	48,341.	175,947.							
13		267,912.	206,610.	19,903.	41,399.							
14 15	Information technology	0	200,010.	10,000.	11,333.							
16	Royalties	1,954,922.	1,690,456.	105,381.	159,085.							
17	Travel	169,702.	130,461.	9,972.	29,269.							
	Payments of travel or entertainment expenses			2,72121								
	for any federal, state, or local public officials	0										
19	Conferences, conventions, and meetings	221,822.	209,883.	3,338.	8,601.							
20	Interest	277,881.	259,251.	17,864.	766.							
21	Payments to affiliates	0										
22	Depreciation, depletion, and amortization	1,156,996.	1,112,322.	18,225.	26,449.							
23	Insurance	236,306.	216,966.	7,960.	11,380.							
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.)											
_	NURSING HOME/ASSISTED LIVING	855,099.	855,099.									
	FUNDRAISING EXPENSES	399,815.	205 225		399,815.							
	BAD DEBT EXPENSES	386,338.	386,338.	1 100	1 160							
_	COMMUNICATION EXPENSES	14,686.	12,397.	1,127.	1,162.							
	All other expenses	20 452 201	24,991,313.	1 205 165	2 176 722							
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)	28,453,201.	24,991,313.	1,285,165.	2,176,723.							
JSA	. ,	9			F 000 (0040)							

Form 990 (2013) Page **11** 

#### Part X **Balance Sheet**

		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
		Chock ii Concadio C containo a responee or	11010		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			2,566,816.	1	3,644,813.
	2	Savings and temporary cash investments			18,054.	2	20,372.
	3	Pledges and grants receivable, net			4,316,636.	3	2,262,582.
	4	Accounts receivable, net			1,902,515.	4	2,481,921.
	5	Loans and other receivables from current and t	forme	r officers, directors,			
		trustees, key employees, and highest co	mpei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified personal schedule.			0	5	0
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
"		organizations (see instructions). Complete Part II of Sche			0	6	0
Assets	7	Notes and loans receivable, net			0	7	0
ASS	8	Inventories for sale or use			0	8	0
_	9	Prepaid expenses and deferred charges			464,392.	9	240,371.
	10 a	Land, buildings, and equipment: cost or					
			10a				
	b	Less: accumulated depreciation			11,998,086.	10c	11,256,106.
	11	Investments - publicly traded securities			15,318,243.	11	17,354,714.
	12	Investments - other securities. See Part IV, line 11			0		0
	13	Investments - program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			28,781,929.	15	28,197,506.
	16	Total assets. Add lines 1 through 15 (must equal			65,366,671.	16	65,458,385.
	17	Accounts payable and accrued expenses			4,055,775.	17	2,799,010.
	18	Grants payable			0 110,691.		267,012.
	19	Deferred revenue			5,954,356.	19	5,663,933.
	20	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Pa	2,593,203.	20 21	2,613,742.		
Liabilities	21 22	Loans and other payables to current and for			2,393,203.	21	2,013,742.
ij	22	trustees, key employees, highest compen					
Ë		disqualified persons. Complete Part II of Schedule			0	22	0
	23	Secured mortgages and notes payable to unrelate			1,000,000.	23	0
	24	Unsecured notes and loans payable to unrelated			0		0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D			11,883,397.	25	8,500,065.
	26	Total liabilities. Add lines 17 through 25			25,597,422.	26	19,843,762.
-Sé		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here ► X and			
ü	27	Unrestricted net assets			19,524,721.	27	24,262,125.
sala	28	Temporarily restricted net assets			3,789,679.	28	3,497,444.
P E	29	Permanently restricted net assets			16,454,849.	29	17,855,054.
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
s o	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equ		nt fund		31	
As	32	Retained earnings, endowment, accumulated incomment				32	
Net Assets or	33	Total net assets or fund balances			39,769,249.	33	45,614,623.
_	34	Total liabilities and net assets/fund balances			65,366,671.	34	65,458,385.
_	<u> </u>				33,300,0,1.	<b>U</b> T	23, 233, 333.

Form 990 (2013) Page **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		29,3	40,3	33.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		28,4	53,2	201.		
3	Revenue less expenses. Subtract line 2 from line 1	3		8	87,1	.32.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		39,7	69,2	249.		
5	Net unrealized gains (losses) on investments	5		1,5	48,3	358.		
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		3,4	09,8	884.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		45,6	14,6	23.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII	• • •						
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
2-	Schedule O.					3.5		
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were con			2a		X		
	reviewed on a separate basis, consolidated basis, or both:	ipiied	1 01					
				2b	х			
b	Were the organization's financial statements audited by an independent accountant?			20	21			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	lea o	n a					
	Separate basis							
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	iaht						
C	of the audit, review, or compilation of its financial statements and selection of an independent account	_	)	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e							
	Schedule O.	λριαιι						
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	n in					
Ja	the Single Audit Act and OMB Circular A-133?	. 10111		3a	Х			
b	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.

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2013
Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

THE ACTORS' FUND OF AMERICA

13-1635251

		1010 1010 01	111111111111111111111111111111111111111								100	2221		
Part		Reason for Pub	lic Charity Statu	s (All organizations mu	ıst con	nplete	this pa	art.) Se	e instr	uctions				
The o	rga	nization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)					
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(	1)(A)(i)					
2		A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	le E.)									
3		A hospital or a coo	perative hospital s	service organization descr	ibed in	sectio	n 170(k	)(1)(A)	(iii).					
4		A medical researc	h organization op	erated in conjunction wi	ith a h	ospita	l descr	ibed in	sectio	n 170(k	)(1)( <i>A</i>	A)(iii). E	Enter	the
_		hospital's name, cit	- :	,		·				,	,,,,			
5		An organization or	perated for the be	nefit of a college or univ	ersity	owned	or ope	erated b	by a go	vernme	ntal u	nit des	cribe	ed in
		section 170(b)(1)(		<del>-</del>	,		•		, ,					
6			, , , , , ,	or governmental unit des	cribed	in sect	tion 170	(b)(1)(	4)(v).					
<b>⊢</b>	X		_	es a substantial part of it						it or fro	om the	e aene	ral pi	ublic
		described in section	-	· · · · · · · · · · · · · · · · · · ·			3					. g		
8				on 170(b)(1)(A)(vi). (Com	nolete F	Part II )								
9		-		es: (1) more than 331/3%	-			contrib	utions	membe	ershin	fees a	and o	ıross
		_		exempt functions - subj							-		_	
		-		ome and unrelated busi			-							
				ne 30, 1975. See <b>section</b>				-			ian, i		201110	0000
10	$\neg$			ited exclusively to test for	•		•		,	١.				
11		-	-	rated exclusively for the	-	_				-	or t	o carry	Out	the
		_	•	apported organizations de			•					-		
				pes the type of supporting				. , .	,		. ,	` '	300	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		a Type I	<b>b</b> Type II	c Type III-Function	-					I-Non-fu	-		oaro	tod.
е	$\neg$			e organization is not con	-	-			, ,			•	_	
<b>-</b>		-	-	other than one or more			-	-	-					
			=	other than one or more	Publici	y supp	onteu o	ryaniza	tions u	escribe	uiiis	ection .	309(	a)(1)
		or section 509(a)(2		en determination from th	o IDC	that it	io o T	ma I T	Simo II	or Tun	o III o	upport	ina	
f		_								от тур	e III S	ирроги	irig T	
		Cines Assessed 17 2	UNS DOX	nization accepted any aif		 	in trans		<b>.</b>				!	
g		<del>-</del>	1006, has the orga	nization accepted any gift	t or cor	ntribut	ion iron	i any oi	tne					
		following persons?	dina ath. an in dina a			. 41	دا داداد			al : (::\			Yes	No
				etly controls, either alone								44 = (1)	162	NO
				f the supported organization	on?							11g(i)		
				scribed in (i) above?								11g(ii)		
		• •		son described in (i) or (ii) a								11g(iii)		
h			T	out the supported organiza	1		I		I					
(		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	Is the zation in	' '	ou notify anization		s the zation in	(vii) A	mount o suppo		etary
		organization		above or IRC section	col. (i)	listed in overning		) of your		rganized		очрро		
				(see instructions))	docu	ment?		ort?		U.S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
(B)														
(C)														
(D)														
(E)														
(E)														
<b>.</b>														
Total											1			

