

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

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. WILL ROGERS MOTION PICTURE PIONEERS FOUNDATION	Taxpayer identification number (TIN) 15-0533551
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 6767 FOREST LAWN DR #303	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90068	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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

● The books are in the care of ▶ CHRISTINA M. BLUMER -----

Telephone No. ▶ (323) 688-2500 Fax No. ▶ (323) 380-7950

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

1 I request an automatic 6-month extension of time until 2/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20__ or
- ▶ tax year beginning 4/01, 2021, and ending 3/31, 2022.

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

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

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

Return of Organization Exempt From Income Tax

2021

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning **4/01**, 2021, and ending **3/31**, 2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C WILL ROGERS MOTION PICTURE PIONEERS FOUNDATION 6767 FOREST LAWN DR #303 LOS ANGELES, CA 90068	D Employer identification number 15-0533551 E Telephone number (323) 688-2500 G Gross receipts \$ 2,983,723.
F Name and address of principal officer: CHRISTINA M. BLUMER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WILLROGERSMOTIONPICTURE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1936 M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>THE PURPOSE OF THE ORGANIZATION IS TO PERPETUATE THE LEGACY OF WILL ROGERS THROUGH THE WORKS OF THREE PROGRAMS, BRAVE BEGINNINGS, THE WILL ROGERS INSTITUTE AND THE PIONEERS ASSISTANCE FUND.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a).....	3		25
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4		25
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a).....	5		6
	6 Total number of volunteers (estimate if necessary).....	6		82
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a		0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g).....	2,450,723.	793,845.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	1,003,461.	1,095,586.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....			
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	3,454,184.	1,889,431.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	4,363,302.	1,009,692.	
	14 Benefits paid to or for members (Part IX, column (A), line 4).....			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	851,939.	853,889.	
	16a Professional fundraising fees (Part IX, column (A), line 11e).....			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 313,165.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	632,915.	752,896.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	5,848,156.	2,616,477.	
19 Revenue less expenses. Subtract line 18 from line 12.....	-2,393,972.	-727,046.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26).....	14,761,903.	13,414,274.	
	22 Net assets or fund balances. Subtract line 21 from line 20.....	499,089.	547,747.	
		14,262,814.	12,866,527.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHRISTINA M. BLUMER <small>Type or print name and title</small>	Date EXECUTIVE DIRECTOR

Paid Preparer Use Only	Print/Type preparer's name MARK A. LADESICH, CPA	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00087452
	Firm's name ▶ MARK A. LADESICH, CPA			Firm's EIN ▶ 95-4603698	
	Firm's address ▶ 301 E. COLORADO BLVD., STE 624 PASADENA, CA 91101			Phone no. (626) 685-2777	

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE PURPOSE OF THE ORGANIZATION IS TO PERPETUATE THE LEGACY OF WILL ROGERS THROUGH THE WORKS OF THREE PROGRAMS, BRAVE BEGINNINGS, THE WILL ROGERS INSTITUTE AND THE PIONEERS ASSISTANCE FUND.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,204,676. including grants of \$ 472,201.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 456,427. including grants of \$ 440,000.) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 161,285. including grants of \$ 7,491.) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 108,371. including grants of \$ 90,000.) (Revenue \$)

4e Total program service expenses 1,930,759.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	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? <i>If 'Yes,' complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	6	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.		
4 a	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)?		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	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?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11 a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13 a	
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b	
c	Enter the amount of reserves on hand	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?			
		14 a	X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.	14 b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			
		15	X
If 'Yes,' see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			
		16	X
If 'Yes,' complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			
		17	
If 'Yes,' complete Form 6069.			

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

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	25		
b	Enter the number of voting members included on line 1a, above, who are independent		
	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 CHRISTINA M. BLUMER 6767 FOREST LAWN DR #303 LOS ANGELES CA 90068 (323) 688-2500

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TODD R. VRADENBURG EXECUTIVE DIREC	50 0	X	X				252,367.	0.	56,502.	
(2) SAMANTHA E. STEPLETON DIR OF SOCIAL SVCS	40 0					X	104,033.	0.	19,258.	
(3) JEFFREY GREENSPUN DIRECTOR	1 0	X					0.	0.	0.	
(4) MARY NAKAGAWA-MARTI TREASURER	1 0	X	X				0.	0.	0.	
(5) JARED MILGRAM DIRECTOR	1 0	X					0.	0.	0.	
(6) HEATHER MORGAN VICE PRESIDENT	1 0	X	X				0.	0.	0.	
(7) SCOTT KENNEDY DIRECTOR	1 0	X					0.	0.	0.	
(8) SPENCER KLEIN DIRECTOR	1 0	X					0.	0.	0.	
(9) CARY SILVERA DIRECTOR	1 0	X					0.	0.	0.	
(10) MICHELLE MADDALENA FIRST VICE PRES	1 0	X	X				0.	0.	0.	
(11) MARY NAKAGAWA SECRETARY	1 0	X	X				0.	0.	0.	
(12) MARK CHRISTIANSEN PRESIDENT	1 0	X	X				0.	0.	0.	
(13) MICHAEL VIANE DIRECTOR	1 0	X					0.	0.	0.	
(14) JENNIFER ROGERS-ETCHEVERRY DIRECTOR	1 0	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CLIFFORD "KIP" SMILEY, JR DIRECTOR	1 0	X						0.	0.	0.
(16) ANN STADLER DIRECTOR	1 0	X						0.	0.	0.
(17) CATHLEEN TAFF DIRECTOR	1 0	X						0.	0.	0.
(18) ROBERT WESTERLING DIRECTOR	1 0	X						0.	0.	0.
(19) STEVE BUNNELL VICE PRESIDENT	1 0	X		X				0.	0.	0.
(20) W. KYLE DAVIES CHAIRMAN	1 0	X		X				0.	0.	0.
(21) MEG WILSON DIRECTOR	1 0	X						0.	0.	0.
(22) JOHN FITHIAN DIRECTOR	1 0	X						0.	0.	0.
(23) SCOTT FORMAN DIRECTOR	1 0	X						0.	0.	0.
(24) JIM SMITH DIRECTOR	1 0	X						0.	0.	0.
(25) RYAN WOOD DIRECTOR	1 0	X						0.	0.	0.
1 b Subtotal								356,400.	0.	75,760.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								356,400.	0.	75,760.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b 97,758.				
	c Fundraising events.....	1 c 40,744.				
	d Related organizations.....	1 d				
	e Government grants (contributions)....	1 e 140,298.				
	f All other contributions, gifts, grants, and similar amounts not included above...	1 f 515,045.				
	g Noncash contributions included in lines 1a-1f.....	1 g				
	h Total. Add lines 1a-1f.....	▶ 793,845.				
Program Service Revenue	Business Code					
	2 a -----					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue....					
g Total. Add lines 2a-2f.....	▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).....	▶ 208,492.			208,492.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties.....	▶				
	6 a Gross rents.....	6 a	(i) Real	(ii) Personal		
			b Less: rental expenses	6 b		
			c Rental income or (loss)	6 c		
			d Net rental income or (loss).....	▶		
	7 a Gross amount from sales of assets other than inventory	7 a	(i) Securities	(ii) Other		
			b Less: cost or other basis and sales expenses	7 b 662,045.	408,036.	
			c Gain or (loss).....	7 c 697,506.	189,588.	
			d Net gain or (loss).....	▶ 887,094.	-116.	887,210.
	8 a Gross income from fundraising events (not including \$ 40,744. of contributions reported on line 1c). See Part IV, line 18.....	8 a	24,211.			
	b Less: direct expenses.....	8 b	24,211.			
	c Net income or (loss) from fundraising events.....	▶				
	9 a Gross income from gaming activities. See Part IV, line 19.....	9 a				
b Less: direct expenses.....	9 b					
c Net income or (loss) from gaming activities.....	▶					
10 a Gross sales of inventory, less returns and allowances.....	10 a					
b Less: cost of goods sold....	10 b					
c Net income or (loss) from sales of inventory.....	▶					
Miscellaneous Revenue	Business Code					
	11 a -----					
	b -----					
	c -----					
	d All other revenue.....					
e Total. Add lines 11a-11d.....	▶					
12 Total revenue. See instructions.....	▶	1,889,431.	-116.	0.	1,095,702.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	537,491.	537,491.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	472,201.	472,201.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	236,352.	118,176.	59,088.	59,088.
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.	0.	0.	0.
7 Other salaries and wages.	408,515.	283,969.	71,882.	52,664.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	36,347.	21,441.	8,191.	6,715.
9 Other employee benefits.	111,627.	68,860.	24,927.	17,840.
10 Payroll taxes.	61,048.	38,070.	12,399.	10,579.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	68,260.		68,260.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	102,704.	69,492.	17,429.	15,783.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.				
13 Office expenses.	6,396.	2,080.	3,275.	1,041.
14 Information technology.	51,536.	27,679.	23,857.	
15 Royalties.				
16 Occupancy.	82,680.	43,702.	26,576.	12,402.
17 Travel.	10,196.	4,759.	2,146.	3,291.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	4,212.	2,527.	843.	842.
23 Insurance.	32,286.	17,621.	7,392.	7,273.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>OUTSIDE SERVICES</u>	95,268.	32,038.	13,730.	49,500.
b <u>HEALTH EDUCATION</u>	88,382.	81,382.	2,000.	5,000.
c <u>PUBLIC ACCESS SERVICES</u>	50,066.	50,066.		
d <u>PRINTING AND PUBLICATIONS</u>	48,721.	32,590.	5,227.	10,904.
e All other expenses.	112,189.	26,615.	25,331.	60,243.
25 Total functional expenses. Add lines 1 through 24e.	2,616,477.	1,930,759.	372,553.	313,165.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash – non-interest-bearing	174,742.	1	248,564.	
	2	Savings and temporary cash investments	3,738,102.	2	2,693,448.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	1,168.	4	142,165.	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	25,375.	8	24,663.	
	9	Prepaid expenses and deferred charges	26,780.	9	25,509.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	147,769.		
	b	Less: accumulated depreciation	10b	144,825.	10c	2,944.
				7,417.		
	11	Investments – publicly traded securities	7,914,866.	11	7,913,745.	
	12	Investments – other securities. See Part IV, line 11	2,558,147.	12	2,023,033.	
	13	Investments – program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
15	Other assets. See Part IV, line 11	315,306.	15	340,203.		
16	Total assets. Add lines 1 through 15 (must equal line 33)	14,761,903.	16	13,414,274.		
Liabilities	17	Accounts payable and accrued expenses	114,588.	17	147,476.	
	18	Grants payable	87,500.	18	70,000.	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	297,001.	25	330,271.		
26	Total liabilities. Add lines 17 through 25	499,089.	26	547,747.		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	11,373,228.	27	10,763,006.	
	28	Net assets with donor restrictions	2,889,586.	28	2,103,521.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances.	14,262,814.	32	12,866,527.	
33	Total liabilities and net assets/fund balances.	14,761,903.	33	13,414,274.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,889,431.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,616,477.
3	Revenue less expenses. Subtract line 2 from line 1	3	-727,046.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,262,814.
5	Net unrealized gains (losses) on investments	5	-669,241.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,866,527.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **WILL ROGERS MOTION PICTURE
PIONEERS FOUNDATION**

Employer identification number
15-0533551

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A; 16a 33-1/3% support test-2021; 16b 33-1/3% support test-2020; 17a 10%-facts-and-circumstances test-2021; 17b 10%-facts-and-circumstances test-2020; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	2,365,505.	1,654,704.	3,508,179.	2,450,723.	793,845.	10,772,956.
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						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	2,365,505.	1,654,704.	3,508,179.	2,450,723.	793,845.	10,772,956.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						10,772,956.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	2,365,505.	1,654,704.	3,508,179.	2,450,723.	793,845.	10,772,956.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	354,866.	381,142.	438,588.	268,954.	208,492.	1,652,042.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	354,866.	381,142.	438,588.	268,954.	208,492.	1,652,042.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.		8,441.		14,333.		22,774.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,720,371.	2,044,287.	3,946,767.	2,734,010.	1,002,337.	12,447,772.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	86.55 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	87.46 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	13.27 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	12.39 %