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013

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.)

Calendar year (or fiscal year beginning in)  (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	
membership fees received. (Do not include any "unusual grants.")	(f) Total
organization's benefit and either paid to or expended on its behalf	71,544,850.
furnished by a governmental unit to the organization without charge	0
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)	0
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)	71,544,850.
6 Public support. Subtract line 5 from line 4.	2,400,584.
	69,144,266.
Section B. Total Support	(O T-+-I
Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013	(f) Total
7 Amounts from line 4	71,544,850.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1 1,556,383. 3,486,980. 2,174,681. 2,007,779. 2,562,941.	11,788,764.
11 Total support. Add lines 7 through 10	86,618,687.
12 Gross receipts from related activities, etc. (see instructions)	56,641,223.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50 organization, check this box and stop here	
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	79.83%
15 Public support percentage from 2012 Schedule A, Part II, line 14	77.60%
16a 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more,	
this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	
b 331/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or	
check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line	
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Exp	olain in
Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly sup	ported
organization	▶□
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and	nd line
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop	here.
Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a p	
supported organization	▶□
instructions	<u>▶</u>

Schedule A (Form 990 or 990-EZ) 2013

## Part III 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. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	1					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b						
o	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
_	Amounts from line 6	(4) 2000	(3) 20 : 0	(0) 20	(4) 20.2	(0) 20 . 0	(1) 1010.
9 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 IV.)		1				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>				1
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 2013 (line 8					15	%_
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (li						%
18	Investment income percentage from 2012	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2013. If the or	ganization did n	ot check the box	c on line 14, and	d line 15 is mor	e than 331/3%	, and line
	17 is not more than 331/3 %, check th	is box and <b>sto</b>	<b>p here.</b> The org	anization qualifie	s as a publicly	supported orga	nization 🕨 🔙
b	331/3% support tests - 2012. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	s more than 331	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and ${\bf s}$	top here. The or	ganization qualifi	es as a publicly	supported orga	nization
20	Private foundation. If the organization	did not check	a box on line	14 19a or 19h	check this bo	ox and see ins	tructions >

JSA 3E1221 1.000 Schedule A (Form 990 or 990-EZ) 2013

**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 INCOM	E			ATTACHMENT 1	
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
GROSS SPECIAL EVENTS INCOME	1,556,383.	1,644,480.	2,174,681.	2,007,779.	2,562,941.	9,946,264.
POST-RETIREMENT BENEFIT SETTLE		1,842,500.				1,842,500.
TOTALS	1,556,383.	3,486,980.	2,174,681.	2,007,779.	2,562,941.	11,788,764.

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Internal Revenue Service

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

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

Organiza	tion type (check one):	
Filers of:		Section:
Form 990	or 990-EZ	X 501(c)(3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> 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
	y a section 501(c)(7), (	vered by the <b>General Rule</b> or a <b>Special Rule</b> . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General F	Rule	
		ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or e contributor. Complete Parts I and II.
Special R	ules	
X	under sections 509(a)	organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.
	during the year, total of	r), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, es, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
	during the year, contril not total to more than year for an <i>exclusively</i> applies to this organiza	(a), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, butions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did \$1,000. If this box is checked, enter here the total contributions that were received during the religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> ation because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or

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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization THE ACTORS' FUND OF AMERICA

Employer identification number 13-1635251

Part I	Contributors (	(see instructions).	Use duplicate cop	pies of Part I if addition	nal space is needed.
--------	----------------	---------------------	-------------------	----------------------------	----------------------

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1 _		\$4,751,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2 _		\$424,891.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3 _		\$878,892.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4 -		\$393,132.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5 _		\$375,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_		\$325,000.	Person X Payroll

Name of organization THE ACTORS' FUND OF AMERICA

Employer identification number 13-1635251

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,619,092.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE ACTORS' FUND OF AMERICA

Employer identification number

13-1635251

cash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	   \$	
	(b)  Description of noncash property given  (b)  Description of noncash property given	Description of noncash property given  (c)  (b)  Description of noncash property given  (c)  FMV (or estimate) (see instructions)  (d)  FMV (or estimate) (see instructions)  (e)  FMV (or estimate) (see instructions)  (f)  FMV (or estimate) (see instructions)  (h)  Description of noncash property given  (c)  FMV (or estimate) (see instructions)  (c)  FMV (or estimate) (see instructions)  (d)  FMV (or estimate) (see instructions)  (e)  FMV (or estimate) (see instructions)  (f)  FMV (or estimate) (see instructions)  (h)  Description of noncash property given  (c)  FMV (or estimate) (see instructions)  (c)  FMV (or estimate) (see instructions)

Name of Or	gamzation THE ACTORS FUND OF AM	ERICA	Linployer identification number				
			13-1635251				
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.						
	For organizations completing Part III, contributions of \$1,000 or less for the						
	Use duplicate copies of Part III if addit	ional space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				