- 19a **33-1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶
- b **33-1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b	

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2021

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required – explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

BAA

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization WILL ROGERS MOTION PICTURE PIONEERS FOUNDATION

Employer identification number 15-0533551

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization WILL ROGERS MOTION PICTURE	Employer identification number 15-0533551
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 20,449.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 9,951.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILL ROGERS MOTION PICTURE	Employer identification number 15-0533551
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
8		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
9		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
10		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
11		\$ 7,106.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
12		\$ 26,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization WILL ROGERS MOTION PICTURE	Employer identification number 15-0533551
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 72,862.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 7,746.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

WILL ROGERS MOTION PICTURE

15-0533551

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 37,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WILL ROGERS MOTION PICTURE	Employer identification number 15-0533551
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		

Name of organization
WILL ROGERS MOTION PICTURE

Employer identification number
15-0533551

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: WILL ROGERS MOTION PICTURE PIONEERS FOUNDATION. Employer identification number: 15-0533551

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions, 3 Aggregate value of grants, 4 Aggregate value at end of year, 5 Did the organization inform all donors..., 6 Did the organization inform all grantees...

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... Table: Held at the End of the Tax Year. 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	2,889,586.	5,355,460.	4,520,618.	4,687,374.	4,181,513.
b Contributions	479,721.	2,226,216.	3,547,162.	1,443,540.	1,974,546.
c Net investment earnings, gains, and losses					
d Grants or scholarships	562,201.	4,007,171.	366,455.	350,569.	482,012.
e Other expenditures for facilities and programs	703,585.	684,919.	2,345,865.	1,259,727.	986,673.
f Administrative expenses					
g End of year balance	2,103,521.	2,889,586.	5,355,460.	4,520,618.	4,687,374.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment 100.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		X
(ii) Related organizations		X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		1.		1.
b Buildings				
c Leasehold improvements				
d Equipment		64,311.	66,090.	-1,779.
e Other		83,457.	78,735.	4,722.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,944.

BAA

Part VII Investments – Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other <u>OCA MEZZANINIE II SEGREGATED</u>	147,645.	END OF YEAR MARKET VALUE
(A) <u>OCA KKR ENERGY FUND, LLC</u>	183,323.	END OF YEAR MARKET VALUE
(B) <u>OCA OHA CREDIT FUND</u>	43,243.	END OF YEAR MARKET VALUE
(C) <u>OCA GSO CAPITAL SOLUTIONS OVERSEAS</u>	65,790.	END OF YEAR MARKET VALUE
(D) <u>OCA BREDS III TE, LLC</u>	140,354.	END OF YEAR MARKET VALUE
(E) <u>OCA CMTG, LLC</u>	642,840.	END OF YEAR MARKET VALUE
(F) <u>OCA VHF SEGREGATED PORTFOLIO</u>	445,881.	END OF YEAR MARKET VALUE
(G) <u>BLACKSTONE REAL ESTATE INC TR</u>	353,957.	END OF YEAR MARKET VALUE
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	2,023,033.	

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. N/A

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <u>457 PLAN LIABILITY</u>	330,271.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	330,271.

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

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

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

1	Total revenue, gains, and other support per audited financial statements.....		1	1,001,399.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2 a	-669,241.	
	b Donated services and use of facilities.....	2 b		
	c Recoveries of prior year grants.....	2 c		
	d Other (Describe in Part XIII.) SEE PART XIII.....	2 d	24,211.	
	e Add lines 2a through 2d.....	2 e	-645,030.	
3	Subtract line 2e from line 1.....		3	1,646,429.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a	102,704.	
	b Other (Describe in Part XIII.) SEE PART XIII.....	4 b	140,298.	
	c Add lines 4a and 4b.....	4 c	243,002.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	1,889,431.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements.....		1	2,397,686.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities.....	2 a		
	b Prior year adjustments.....	2 b		
	c Other losses.....	2 c		
	d Other (Describe in Part XIII.) SEE PART XIII.....	2 d	24,211.	
	e Add lines 2a through 2d.....	2 e	24,211.	
3	Subtract line 2e from line 1.....		3	2,373,475.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a	102,704.	
	b Other (Describe in Part XIII.) SEE PART XIII.....	4 b	140,298.	
	c Add lines 4a and 4b.....	4 c	243,002.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5	2,616,477.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TEMPORARILY RESTRICTED NET ASSETS ARE UTILIZED BY THE ORGANIZATION FOR THE EXPRESS PURPOSE OF PROVIDING ASSISTANCE UNDER THE PIONEERS ASSITANCE PROGRAM AS CASH GRANTS, BURIAL & CREMATION, EMERGENCY CASH GRANTS, MEDICAL EQUIPMENT SUBSIDIES, MEDICAL REHABILITATION SERVICES AND SOCIAL SERVICES UNTIL THE ASSETS ARE CONSUMED. DONATIONS RAISED FOR THE BRAVE BEGINNINGS PROGRAM ARE USED FOR EQUIPMENT GRANTS TO HOSPITALS NEONATAL INTENSIVE CARE UNITS.

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE**

THE AUDITED FINANCIAL STATEMENTS INCLUDE THE FOLLOWING FOOTNOTE REGARDING LIABILITY FOR UNCERTAIN TAX PROVISIONS:

ACCOUNTING PRINCIPLES GERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN A TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINABLE UPON EXAMINATION BY A TAX AUTHORITY. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

UNDERWRITEN EVENT EXPENSES	\$	24,211.
TOTAL	\$	<u>24,211.</u>

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

EMPLOYEE RETENTION CREDIT OFFSET	\$	140,298.
TOTAL	\$	<u>140,298.</u>

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

UNDERWRITEN EVENT EXPENSES	\$	24,211.
TOTAL	\$	<u>24,211.</u>

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

EMPLOYEE RETENTION CREDIT OFFSET	\$	140,298.
TOTAL	\$	<u>140,298.</u>

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **WILL ROGERS MOTION PICTURE
PIONEERS FOUNDATION**

Employer identification number
15-0533551

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		RECREATION OUT (event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	64,955.		64,955.	
	2	Less: Contributions	40,744.		40,744.	
	3	Gross income (line 1 minus line 2)	24,211.		24,211.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,197.		1,197.	
	6	Rent/facility costs	17,704.		17,704.	
	7	Food and beverages	3,380.		3,380.	
	8	Entertainment				
	9	Other direct expenses	1,930.		1,930.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				24,211.
	11	Net income summary. Subtract line 10 from line 3, column (d)				