Part I	(b) Furpose of glit	(c) use or gift		(a) Description of now girt is neid
		(e) Transfer of gift		
	Transferee's name, address, and ZIP -	. 4	Polations	hip of transferor to transferee
	Transieree's name, address, and Zir -		Relations	mp of transferor to transferee
(a) No. from	4.5	4 ) 11 4 15		
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	_ ,			
	Transferee's name, address, and ZIP	+ <b>4</b>	Relations	hip of transferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	_ ,			
	Transferee's name, address, and ZIP	+ 4	Relations	hip of transferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
. 4.11				
		(e) Transfer of gift		
	Transferee's name, address, and ZIP	+ 4	Relations	hip of transferor to transferee

#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the average state

Department of the Treasury

	or the organization	12 1625251
	ACTORS' FUND OF AMERICA  Organizations Maintaining Depart Advised Funds or Other Similar Funds or Ac	13-1635251
Par	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in de	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any o	
	conferring impermissible private benefit?	Yes No
Par		990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		an historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b		2b
С.		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	24
•	······································	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during the
4	tax year >	
4 5	Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, hand	
3	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer	
U	Train and volunteer flours devoted to monitoring, inspecting, and emorcing conservation easer	nents during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	e during the year
•	S	s during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)
•	(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	•
	organization's accounting for conservation easements.	
Par		Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re works of art, historical treasures, or other similar assets held for public exhibition, education	venue statement and balance shee
	works of art, historical treasures, or other similar assets held for public exhibition, educa public service, provide, in Part XIII, the text of the footnote to its financial statements that described the control of the footnote in the footnote to its financial statements.	ition, or research in furtherance o ibes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
~	works of art, historical treasures, or other similar assets held for public exhibition, educa	
	public service, provide the following amounts relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	
h	Assets included in Form 990 Part X	<b>&gt;</b> ¢

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **2** 

Par	rt III Organizations Maintainii	ng Collections of	Art, Historical T	reasures,	or Oth	er Similar Ass	sets (cc	ntinu	ed)
3	Using the organization's acquisition collection items (check all that app		other records, check	k any of th	e followi	ng that are a si	gnificant	use (	of its
а	Public exhibition		d Loan	or exchange	program	ns			
b	Scholarly research		e Other						
С	Preservation for future gene	rations							
4	Provide a description of the organ XIII.	nization's collections	and explain how	they further	the org	anization's exem	pt purpo	se in	Part
5	During the year, did the organization	on solicit or receive d	lonations of art, histo	orical treasi	ires, or o	ther similar			
-	assets to be sold to raise funds rath						Ye	s [	No
Par	rt IV Escrow and Custodial Ar or reported an amount or	rangements. Com	plete if the organ						
	Is the organization an agent, truste included on Form 990, Part X?  If "Yes," explain the arrangement in						Ye	s <u>x</u>	No
D	ii res, explain the arrangement ii	Trait Alli allu collipi	ete the following tar	ле. 		Amount			
_	Beginning balance			4.0		Amount			
C C	A 1 1101 1 11								
d	Distributions during the year								
e f	Ending balance								
-	Did the organization include an am						X Ye		N <sub>a</sub>
Za h	If "Yes," explain the arrangement in	Dort VIII Chock bor	o if the evaluation	hac boon n	rovidad ir	Dort VIII	_A_ Te	·  -	No
	rt V Endowment Funds. Com								
rai	Endowinent Funds. Com	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back		ur years	hack
1a	Beginning of year balance	8,619,339.	7,239,384.		,152.	5,758,738			,574.
	Contributions	2,817,268.	948,662.		,350.	201,001		037	, 5 / 1 .
	Net investment earnings, gains,	2,017,200.	740,002.	1,121	, 330.	201,001	+		
·	and losses	1,366,592.	818,814.	160	,336.	644,117		015	,078.
ч	Grants or scholarships	1,300,392.	010,014.	100	,330.	044,117	·	743	,070.
	Other expenditures for facilities								
·	and programs	434,954.	387,521.	221	,454.	322,704		303	,324.
f	Administrative expenses	434,934.	307,321.	331	,434.	322,704	·	302	, 324.
	End of year balance	12,368,245.	8,619,339.	7,239	201	6,281,152	-	<u> </u>	,328.
g	Provide the estimated percentage						. 5	302	, 320.
2 a	Board designated or quasi-endown			column (a)	neid as:				
	Permanent endowment > 93.1	•							
	Temporarily restricted endowment								
·	The percentages in lines 2a, 2b, ar		nn%						
32	Are there endowment funds not in	•		are held ar	ıd admini	stered for the			
Ju	organization by:	the peddeddion of the	io organization that	aro noia ar	ia aarriirii	otoroa for the		Yes	No
	(i) unrelated organizations						3a(i)		_
	(ii) related organizations						3a(ii		X
h	If "Yes" to 3a(ii), are the related or						3b	Ή—	X
	Describe in Part XIII the intended u		•				. 30		
4			on's endowment ful	ius.					
Par	<b>It VI</b> Land, Buildings, and Equ Complete if the organiza	ition answered "Ye	s" to Form 990, P	art IV, line	11a. Se	e Form 990, Pa	art X, lin	e 10.	
	Description of property	(a) Cost or (invest	other basis ment) (b) Cost of	or other basis ther)	<b>(c)</b> Accı	umulated ciation	(d) Book	/alue	
1a			1	100,000.				100,0	
b	Buildings			307,689.		30,356.	10,2	227,3	
С	Leasehold improvements			304,836.	77	71,856.		32,9	980.
d	Equipment		1,7	750,516.	1,41	18,060.	:	332,4	456.
е	Other		3,4	102,869.	2,83	39,532.		563,3	337.
Tota	al. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990. Part X. columi	n (B). line 10	)(c),)	. ▶	11.3	256,1	106.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013				Page
Part VII Investments - Other Securities.  Complete if the organization answered "	Yes" to Form 990	) Part I	V line 11h See Form 990 P	Part X line 12
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market	n:
(1) Financial derivatives			- Cook of Grid of your marries	
(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.)				
Part VIII Investments - Program Related.  Complete if the organization answered "	Yes" to Form 990	), Part I	V, line 11c. See Form 990, P	art X, line 13.
(a) Description of investment	(b) Book value		(c) Method of valuation	
(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" to Form 990	, Part I	V, line 11d. See Form 990, P	art X, line 15.
	escription			(b) Book value
(1) CASH HELD ON BEHALF OF OTHERS				2,613,742
(2) INTERCOMPANY RECEIVABLES				337,577
(3) DEFERRED FINANCING COST				224,784
(4) ANNUITY FUND INVESTMENTS				2,245,032
(5) VALUE OF INTEREST IN SPLIT				
(6) INTEREST AGREEMENT				5,102,625
(7) INTERCOMPANY RECEIVABLE				17,673,746
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u></u> ▶	28,197,506
Part X Other Liabilities. Complete if the organization answered " line 25.	Yes" to Form 990	), Part I	V, line 11e or 11f. See Form	990, Part X,
1. (a) Description of liability	(b) Book val	ıe		
(1) Federal income taxes	(S) BOOK VAI			
(2) ANNUITY PAYMENT LIABILITY	3,165,	352.		
(3) POST RETIREMENT BENEFITS OBLIGATION	4.583			

11116 23.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYMENT LIABILITY	3,165,352.
(3) POST RETIREMENT BENEFITS OBLIGATION	4,583,178.
(4) MISCELLANEOUS	751,535.
(5)	
(6)	
_ (7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,500,065.