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

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

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13 a	%
b An outside facility	13 b	%

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? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WILL ROGERS MOTION PICTURE
PIONEERS FOUNDATION

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BURKE REHABILITATION HOSPITAL 785 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-1739937		20,000.	0.			MEDICAL RESEARCH GRANT
(2) UNIV. OF SOUTHERN CALIFORNIA 2020 ZONAL AVENUE 1RD RM 620 LOS ANGELES, CA 90033	95-1642394		200,000.	0.			MEDICAL RESEARCH GRANT
(3) FORT SANDERS FDN PATRICIA NEA 1901 CLINCH AVENUE KNOXVILLE, TN 37916	62-1748601		10,000.	0.			MEDICAL RESEARCH FELLOWSHIP
(4) UNIVERSITY OF TEXAS - SW MEDI 5323 HARRY HINES BOULEVARD DALLAS, TX 75235	75-6002868		50,000.	0.			MEDICAL RESEARCH FELLOWSHIP
(5) NEW YORK UNIV. SCHOOL OF MED. 550 FIRST AVE., BELLEVUE CHS NEW YORK, NY 10016	13-5562308		50,000.	0.			MEDICAL RESEARCH FELLOWSHIP
(6) WILL ROGERS RANCH FOUNDATION P.O. BOX 502 PAC PALISADES, CA 90272	26-2060795		7,491.	0.			EDUCATION
(7) CEDARS-SINAI 8700 BEVERLY BLVD. STE 2416 LOS ANGELES, CA 90048	95-1644600		50,000.	0.			MEDICAL RESEARCH FELLOWSHIP
(8) THE UCLA FOUNDATION 10889 WILSHIRE BLVD, STE 1100 LOS ANGELES, CA 90024	95-2250801		25,000.	0.			MEDICAL RESEARCH GRANT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							8
3 Enter total number of other organizations listed in the line 1 table							3

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

TEEA3901L 07/12/21

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 BURIAL & CREMATION	5	9,271.			
2 MEDICAL EQUIPMENT	12	6,439.			
3 MEDICAL REHABILITATION	37	145,722.			
4 CLIENT SUPPORT SERVICES	13	5,955.			
5 HOUSING ASSISTANCE	139	271,964.			
6 COVID EMERGENCY GRANT	3	6,500.			
7 NATURAL DISASTER GRANT	169	26,350.			

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

WILL ROGERS INSTITUTE FELLOWSHIP GRANTS ARE GIVEN TO MEDICAL SCHOOLS WITH A STRONG TRACK RECORD FOR TRAINING DOCTORS IN PULMONARY MEDICINE. THE FELLOWSHIPS ARE GIVEN FOR FIRST AND SECOND YEAR TRAINING PURPOSES, TO HELP A RESEARCHER WITH EARLY STAGE WORK. FELLOWSHIPS AND RESEARCH GRANT RECIPIENTS ARE CAREFULLY CHOSEN BASED ON THEIR ABILITY AND AREAS OF EXPERTISE OF STUDY WHICH COINCIDE WITH THE ORGANIZATIONS PROGRAMS AND SERVICES. THE FELLOWSHIP AND GRANTS COMMITTEE APPROVES THE RECIPIENTS WITH CONSULTATION AND RECOMMENDATION OF THE INSTITUTES MEDICAL ADVISOR WHO IS AN EXPERT IN LUNG RESEARCH.

THE MOTION PICTURE PIONEERS ASSISTANCE FUND PROGRAM IS MANAGED BY PROFESSIONAL SOCIAL

BAA

Schedule I (Form 990) 2021

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

WORKERS. THE INDIVIDUALS WHO RECEIVE ASSISTANCE ARE PLACED INTO TWO BROAD CATEGORIES LONG-TERM OR SHORT-TERM ASSISTANCE. THE INDIVIDUALS WHO RECEIVE LONG-TERM ASSISTANCE ARE REPRESENTED IN DIRECT CASH ASSISTANCE. THE MAJORITY OF THE EXPENSES ARE PAID DIRECTLY TO VENDORS.

DIRECT CASH ASSISTANCE IS JUSTIFIED FOR THE FOLLOWING NEEDS: HEALTH INSURANCE, DENTAL INSURANCE, PRESCRIPTION CO-PAYS, HOME HEALTH CARE, RENT, FOOD AND CLOTHING, MEDICAL SUPPLIES, HOME SUPPLIES (I.E. SHEETS AND FIXTURES), AND TRANSPORTATION.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION**BURIAL & CREMATION:**

THIS PROGRAM PROVIDES TIMELY, MODEST AND DIGNIFIED BURIALS/CREMATIONS TO DESTITUTE ENTERTAINMENT INDUSTRY MEMBERS/SPOUSES. THE MPPAF PAYS CREMATORIUMS, FUNERAL HOMES, AND CEMETERIES WHEN ENTERTAINMENT INDUSTRY MEMBERS'/SPOUSES' ESTATES AND RELATIVES DO NOT HAVE THE FUNDS TO PAY FOR BASIC CREMATIONS OR BURIALS.

MEDICAL EQUIPMENT:

THIS PROGRAM PROVIDES EQUIPMENT, SUCH AS MOBILITY AIDS, ORTHOTICS, EMERGENCY CALL SYSTEMS, BATH SAFETY AIDS, AND HOME HEALTH SUPPLIES ETC., TO LOW-INCOME DISABLED/FRAIL ENTERTAINMENT INDUSTRY MEMBERS/SPOUSES. THIS EQUIPMENT PROMOTES THE HEALTH, INDEPENDENCE AND SAFETY OF MANY MEMBERS/SPOUSES, ALLOWING THEM TO REMAIN LONGER IN THEIR OWN HOMES. THE EQUIPMENT IS PURCHASED THROUGH VARIOUS MEDICAL EQUIPMENT/SUPPLY VENDORS.