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 Schedule D (Form 990) 2013 Page **4** 

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	١.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	
– a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants  2c		
d			
	· · · · · · · · · · · · · · · · · · ·	2e	
3	Add lines 2a through 2d Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	
	Investment expenses not included on Form 990, Part VIII, line 7b.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		rn.	
	Complete if the organization answered "Yes" to 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:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)  Add lines 32 through 3d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
	'		
	Add lines 4a and 4b	4c	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c 5	
c 5 Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
5 Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 III, lines 1	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 III, lines 1	5 art V, line 4;	Part X, line
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<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
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<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
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<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
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<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line
<b>5</b> Part Provide 2; Part	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 art V, line 4;	Part X, line

JSA 3E1271 1.000 Schedule D (Form 990) 2013

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV: ESCROW AND CUSTODIAL ARRANGEMENTS

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, 2013 AND 2012 ARE CLASSIFIED WITHIN LEVEL 1.

SCHEDULE D, PART V: ENDOWMENT FUNDS

THE ACTORS' FUND OF AMERICA HOLDS AN ENDOWMENT FUND. THE ENDOWMENT FUND 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.

Schedule D (Form 990) 2013

Page 5

Part XIII Supplemental Information (continued)

PART X: FIN 48

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 ENDING 2010, 2011, 2012 AND 2013 REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

#### **SCHEDULE G**

Part I

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization THE ACTORS' FUND OF AMERICA

Inspection Employer identification number

13-1635251

<ul> <li>Indicate whether the organization rate</li> <li>X</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written or key employees listed in Form 99</li> <li>If "Yes," list the ten highest paid in compensated at least \$5,000 by the</li> </ul>	e f g or oral agreement v 0, Part VII) or entity dividuals or entities	Solid X Solid X Solid X Specific	citation of ocitation of ocitation of ocital fundradividual (incition with p	non-government g government grants ising events acluding officers, d professional fundrai	rants s irectors, trustees sising services?	X <b>Yes</b> No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser 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 RESOURCE & EVENT MGMT						
LTD.	CONSULTANT	X		1,025,550.	115,000.	910,550.
2						
CHARITY BUZZ  3	AUCTION	X		114,230.	19,446.	94,784.
3						
4						
7						
5						
6						
7						
8						
9						
10						
Total				1,139,780.	134,446.	1,005,334.
3 List all states in which the organiz registration or licensing.	ation is registered	or license	d to solicit	contributions or	has been notified	it is exempt from
CA,DC,IL,MD,NJ,NY,PA,VA,						
				-		

Page 2

Schedule G (F	orm 990 or 990-EZ) 2013
Part II	Fundraising Events. Complete if the organization answered "Yes" to 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.

		grood recorpte greater than we,er	00.			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			ANNUAL GALA	TONY PARTY	51.	(add col. <b>(a)</b> through col. <b>(c)</b> )
45			(event type)	(event type)	(total number)	COI. <b>(C)</b>
nue						
Revenue	1	Gross receipts	1,025,550.	210,004.	1,919,351.	3,154,905
Ř			200 650	25 551	165 540	501.064
		Less: Contributions	390,650.	35,571.	165,743.	591,964
	3	Gross income (line 1 minus	624 000	174 422	1 752 600	2 562 041
_		line 2)	634,900.	174,433.	1,753,608.	2,562,941.
	,	Cash prizes				
	-	Cash phizes				
	5	Noncash prizes				
	٦	Nonedan prizes				
ses	6	Rent/facility costs	40,844.	7,705.	51,253.	99,802
ens	ľ	remandamily oddie	10,011.	.,,	01,1001	22,002
Expenses	7	Food and beverages	164,841.	42,069.	44,221.	251,131.
<u>ت</u>	-	. oou and botonagoo,		==,,,,,,,	,	
Direct	8	Entertainment	9,011.	354.	27,720.	37,085
ш			,		,	
	9	Other direct expenses	24,649.	30,120.	1,385,863.	1,440,632.
	10	Direct expense summary. Add lines 4	4 through 9 in column (d)	)	▶	1,828,650
	11	Net income summary. Subtract line 1	0 from line 3, column (d	)	<b>&gt;</b>	734,291
Pa	rt l			es" to Form 990, Par	t IV, line 19, or repo	rted more
		than \$15,000 on Form 990-E	Z, line 6a.			
P			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(,95	bingo/progressive bingo	(, 0	col. (a) through col. (c))
Ze√						
_	1	Gross revenue				
	_	Cook prizes				
ses	-	Cash prizes				
Direct Expenses	,	Noncash prizes				
Ä	3	Noncasti prizes				
əct	4	Rent/facility costs				
۵	•	Remoracinty costs				
	5	Other direct expenses				
	Ť	Cinci direct expenses [ ] [ ] [ ] [ ] [ ]	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)	)	<b>•</b>	
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	▶	
9		nter the state(s) in which the organizat				
ā	a Is	the organization licensed to operate g	gaming activities in each	of these states?		Yes No
k	) If	"No," explain:				
	_					
	_					
		/ere any of the organization's gaming I	licenses revoked, suspe	ended or terminated durin	ng the tax year?	Yes No
k	) If	"Yes," explain:				
	_					

#### THE ACTORS' FUND OF AMERICA

Sched	dule G (Form 990 or 990-EZ) 2013	је <b>3</b>
11	Does the organization operate gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
		No
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶\$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
 а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
-	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	-
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	_

Schedule G (Form 990 or 990-EZ) 2013

# SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

THE ACTORS' FUND OF AMERICA							13-1635251	
Part I General Information on Grants an	d Assistance							
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	ts or assistance	?					X Yes No	
Part II Grants and Other Assistance to Part IV, line 21, for any recipient to	Governments hat received	and Organiz more than \$5,	ations in the Unit 000. Part II can b	ted States. Com e duplicated if a	plete if the organiz dditional space is n	ation answered "Y eeded.	es" to Form 990,	
(a) Name and address of organization or government	<b>(b)</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 DEVELOPMENT CORP								
729 SEVENTH AVENUE NEW YORK, NY 10019 (2)	80-0522071	501(C)(3)	946,868.				HOUSING SUBSIDY	
_(3)								
_(4)								
_(5)								
_(6)								
_(7)								
(10)								
(11)								
(12)								
<ul><li>Enter total number of section 501(c)(3) and</li><li>Enter total number of other organizations lis</li></ul>	ted in the line	1 table	ted in the line 1 tab	le	·		1	
For Paperwork Reduction Act Notice, see the I	nstructions fo	r Form 990.				Sched	ule I (Form 990) (2013)	

JSA

THE ACTORS' FUND OF AMERICA 13-1635251

Schedule I (Form 990) (2013)

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
1 FINANCIAL ASSISTANCE	3,307.	2,673,561.			
2					
3					
4					
5					
6					
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.