MEDICAL CARE:

THIS PROGRAM ASSISTS LOW-INCOME ILL/DISABLED ENTERTAINMENT INDUSTRY MEMBERS/SPOUSES WITH OUT-PATIENT MEDICAL TREATMENT, DIAGNOSTIC TESTS, MEDICATIONS, PHYSICAL THERAPY,

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

PSYCHOTHERAPY, HOME HEALTH CARE, HEALTH INSURANCE, AND MEDICALLY NECESSARY TRANSPORTATION. THIS AID IS PROVIDED ONLY DURING AN ILLNESS, INJURY, OR DISABILITY ADJUSTMENT PERIOD.

CLIENT SUPPORT SERVICES:

THIS PROGRAM SUPPORTS PEOPLE (RETIRES/PERMANENTLY DISABLED ENTERTAINMENT INDUSTRY MEMBERS/SPOUSES, AND THOSE DEALING WITH SHORT-TERM AND LONG-TERM AILMENTS) DEALING WITH: FINANCIAL HARDSHIP, WORK INJURIES, HOSPICE AND PALLIATIVE CARE, MENTAL HEALTH SUPPORT AND REHABILITATIVE MEDICAL SERVICES.

IN ADDITION TO THE SERVICES IDENTIFIED, SOCIAL SERVICE STAFF VISIT PAF CLIENTS WHO ARE EASILY ACCESSIBLE TO ASSESS THEIR CIRCUMSTANCES AND TO ARRANGE APPROPRIATE CARE.

FOR CLIENTS LIVING IN OTHER AREAS OF THE UNITED STATES, INDEPENDENT SOCIAL SERVICE WORKERS ARE CONTRACTED TO ASSESS THEIR CIRCUMSTANCES, FINANCIAL NEED AND AVAILABLE SERVICES IN THEIR AREA.

ALSO, THIS CATEGORY PROVIDES A MONTHLY CARE PACKAGE TO MEMBERS/SPOUSES WITH MOBILITY LIMITATIONS WHO ARE CONFINED TO THEIR HOMES OR FACILITIES. THE PURPOSE OF THIS PROGRAM IS TO REMIND THOSE CLIENTS THAT THEY ARE NOT ALONE, NOT FORGOTTEN, AND TO MAINTAIN THEIR EMOTIONAL WELL BEING.

HOUSING EMERGENCY:

THIS PROGRAM PROVIDES EMERGENCY CASH GRANTS TO ENTERTAINMENT INDUSTRY MEMBERS/SPOUSES DURING AN UNEXPECTED FINANCIAL CRISIS. THESE CASH GRANTS ASSIST WITH THE COST OF HOUSING, FOOD, UTILITIES, AND OTHER LIFE SUSTAINING SERVICES. THEY ARE ISSUED TO INDUSTRY MEMBERS/SPOUSES OR SERVICE PROVIDERS.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

COVID EMERGENCY GRANT:

A ONE TIME CASH GRANT TO MOVIE THEATER WORKERS WHO HAD BEEN FURLOUGHED OR LAID-OFF DUE TO THE COVID-19 PANDEMIC. THE PURPOSE OF THE GRANT WAS TO PAY FOR BASIC NEEDS BEFORE UNEMPLOYMENT BENEFITS STARTED.

SECONDARY GRANTS WERE PROVIDED TO ENTERTAINMENT INDUSTRY WORKERS WHO DID NOT RECEIVE UNEMPLOYMENT BENEFITS BUT WERE LIVING ON 50% REDUCED INCOME.

NATURAL DISASTER GRANT:

A ONE-TIME EMERGENCY STIPEND FOR ENTERTAINMENT INDUSTRY WORKERS AFFECTED BY A NATURAL DISASTER SUCH AS, SEVERE RAIN/FLOODING, TORNADO, EARTHQUAKE, OR FIRE. THE PURPOSE OF THE STIPEND WAS TO PURCHASE PERSONAL ITEMS SUCH AS HYGIENE SUPPLIES, AND BASIC NECESSITIES.

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WILL ROGERS MOTION PICTURE
PIONEERS FOUNDATION

Employer identification number

15-0533551

Part I Questions Regarding Compensation

	Yes	No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.	1 b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4 a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4 b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4 c	X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5 a	X
b Any related organization?	5 b	X
If 'Yes' on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6 a	X
b Any related organization?	6 b	X
If 'Yes' on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.	8	X
9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation			
TODD R. VRADENBURG	(i) 252,367.	(ii) 0.	(iii) 0.	(C) 20,792.	(D) 35,710.	(E) 308,869.	(F) 0.
1 EXECUTIVE DIREC	(ii) 0.	(iii) 0.		0.	0.	0.	0.
2	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
3	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
4	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
5	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
6	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
7	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
8	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
9	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
10	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
11	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
12	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
13	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
14	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
15	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
16	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)

Part III Supplemental Information

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

WILL ROGERS MOTION PICTURE
PIONEERS FOUNDATION

Employer identification number

15-0533551

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

PIONEERS ASSISTANCE PROGRAM

THE PIONEERS ASSISTANCE FUND (PAF) PROVIDES FINANCIAL ASSISTANCE FOR HEALTH AND WELFARE ISSUES TO PEOPLE WHO WORK IN THEATRICAL ENTERTAINMENT. ASSISTANCE IS PROVIDED ON A SLIDING SCALE FOR PEOPLE WHO HAVE WORKED A MINIMUM OF FIVE YEARS IN THE INDUSTRY UP TO PEOPLE WHO HAVE WORKED AN ENTIRE CAREER IN THE INDUSTRY. THE PAF IS FUNDED BY RESTRICTED DONATIONS FROM ENTERTAINMENT INDUSTRY COMPANIES, FOUNDATIONS AND INDIVIDUALS WHO WORK IN THE THEATRICAL ENTERTAINMENT INDUSTRY.

THE 2021-22 FISCAL YEAR SAW A DECLINE IN THE IMPACTS OF THE PANDEMIC, AS THE MOVIE THEATER INDUSTRY STARTED TO FIND A SENSE OF EQUILIBRIUM.

EMERGENCY COVID GRANTS CAME TO A CLOSE WHILE THE REGULAR ASSISTANCE PROGRAM STARTED TO RETURN TO PRE-PANDEMIC LEVELS. PEOPLE WHO HAVE WORKED IN THEATRICAL ENTERTAINMENT FOR A MINIMUM OF FIVE YEARS ARE ELIGIBLE TO RECEIVE FINANCIAL ASSISTANCE AND COUNSELING DUE TO ACCIDENT, ILLNESS, NATURAL DISASTER, FINANCIAL HARDSHIP, AND MEDICAL ISSUES.

PAF PROVIDED LONG-TERM TYPE ASSISTANCE TO 13 CLIENTS DUE TO QUALITY-OF-LIFE ISSUES. SHORT-TERM ASSISTANCE WAS GIVEN TO 553 CLIENTS PRIMARILY FOR MEDICAL REHABILITATION, MEDICAL RELATED EQUIPMENT, VOCATIONAL REHABILITATION, AND HOUSING INSECURITY. THE TOTAL NUMBER OF PEOPLE WHO CONTACTED PAF (DUE TO COVID AND NON-COVID) AND RECEIVED A MINIMUM OF COUNSELING HELP WAS 653. CANCER CONTINUES TO BE THE PRIMARY REASON FOR MEDICAL ASSISTANCE.

Name of the organization	WILL ROGERS MOTION PICTURE PIONEERS FOUNDATION	Employer identification number 15-0533551
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FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE TOP THREE REASONS FOR FINANCIAL ASSISTANCE ARE: 1. RENT AND HOUSEHOLD FINANCIAL HARDSHIP, 2. ACCIDENT OR UNFORESEEN CIRCUMSTANCE, AND 3. MEDICAL TREATMENTS AND CARE. THE AGE RANGE FOR LONG-TERM ASSISTANCE RECIPIENTS IS 62 - 93, WITH MANY OF THOSE RECEIVING ASSISTANCE BETWEEN THE AGES 71 - 90. THE SHORT-TERM CLIENT AGES ARE FROM 20-100 YEARS OF AGE, WITH THE MAJORITY RECEIVING FINANCIAL ASSISTANCE IN THE 20 - 40 AGE GROUP.

SOCIAL WORKERS CONTINUE TO FIND A SIZABLE NUMBER OF PEOPLE SEEKING FINANCIAL ASSISTANCE ARE EMPLOYED, BUT LIVE UNDER A VERY TIGHT BUDGET, DUE TO MANY FACTORS. ONE ACCIDENT, ILLNESS OR UNFORESEEN INCIDENT CAN CREATE A HOUSEHOLD CRISIS. PAF CLIENTS REFLECT THE GREATER CIRCUMSTANCE AFFECTING MIDDLE-CLASS WORKERS IN THE USA, MOST ARE BARELY KEEPING UP WITH FINANCIAL DEMANDS OF DAY-TO-DAY LIFE.

THE PIONEERS ASSISTANCE FUND CONTINUED THE EFFORT TO EDUCATE INDUSTRY MEMBERS THROUGH INCREASED PRESENCE ON SOCIAL MEDIA, THE MONTHLY WILL POWER NEWSLETTER, AND A NEW ADDITION, WEEKLY BLOG POSTS THAT COVER A RELEVANT TOPIC TO MAINTAINING OVERALL WELLNESS. DUE TO THE INCREASED RESEARCH FINDINGS ON THE IMPORTANCE OF SLEEP, EXERCISE, AND MEDITATION, ALL CREATED CONTENT FOCUSES ON TIPS TO ACHIEVING A HEALTHY LIVING LIFESTYLE. SOCIAL WORKERS ARE NOW SCREENING FOR DEPRESSION, SUICIDALITY, AND A NEEDS AUDIT, WHICH DEMONSTRATES TO CLIENTS AREAS WHERE THEIR LIVES MAY NEED MORE ATTENTION. FOR MORE DETAILED INFORMATION ABOUT THE PROGRAM, VISIT WWW.WRPIONEERS.ORG.

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

WILL ROGERS INSTITUTE RESEARCH & FELLOWSHIPS

THE WILL ROGERS INSTITUTE (WRI) IS A PROGRAM THAT HAS ROOTS DATING BACK TO WHEN THE

Name of the organization WILL ROGERS MOTION PICTURE
PIONEERS FOUNDATION

Employer identification number
15-0533551

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

CHARITY OPERATED THE WILL ROGERS MEMORIAL HOSPITAL. A PRIMARY OBJECTIVE OF THE HOSPITAL WAS TO CONDUCT RESEARCH FOR PATIENT CARE AND TRAIN PULMONARY DOCTORS ON HOW TO PROVIDE THE BEST CARE FOR THEIR PATIENTS. WHILE THE SIGNIFICANCE OF PULMONARY HEALTH AND REHABILITATION IS NOT NEW TO THE WILL ROGERS INSTITUTE, THE GLOBAL HEALTH PANDEMIC HAS SOLIDIFIED ITS IMPORTANCE IN THE MINDS OF PEOPLE ACROSS THE WORLD. TO DATE, THE WILL ROGERS INSTITUTE HAS FUNDED \$49,180,177 IN RESEARCH GRANTS, TRAINING FELLOWSHIPS, AND SPECIAL PROJECTS IN THE PULMONARY SECTOR.

WHAT BEGAN AS A TRAINING PROGRAM FOR MEDICAL RESEARCH DURING THE 1950S AND 60S AT THE WILL ROGERS HOSPITAL IN UPSTATE NEW YORK, LIVES ON IN PRESENT DAY THROUGH THE WORK OF THE WILL ROGERS INSTITUTE. TODAY, THE WILL ROGERS INSTITUTE FUNDS THE WILL ROGERS INSTITUTE PULMONARY RESEARCH CENTER AT KECK SCHOOL OF MEDICINE OF UNIVERSITY OF SOUTHERN CALIFORNIA, AND SIX FELLOWSHIPS ACROSS THE UNITED STATES. DIRECTED BY DR. EDWARD CRANDALL, HASTINGS PROFESSOR OF MEDICINE, THE WILL ROGERS INSTITUTE PULMONARY RESEARCH CENTER IS FOCUSED ON NEW STRATEGIES FOR TREATMENT OF LUNG INJURY AND PULMONARY EDEMA FROM AIR POLLUTION AND OTHER LUNG INJURIES. LUNG INJURY STUDY WILL ALSO INCLUDE COVID RELATED AILMENTS, SPECIFICALLY CASES OF 'LONG-HAULER' SYNDROME.