PART I, LINE 2

THE ACTORS FUND HAS IMPLEMENTED SEVERAL PROTOCOLS 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, ETC.

Schedule I (Form 990) (2013)

THE ACTORS' FUND OF AMERICA 13-1635251

Schedule I (Form 990) (2013)

Page 2

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>(b)</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
_1					
_2					
3					
4					
5					
6					
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.

IN 2013, THE ACTORS FUND MADE A CAPITAL CONTRIBUTION TO A RELATED PARTY,

THE ACTORS FUND HOUSING DEVELOPMENT CORPORATION. THIS GRANT HAS BEEN

REPORTED ON BOTH SCHEDULE I & SCHEDULE R. ALL FUNDS GRANTED HAVE BEEN

Schedule I (Form 990) (2013)

THE ACTORS' FUND OF AMERICA 13-1635251

Schedule I (Form 990) (2013)

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>(b)</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
1					
2					
3					
4					
5					
6					
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.

USED TO MEET OPERATING EXPENSES.

# SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

► Attach to Form 990. ► See separate instructions.

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

2013
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

THE ACTORS' FUND OF AMERICA 13-1635251 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line Χ 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Χ Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Χ 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b c Participate in, or receive payment from, an equity-based compensation arrangement? Χ If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Χ 5a **b** Any related organization? Χ If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? Χ Any related organization? Χ If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Χ Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe Χ

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

Schedule J (Form 990) 2013

THE ACTORS' FUND OF AMERICA 13-1635251

Schedule J (Form 990) 2013

# 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 in 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.

A) Name and Tale			<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
FREEDINK & CEO (NN-VOTING)   00	(A) Name and Title				reportable		benefits	(B)(i)-(D)	reported as deferred in
BARBARA DAVIS 2 CAMEN PORRATING OFFICER (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(i)	300,584.	(	76,486.	64,762.	38,724.	480,556.	0
2 CHIEF PERRATING OFFICER (B) C C C C C C C C C C C C C C C C C C C	1 PRESIDENT & CEO (NON-VOTING)	(ii)	0	C	0	O	0	0	0
CONNIE YOO 3 CHIEF FINANCIAL OFFICER (II) (III) (III) (III) (IIII) (IIIII) (IIIII) (IIIIIIII	BARBARA DAVIS	(i)	223,789.	C	17,438.	25,378.	24,224.	290,829.	0
3 CHIEF FINANCIAL OFFICER (0) C C C C C C C C C C C C C C C C C C C		(ii)	0	C	0	0	0	0	0
TOM EXTON 4 CHIEF ADVANCEMENT OFFICER (0) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(i)	187,263.	(	10,955.	22,675.	26,724.	247,617.	0
4 CHIFF ADVANCEMENT OFFICER (B) C C C C C C C C C C C C C C C C C C C		(ii)	0	(	0	0	0	0	0
KEITH MCNUTT 5 DIRECTOR OF WESTERN REGION (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			192,349.	(	0	9,859.	22,303.	224,511.	0
S DIRECTOR OF MESTERN REGION   (0)		(ii)	0	C	0	0	0	0	0
JORDAN STROHL  6 ADMINISTRATOR  (i) C C C C C C C C C C C C C C C C C C C		_ I F	131,247.	(	0	14,678.	12,447.	158,372.	0
6 ADMINISTRATOR (ii) C C C C C C C C C C C C C C C C C C			0	C	0	O	0	О	
7 (ii)			131,055.	12,000.	0	12,379.	27,757.	183,191.	
7 (i) (i) (ii) (ii) (iii) (iii	6 ADMINISTRATOR		0	C	0	0	0	О	0
8 (i) (i) (ii) (ii) (ii) (iii)									
8 (ii) (i) (ii) (iii) (i	_7								
O   O   O   O   O   O   O   O   O   O									
9 (ii) (ii) (iii)	8								
10 (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiiii	_								
10 (i) (i) (ii) (ii) (iii) (ii	9								
11	40				<del> </del>				
11 (i) (i) (ii) (ii) (iii) (ii	10								
(i) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii	44								
12 (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii	_11								
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii	12								
13 (ii) (ii) (iii) (iiii) (iiii) (iiiii) (iiiiiiii	12								
(i) (ii) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiiii	13				<del> </del>				
14 (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiiiii) (iiiiiiii	10								
(i) (ii) (ii) (ii)	14				<del> </del>				
15 (ii) (i) (i) (ii)	_ • • •								
(i)	15				<del> </del>				
	16	(ii)							

Schedule J (Form 990) 2013

THE ACTORS' FUND OF AMERICA 13-1635251

Schedule J (Form 990) 2013

#### Part | 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 1A

FIRST-CLASS OR CHARTER TRAVEL

AS PART OF A SPONSORSHIP AGREEMENT, UNITED AIRLINES, INC. PROVIDED THE ACTORS FUND WITH TRAVEL VOUCHERS. IN 2013, 12 FIRST CLASS VOUCHERS WERE USED BY TRUSTEES AND OFFICERS.

TAX INDEMNIFICATION AND GROSS-UP PAYMENT

THE ACTORS FUND PROVIDED A TAX GROSS-UP FOR SUPPLEMENTAL RETIREMENT PLAN

FOR THREE OFFICERS THAT HAVE BEEN REPORTED IN SCHEDULE J, PART II, COLUMN

(B) (III).

SCHEDULE J, PART II, COLUMN (B)(II)

ONE INDIVIDUAL REPORTED IN SCHEDULE J, PART II, RECEIVED A FIXED BONUS PAYMENT FOR PASSING A NURSING HOME ANNUAL STATE SURVEY (CERTIFICATION EXAMINATION). THIS BONUS WAS AUTHORIZED BY THE COO.