TRAINING FELLOWSHIPS FOR PULMONARY MEDICINE CONTINUE AT BURKE REHABILITATION HOSPITAL (WHITE PLAINS, NY), UNIVERSITY NEW YORK UNIVERSITY, UNIVERSITY OF TEXAS MEDICAL SCHOOL (DALLAS, TX), PATRICIA NEAL REHABILITATION HOSPITAL (KNOXVILLE, TN), UNIVERSITY OF CALIFORNIA LOS ANGELES AND CEDARS-SINAI HOSPITAL AND RESEARCH CENTER (LOS ANGELES, CA). THE OBJECTIVE FOR FUNDING RESEARCH FELLOWSHIPS IN LUNG DISEASES AT MAJOR UNIVERSITIES THROUGHOUT THE UNITED STATES IS TO HELP TRAIN FUTURE LEADERS OF LUNG RESEARCH AND THORACIC SPECIALISTS. AS WITH THE WRI LAB AT KECK, EACH OF THE

Name of the organization WILL ROGERS MOTION PICTURE
PIONEERS FOUNDATION

Employer identification number
15-0533551

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

FELLOWSHIP LOCATIONS ARE INVOLVED WITH TREATMENT PROGRAMS AND STUDIES TO HELP COVID LONG-HAULERS.

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

WILL ROGERS INSTITUTE - HEALTH EDUCATION

ANOTHER OBJECTIVE OF THE WILL ROGERS INSTITUTE IS TO EDUCATE THE PUBLIC ON THE PREVENTION OF CARDIO-PULMONARY DISORDERS, AS WELL AS, HOW TO MANAGE SUCH DISORDERS. THE WRI HAS A RICH HISTORY OF PRODUCING AND DISTRIBUTING PUBLIC SERVICE ANNOUNCEMENTS (PSAS) ON AN ANNUAL BASIS, FOR THEATRICAL, WEB-BASED AND TELEVISION AUDIENCES. PRINT PUBLIC SERVICE ANNOUNCEMENTS, AS WELL AS DIGITAL PSAS ARE ALSO PART OF THAT RICH HISTORY. SINCE THE 1950'S, CELEBRITIES HAVE DONATED THEIR TIME AND STAR POWER TO HELP ATTRACT ATTENTION TO THE PSA AND THE IMPORTANCE OF THE TOPIC.

IN 2021-22, WRI WAS CONTINUALLY ACTIVE ON SOCIAL MEDIA, PRIMARILY FACEBOOK. THE OBJECTIVE OF THE POSTS ON SOCIAL MEDIA IS TO EDUCATE THE PUBLIC ABOUT PULMONARY DISEASE AND DISORDERS, AS WELL AS JOIN THE EFFORTS TO CREATE AWARENESS ABOUT CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), THE FOURTH LEADING CAUSE OF DEATH IN THE USA. WRI ALSO CONTINUED TO SUPPORT THE EFFORTS FOR COPD AWARENESS MONTH, A CAMPAIGN LED BY THE NATIONAL INSTITUTES OF HEALTH AND THE COPD FOUNDATION.

THE WILL ROGERS INSTITUTE'S WEB SITE AND SOCIAL MEDIA CHANNELS CONTINUE TO BE VISITED BY THE PUBLIC, GENERATING THOUSANDS OF HITS PER YEAR AND PAGE VIEWS. THE SOCIAL MEDIA OUTLETS HAVE BECOME A PRIMARY SOURCE OF SHARING INFORMATION TO CONSTITUENTS AND THE PUBLIC ON A WEEKLY BASIS, TO SUPPLEMENT TRADITIONAL MEDIUMS, SUCH AS NEWSLETTERS AND E-MAIL BLASTS.

Name of the organization WILL ROGERS MOTION PICTURE PIONEERS FOUNDATION	Employer identification number 15-0533551
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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

WILL ROGERS INSTITUTE EDUCATIONAL BOOKLETS REMAIN AVAILABLE TO THE PUBLIC; HOWEVER, REQUESTS HAVE REDUCED SIGNIFICANTLY DUE TO THE AMOUNT OF FREE MATERIAL ON THE INTERNET, INCLUDING THE WRI WEBSITE WHICH HAS DOWNLOADABLE BOOKLETS AVAILABLE. IN 2021-22, WRI DISTRIBUTED HUNDREDS OF FREE BOOKLETS. THE MOST REQUESTED BOOKLET TOPICS ARE: "THE TRUTH ABOUT SMOKING" AND "CHILDREN AND ASTHMA" AND "LIVING WELL WITH ASTHMA." ALTHOUGH THERE IS A LARGE AMOUNT OF FREE INFORMATION AVAILABLE ON THE INTERNET, THE FREE HEALTH BOOKLETS CONTINUE ARE REQUESTED FROM ORGANIZATIONS SUCH AS COMMUNITY HEALTH CENTERS, EDUCATORS, AND HUMAN RESOURCE DEPARTMENTS.

PERPETUATING THE MEMORY OF WILL ROGERS

THE WRMPFF, AS WELL AS BEING A HEALTH CHARITY, ALSO HAS THE PRIMARY MISSION OF PERPETUATING THE MEMORY OF THE GREAT HUMANITARIAN, WILL ROGERS. EFFORTS TO PERPETUATE THE MEMORY OF WILL ROGERS ARE IN PARTNERSHIP WITH THE WILL ROGERS MUSEUM (CLAREMORE, OK), THE WILL ROGERS RANCH FOUNDATION (PACIFIC PALISADES, CA), AS WELL AS A PARTNERSHIP HAS DEVELOPED WITH THE HISTORIC SARANAC LAKE (THE HISTORICAL SOCIETY FOR SARANAC VILLAGE, NEW YORK WHERE THE WILL ROGERS HOSPITAL WAS LOCATED). SUPPORT FOR THE MUSEUM IS PROVIDED BY UTILIZING THEIR WILL ROGERS ASSETS AND CONTENT WITH THE PUBLIC, IN ADDITION TO, MAKING USE OF MUSEUM SUPPLIERS FOR INTERPRETIVE WILL ROGERS' MEMORABILIA, WHICH WE GIVE TO DONORS AS GIFTS AND VOLUNTEER RECOGNITION AWARDS, ESPECIALLY TO INDIVIDUALS WORKING IN THE ENTERTAINMENT INDUSTRY.