### **SCHEDULE K** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► See separate instructions.

► Attach to Form 990. ▶Information about Schedule K (Form990) and its instructions is at www.irs.gov/form990. Open to Public

Inspection

OMB No. 1545-0047

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

Death Brades										3-10	3323	) <u>T</u>		_
Part I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	( <b>e)</b> lss	sue price	(f) De	escription of p	urpose	(g) De	feased	(h) (		(i) Po	
,,		,,	. ,	.,	'	.,		<u>'</u>			issu		linan	111
									Yes	No	Yes	No	Yes	L
A NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	000000000	12/11/200	7 7	,000,000.	BUILDING AND	STRUCTURE	S		Х		Х		L
												İ		İ
В												ļ		L
_												İ		ĺ
C														L
														ĺ
Drace de														L
Part II Proceeds					Α		В					D		-
1 Amount of bonds retired			_		<del>A</del> 36,067		ь	'	<u>,                                     </u>					-
<ul><li>1 Amount of bonds retired</li><li>2 Amount of bonds legally defeased</li></ul>					01,861									-
3 Total proceeds of issue					95,621									-
4 Gross proceeds in reserve funds				7,0	75,021	•								-
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				7,0	00,000									
11 Other spent proceeds														
12 Other unspent proceeds														
13 Year of substantial completion				201	0									
				Yes	No	Yes	No	Yes	No		Yes	3	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					X									
16 Has the final allocation of proceeds been made?				X										
17 Does the organization maintain adequate books														
final allocation of proceeds?				X										_
Part III Private Business Use														_
					A		В		<u>C</u>			D		_
1 Was the organization a partner in a partnership, which owned property financed by tax-exempt bonds				Yes	No X	Yes	No	Yes	No		Yes	_	No	_
2 Are there any lease arrangements that may respond-financed property?	sult in privat	te business	use of		X									
					21		l							_

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

Schedule K (Form 990) 2013

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Page 2 Schedule K (Form 990) 2013

Par	Till Private Business Use (Continued)	NEW	JERSE	Y ECONOM	IC DEVE	LOPMENT				
				4		В		С		D
3a	Are there any management or service contracts that may result in private business		Yes	No	Yes	No	Yes	No	Yes	No
	use of bond-financed property?			Х						
	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside couns 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 bon financed property?			X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth 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 entition other than a section 501(c)(3) organization or a state or local government			%		%		%		%
5	Enter the percentage of financed property used in a private business use as result of unrelated trade or business activity carried on by your organization another section 501(c)(3) organization, or a state or local government	n,		%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
	Does the bond issue meet the private security or payment test?									
	Has there been a sale or disposition of any of the bond-financed property to a non-									
ou	governmental person other than a 501(c)(3) organization since the bonds were issued	?.		Х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%		%
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						
Par	t IV Arbitrage					•				
			-	4		В		С		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction at	nd	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?			Х						
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?			X						
	Exception to rebate?			Х						
	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate	ite								
	computation was performed			I			ı			1
_3_	Is the bond issue a variable rate issue?			X						
4a	Has the organization or the governmental issuer entered into a qualified hedge wi			_						
	respect to the bond issue?			X						
	Name of provider									
	Term of hedge			T				_		1
	Was the hedge superintegrated?									
е	Was the hedge terminated?									

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Schedule K (Form 990) 2013

Schedule K (Form 990) 2013

Part IV Arbitrage (Continued)							_	
	ı	Α		В	С		I	)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		X						
Part V Procedures To Undertake Corrective Action								
	,	Α		В		С	ı	)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								
under applicable regulations?		X						
Part VI Supplemental Information. Provide additional information for responses to	o question	ns on Sche	edule K (se	e instruct	ions).			

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

FORM 990, SCHEDULE K, LINE 3

FORM 990, SCHEDULE K, PART II, 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 III, LINE 4

THE ACTORS FUND OF AMERICA IS REPORTING

FORM 990, SCHEDULE K, PART IV, LINE 2

THE ACTORS FUND OF AMERICA IS CURRENTLY IN THE PROCESS OF HAVING 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 L**

## **Transactions With Interested Persons**

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

THE	ACTORS' FUND OF	AMERICA						-	1 2	-163			-1	
Part	Excess Benefit	Transaction							/).					
	Complete if the o	rganization ar	nswered "Ye	s" on	Form	990, Part IV	, line 2	25a or 25b, or Forn	n 990-E	EZ, Pa	art V, I	ine 40	b.	
1	(a) Name of disqualified	d person	(b) Relatio			en disqualified	person	(c) Desc	ription	of tran	saction	n	(d) Corre	
(1)		<u> </u>		an	u orgar	nization			•				Y	es No
(2)														+
$\frac{(2)}{(3)}$														
(4)														
(5)														
(6)														
2	Enter the amount of ta	ax incurred by	the organiza	ation	manad	aers or disau	alified	persons during the	e vear					
	under section 4958									>	\$			
3	Enter the amount of ta										• \$			
						, ,								
Part														
	Complete if the o	organization a	inswered "Ye	es" or	Form	1990-EZ, Pa	rt V, li	ne 38a or Form 99	0, Par	t IV, Iir	ne 26;	or if the	he	
	organization repo	orted an amo	unt on Form	990,	Part X	(, line 5, 6, or	22.							
(a) N	lame of interested person	(b) Relationship	(c) Purpose of	(d) Lo	an to or	(e) Origin	nal	(f) Balance due (g) In default? (h)		(h) Ap	proved	(i) W	ritten	
		with organization	Ioan	1	n the	principal am	ount				by bo	oard or nittee?		ment?
			To Fro	IZalion?						COIIII	TILLEE !			
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5) (6)														
(7)														
(8)														
(9)														
(10)														
Total							. ▶\$							•
Part									·					
	Complete if the o	organization a	inswered "Ye	es" or	n Form	990, Part IV	, line 2	7.						
(a) N	lame of interested person		p between intere the organization		<b>c)</b> Amou	int of assistance	(0	I) Type of assistance		(e) F	Purpos	se of as	ssistan	се
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)		1					l		1					

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

Schedule L (Form 990 or 990-EZ) 2013

Schedule L (Form 990 or 990-EZ) 2013

### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi: rever	
				Yes	No
(1) JEFF BOLTON	TRUSTEE	139,527.	SEE SCHEDULE O		Х
(2)					
_(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

FORM 990, SCHEDULE L, PART IV

BOARD OF TRUSTEES MEMBER, JEFFREY BOLTON, WAS A PARTNER IN THE INVESTMENT FIRM NEUBERGER BERMAN. THE ACTORS' FUND HOLDS INVESTMENTS WITH NEUBERGER BERMAN AND PAID \$139,527 IN INVESTMENT MANAGEMENT FEES TO THE ORGANIZATION. IT SHOULD BE NOTED THAT MR. BOLTON RETIRED FROM NEUBERGER BERMAN IN 2013.

#### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Employer identification number

THE ACTORS' FUND OF AMERICA

13-1635251 **Types of Property** (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on Form 990, Part VIII, line 1g applicable noncash contribution amounts items contributed Art - Works of art 1 Art - Historical treasures 2 3 Art - Fractional interests Books and publications 4 Clothing and household goods...... 6 Cars and other vehicles 7 8 Intellectual property Χ 5. 30,407. FMV 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 23 24 Archeological artifacts 25 Other ►(\_\_\_\_\_) 26 Other ►(\_\_\_\_\_) Other ►( \_\_\_\_\_\_ 27 28 Other ►(\_\_\_\_) 29 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . .

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

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

Schedule M (Form 990) (2013)

Schedule M (Form 990) (2013) Page **2** 

Part II Supplement

**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 (Form 990) (2013)

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

THE ACTORS' FUND OF AMERICA

Employer identification number 13-1635251

PART III, LINE 4A - 4D

PROGRAM ACCOMPLISHMENT 1: 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 2013, THE FUND HELPED 17,541 PEOPLE THROUGH ITS PROGRAMS AND OVER 400,000 THROUGH ITS ON-LINE TRAINING AND INFORMATION SERVICES.

#### SOCIAL SERVICES

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

IN 2013, THE ACTORS FUND PROVIDED OVER \$2,690,000 IN EMERGENCY FINANCIAL ASSISTANCE AND HELPED 3,291 PEOPLE THROUGH THE FOLLOWING PROGRAMS: THE ENTERTAINMENT ASSISTANCE PROGRAM, THE AIDS INITIATIVE, SENIORS AND DISABLED PROGRAM, WOMEN'S HEALTH INITIATIVE, CHEMICAL DEPENDENCY PROGRAM, MENTAL HEALTH PROGRAM, FINANCIAL WELLNESS, THE DANCERS' RESOURCE, AND HOWL! HELPS. 6,267 PEOPLE RECEIVED CLINICAL SERVICES AND EMERGENCEY FINANCIAL ASSISTANCE. 753 PEOPLE PARTICIPATED IN OUR SEMINARS ON FINDING AND APPLYING FOR AFFORDABLE HOUSING, BUDGETING, MANAGING DEBT AND INVESTMENTS, CHEMICAL DEPENDENCY IN THE WORKPLACE AWARENESS AND

Name of the organization

THE ACTORS' FUND OF AMERICA

13-1635251

RETIREMENT PLANNING.

#### YOUTH SERVICES

IN LOS ANGELES, THE ACTORS FUND 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 13 EDUCATIONAL PROGRAMS, 18 COMMUNITY

SERVICE ACTIVITIES, 13 SOCIAL EVENTS, 37 LEADERSHIP DEVELOPMENT

WORKSHOPS, AND 114 TRAINING AND 153 MENTAL HEALTH COUNSELING SESSIONS FOR

238 YOUNG PERFORMERS AND 191 OF THEIR PARENTS.

#### HEALTH SERVICES

IN 2013, HEATH CARE WAS AT THE FOREFRONT OF OUR NATION'S

CONSCIOUSNESS-ESPECIALLY WITH THE ROLLOUT OF THE AFFORDABLE CAREACT AT

THE END OF THE YEAR. TO HELP MEMBERS OF OUR COMMUNITY TAKE ADVANTAGE OF

NEWLY AVAILABLE AFFORDABLE HEALTH INSURANCE PLANS, OUR ARTISTS HEALTH

INSURANCE RESOURCE CENTER (AHIRC) HELD A RECORD NUMBER OF SEMINARS AND

COUNSELING SESSIONS TO EDUCATE INDIVIDUALS AND SMALL BUSINESSES ABOUT

THEIR OPTIONS AND WHAT THEY NEEDED TO DO TO ENROLL. 6,984 PARTICIPANTS

ATTENDED OUR FREE HEALTH INSURANCE SERMINARS OR RECEIVED INDIVIDUAL

CONSELING THROUGH OUR ARTISTS HEALTH INSURANCE RESOURCE CENTER. THE FUND

OPERATES A NATIONAL WEB-BASED HEALTH INSURANCE RESOURCE CENTER AND, IN

2013, 431,999 PEOPLE VISITED THE WEBSITE.

13-1635251

WE ALSO CONTINUED TO PROVIDE FREE MEDICAL CARE TO THOSE IN NEED VIA NEW YORK'S AL HIRSCHFELD FREE HEALTH CLINIC (THE ONLY ONE OF ITS KIND IN MANHATTAN) AND LOS ANGELES'S PERFORMING ARTISTS CLINIC (IN COLLABORATION WITH MUSICARES AND THE VENICE FAMILY CLINIC). IN 2013, THE AL HIRSCHFELD CLINIC PROVIDED 3,161 FREE MEDICAL VISITS TO 1,445 PEOPLE. THE CLINIC'S VOLUNTEER PHYSICIANS PROGRAM - BROADWAY DOCS - CONTRIBUTED 586 MEDICAL VISITS VALUED AT \$130,110 WITH LABORATORY TESTING VALUED AT \$241,872 DONATED BY BIO-REFERENCE LABS.

#### EMPLOYMENT AND TRAINING SERVICES

THE ACTORS FUND WORK PROGRAM (AWP) ASSISTS ENTERTAINMENT INDUSTRY AND PERFORMING ARTS PROFESSIONALS IN IDENTIFYING AND FINDING SIDELINE WORK AND NEW CAREERS. AWP IS A COMPREHENSIVE EMPLOYMENT AND TRAINING PROGRAM COMMITTED TO FOSTERING RESILIENCY AND SELF RELIANCE FOR INDUSTRY PROFESSIONALS, AS WELL AS PROVIDING A RESOURCE FOR REFERRAL OF HIGHLY SKILLED AND CREATIVE WORKERS TO THE LARGER EMPLOYMENT COMMUNITY. THROUGH AWP SERVICES, CLIENTS CAN DEVELOP REWARDING SIDELINE CAREERS IN SUCH AREAS AS TEACHING, HEALING PROFESSIONS AND REAL ESTATE. OFTEN, WORKING PROFESSIONALS NEED TO WORK OUTSIDE OF THE INDUSTRY TO SUPPORT THE CONTINUING PURSUIT OF INDUSTRY WORK. MANY OF THE SKILLS THAT ENTERTAINMENT INDUSTRY PROFESSIONALS HAVE - COMMUNICATION, DISCIPLINE, CREATIVITY, FLEXIBILITY, PROFESSIONALISM - ARE TRANSFERABLE AND HIGHLY VALUED IN THE BROADER LABOR MARKET. THE ACTORS FUND WORK PROGRAM HELPS TO IDENTIFY AND APPLY THESE SKILLS TO OTHER WORK SETTINGS. THE PROGRAM HAD 3,378 PARTICIPANTS IN 2013 AND PROVIDED 1,261 INDIVIDUAL CAREER

13-1635251

COUNSELING SESSIONS, HELD 28 SEMINARS WITH 2,224 ATTENDEES, 10 WORKSHOPS

(MULTIPLE SESSIONS) WITH 774 PARTICIPANTS AND 12 COMPUTER

CLASSES WITH 270 ENROLLEES. 922 NEW JOBS WERE REPORTED BY PROGRAM

PARTICIPANTS.

PROGRAM ACCOMPLISHMENT 2: 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 2013, A TOTAL OF 144 PEOPLE RESIDED AT THE LILLIAN BOOTH ACTORS HOME. IN BEAUTIFUL SURROUNDINGS, THE LILLIAN BOOTH HOME PROVIDED HIGH QUALITY CARE FOR SENIORS THROUGH IT 82-BED SKILLED NURSING AND 42-ROOM ASSISTED LIVING FACILITY. THE HOME REALIZED 98% OCCUPANCY IN SKILLED NURSING FACILITY AND 97% IN ASSISTED LIVING. THE HOME ACHIEVED A 5 STAR RATING - THE HIGHEST RATING POSSIBLE - FROM THE DEPARTMENT OF HEALTH.

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 (FORMERLY THE AURORA), 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 2013, 194 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 PERSONS WITH HIV/AIDS AT THE PALM VIEW RESIDENCE. IN ADDITION

TO REGULAR COMMUNITY - BUILDING WORKSHOPS, THE BUILDING OFFED 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 THE COMMUNITY, AS WELL AS FORMERLY HOMELESS INDIVIDUALS WITH HIV/AIDS OR CHRONIC MENTAL ILLNESS. CREATED IN A PARTNERSHIP WITH COMMON GROUND COMMUNITY, 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 SPACE TO OVER 40 SMALL ARTS GROUPS AND INDIVIDUALS TO REHEARSE AND PERFORM.

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. 231 PEOPLE ATTENDED HOUSING WORKSHOPS IN NYC.

FORM 990, PART VI, LINE 2

PRESIDENT & CEO, JOSEPH BENINCASA, SERVES ON THE BOARD OF DIRECTORS OF BIO-REFERENCE LABORATORIES, A CORPORATION WHOSE CHAIRMAN AND CEO IS DR. MARC GRODMAN WHO SERVES AS AN ACTORS FUND TRUSTEE.

MANY ACTORS FUND TRUSTEES ARE EMPLOYED IN THE ENTERTAINMENT INDUSTRY.

FROM TIME TO TIME, THESE INDIVIDUALS ENTER INTO BUSINESS ARRANGEMENTS OR

NEGOTIATE UNION-LABOR CONTRACTS. 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 DAILY ACTIVITIES.

PROCESS USED TO REVIEW FORM 990

PART VI, SECTION B, LINE 11

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED 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 PART VI, SECTION B, LINE 12

THE ACTORS FUND HAS A WRITTEN CONFLICT OF INTEREST POLICY FOR EMPLOYEES AND TRUSTEES. THE OFFICERS, DIRECTORS, 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.

PROCESS FOR DETERMINING COMPENSATION

PART VI, SECTION B, LINE 15 A AND B

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. EXECUTIVE DIRECTOR, SENIOR DIRECTORS AND EMPLOYEES

INCREASES ARE BASED ON POSITION GRADES AND INDIVIDUAL PERFORMANCE.

COMPENSATION IS REVIEWED BY THE ORGANIZATION'S COMPENSATION COMMITTEE AND

APPROVED BY EXECUTIVE COMMITTEE.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

PART VI, SECTION C, LINE 19

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

OTHER CHANGES IN NET ASSETS

PART XI, LINE 9

Schedule O (Form 990 or 990-EZ) 2013

Name of the organization Employer identification number

THE ACTORS' FUND OF AMERICA 13-1635251

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$ 421,681

PENSION EXPENSE OTHER THAN NET PERIODIC

PENSION COST 2,988,203

-----

TOTAL \$3,409,884

========

ATTACHMENT 1

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GENESIS REHABILITATION SERVICES W0225 PO BOX 7777 PHILADELPHIA, PA 19175	REHAB SERVICES	459,570.
THE TRUSTEES OF COLUMBIA UNIVERSITY 64 NAGIE AVENUE NEW YORK, NY 10040	CONTRACT MEDICAL SVC	243,580.
GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017	ACCOUNTING SERVICES	239,199.
RESOURCE & EVENT MANAGEMENT LTD. 232 MADISON AVENUE NEW YORK, NY 10016	FUNDRAISING	135,000.

(c) Legal domicile (state

or foreign country)

Name, address, and EIN (if applicable) of disregarded entity

#### **SCHEDULE R** (Form 990)

Part I

\_(1)

# **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.

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

See separate instructions.

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

Primary activity

OMB No. 1545-0047 Open to Public Inspection

(f) Direct controlling

entity

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

(e) End-of-year assets

(d) Total income

THE ACTORS' FUND OF AMERICA 13-1635251

(2)									
(3)									
(4)									
(5)									
							_		
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during t	Complete if th he tax year.	e org	anization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34 beca	 ause i	t had	
(a) Name, address, and EIN of related organization	<b>(b)</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		Section 5 contr	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.			l .	1	l	Sch.	edule	R (Form 9	990) 2013

JSA 3E1307 1.000 Schedule R (Form 990) 2013

Part I	because it had one or r						swered res	אוו רי	OIIII	990, Part IV, II	ne s	94	
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
			Country)		000110110 012 011)			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
/ <b>7</b> \													

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l	i) etion b)(13) rolled ity?
								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	х	
(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	х	
<u>(3)</u>									
(4)									_
<u>(5)</u>									
<u>(6)</u>									
<u>(7)</u>									

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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

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

No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
d	Loans or loan guarantees to or for related organization(s)	1d	Х	
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m		1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1р		Х
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres	holds	S.	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ACTORS FUND HOUSING DEVELOPMENT CORP	В	946,868.	COST
(2) ACTORS FUND HOUSING DEVELOPMENT CORP	N	133,755.	COST
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			

JSA 3E1309 1.000

Schedule R (Form 990) 2013

Page 3

Schedule R (Form 990) 2013

# 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) 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
				section 512-514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
<u>(1)</u>														
<u>(2)</u>														
<u>(3)</u>														
<u>(4)</u>														
<u>(5)</u>														
<u>(6)</u>														
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<u>(9)</u>														
(10)														
(11)														
(12)														
(13)														
(14)														
<u>(15)</u>														
<u>(16)</u>														

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3E1310 1.000

Schedule R (Form 990) 2013

Page 4

Schedule R (Form 990) 2013 Page 5

#### Supplemental Information Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).