THE WRMPFF COLLABORATES WITH THE WILL ROGERS RANCH FOUNDATION BY PROVIDING BACK OFFICE AND ADMINISTRATIVE SUPPORT. THE WILL ROGERS RANCH FOUNDATION IS A SMALL GRASSROOTS ORGANIZATION WITH NO STAFF. WRMPFF ALSO PARTNERS WITH THE RANCH

Name of the organization WILL ROGERS MOTION PICTURE PIONEERS FOUNDATION	Employer identification number 15-0533551
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FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

FOUNDATION TO SUPPORT VOLUNTEER DOCENT TRAININGS AND MATERIALS, AS WELL AS EDUCATIONAL PROGRAMS FOR PARK ATTENDEES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

BRAVE BEGINNINGS - AN INITIATIVE OF THE WILL ROGERS INSTITUTE

IN 2015, THE WILL ROGERS INSTITUTE NEONATAL VENTILATOR EQUIPMENT PROGRAM WAS OFFICIALLY RENAMED, BRAVE BEGINNINGS (BB).

DUE TO THE LARGE PREMATURE BIRTH PROBLEM IN THE UNITED STATES (THE US HAS THE SIXTH HIGHEST RATE OF PREMATURE BIRTHS IN THE WORLD, 10% OF ALL BIRTHS), HOSPITALS HAVE A TREMENDOUS NEED FOR ADDITIONAL EQUIPMENT AND MODERN EQUIPMENT THAT WILL GIVE A PREMATURE INFANT A FIGHTING CHANCE AT A LIFE WITHOUT DISEASE OR A PERMANENT DISORDER. DUE TO THE COVID PANDEMIC AND DEMANDS PLACED ON THE PIONEERS ASSISTANCE FUND PROGRAM, NO GRANTS TO HOSPITALS WERE ISSUED DURING 2020-21 FISCAL YEAR. WHILE DEMANDS ON THE PIONEERS ASSISTANCE FUND LESSENERED IN 2021-22 AS COMPARED TO THE PREVIOUS YEAR, THE FUNDING SOURCES FOR THE BRAVE BEGINNINGS PROGRAM HAVE NOT RETURNED TO PRE-PANDEMIC LEVELS. THE PROGRAM WAS HOWEVER IN A POSITION TO FUND A SMALL GRANT CYCLE OF \$90,000 TO TWO DESERVING HOSPITALS. SINCE THE VENTILATOR GRANT PROGRAM WAS ESTABLISHED IN 2006, 200 HOSPITALS HAVE RECEIVED GRANTS, TOTALING \$9.6MIL DOLLARS, AND AN ESTIMATED 270,000 INFANTS HAVE BENEFITTED.

THE OVERALL OBJECTIVES OF THE BRAVE BEGINNINGS PROGRAM TO EDUCATE THE PUBLIC ABOUT THE NEED AND LONG-TERM BENEFITS TO HELPING PREMATURE INFANTS DEVELOP WITHOUT LIFELONG AILMENTS, AS WELL AS PROVIDE HOSPITAL NICU'S WITH VITAL EQUIPMENT. ALONG WITH OTHER INDIVIDUALS AND ORGANIZATIONS DEDICATED TO FIGHTING THE PREEMIE EPIDEMIC, THE BRAVE BEGINNINGS PROGRAM WILL TRY TO HELP ELIMINATE A GENERATION OF CHILDREN

Name of the organization WILL ROGERS MOTION PICTURE
PIONEERS FOUNDATION

Employer identification number
15-0533551

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

GROWING UP WITH AILMENTS AND DISORDERS, DUE TO A PREMATURE BIRTH.

IN 2021-22, THE BB PROGRAM CONTINUED TO DO OUTREACH AND COMMUNICATION TO HELP THE PUBLIC UNDERSTAND THE CHALLENGES NEONATAL INTENSIVE CARE UNITS ARE MANAGING AND THE HIGH RATE OF PREMATURE BIRTHS IN THE USA.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COMPLETE ELECTRONIC COPY OF THE ORGANIZATIONS FINAL FORM 990 (INCLUDING ALL REQUIRED SCHEDULES) IS MADE AVAILABLE TO THE VOTING MEMBERS OF THE GOVERNING BODY FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ON AN ANNUAL BASIS EACH RESPONSIBLE PERSON IS REQUIRED TO REVIEW A COPY OF THE CONFLICT OF INTEREST POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO.

EACH RESPONSIBLE PERSON IS REQUIRED ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING.

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE BOARD. ANY CHANGES TO THE POLICY ARE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE PERSONS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

COMPENSATION REVIEW IS CONDUCTED DURING A SPECIAL MEETING OF THE BOARD OF THE DIRECTORS. DIRECTORS UTILIZE SALARY SURVEY DATA APPROVED UNDER GUIDELINES OF THE CALIFORNIA INTEGRITY ACT. CONTEMPORANEOUS MINUTES OF THE PROCEEDINGS ARE MAINTAINED OUTLINING THE DELIBERATIONS IN THE RECORDS OF THE ORGANIZATION. COMPENSATION IS

Name of the organization

WILL ROGERS MOTION PICTURE
PIONEERS FOUNDATION

Employer identification number

15-0533551

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CONTI

RECOMMENDED BY THE COMPENSATION COMMITTEE AND RATIFIED BY THE BORAD OF DIRECTORS AT
A REGULAR MEETING.

FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

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

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATIONS AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY
STATEMENT AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST THROUGH ELECTRONIC
ACCESS SITES INCLUDING WEB DIRECTORIES AND THE ORGANIZATIONS WEB SITES.