

**PUBLIC  
DISCLOSURE  
COPY**

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</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	<b>C</b> Name of organization ENTERTAINMENT INDUSTRY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1900 AVENUE OF THE STARS 1400 City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90067 <b>F</b> Name and address of principal officer: LISA PAULSEN SAME AS C ABOVE	<b>D</b> Employer identification number 95-1644609 <b>E</b> Telephone number 424-283-3600 <b>G</b> Gross receipts \$ 94,047,507. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number
<b>I</b> 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		
<b>J</b> Website: WWW.EIFFOUNDATION.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Year of formation: 1942		<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO COORDINATE THE PHILANTHROPY OF THE ENTERTAINMENT INDUSTRY. <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 12 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 12 <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) <b>5</b> 72 <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> 250 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> 0. <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> 0.		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>Prior Year</b> 48,786,903. <b>Current Year</b> 77,197,808. <b>9</b> Program service revenue (Part VIII, line 2g) 0. 0. <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) 165,847. 288,862. <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 388,392. 415,499. <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 49,341,142. 77,902,169.		
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) 29,736,920. 37,075,903. <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,815,659. 6,633,140. <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) 1,726,567. 1,411,247. <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 5,599,050. <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,177,093. 10,518,391. <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 47,456,239. 55,638,681. <b>19</b> Revenue less expenses. Subtract line 18 from line 12 1,884,903. 22,263,488.		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>Beginning of Current Year</b> 49,396,407. <b>End of Year</b> 75,102,977. <b>21</b> Total liabilities (Part X, line 26) 10,134,683. 12,626,574. <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 39,261,724. 62,476,403.		

**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.

<b>Sign Here</b>	Signature of officer DEBORAH MORRISON, CFO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name RICHARD L. RUVELSON Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00234075 Firm's name GREEN HASSON & JANKS LLP Firm's address 10990 WILSHIRE BLVD., 16TH FLOOR LOS ANGELES, CA 90024-3929 Firm's EIN 95-1777440 Phone no. (310) 873-1600	

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 ENTERTAINMENT INDUSTRY FOUNDATION, AS THE LEADING CHARITABLE ORGANIZATION OF THE ENTERTAINMENT INDUSTRY, HARNESSSES THE COLLECTIVE POWER OF THE ENTIRE INDUSTRY TO RAISE AWARENESS AND FUNDS FOR CRITICAL HEALTH, EDUCATIONAL AND SOCIAL ISSUES IN ORDER TO MAKE A POSITIVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] 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 \$ 29,495,878. including grants of \$ 26,486,216. ) (Revenue \$ ) STAND UP TO CANCER INITIATIVE (SU2C): SU2C IS DESIGNED TO RAISE FUNDS TO ACCELERATE GROUND-BREAKING CANCER RESEARCH AND BRING NEW THERAPIES TO PATIENTS SOONER TO SAVE LIVES. SU2C UTILIZES THE ENTERTAINMENT INDUSTRY TO BUILD BROAD PUBLIC SUPPORT AND TO ENHANCE AWARENESS OF THE DEVASTATING IMPACT CANCER HAS IN THIS COUNTRY. SU2C'S GOAL IS TO BRING TOGETHER THE BEST AND BRIGHTEST IN THE CANCER COMMUNITY ENCOURAGING COLLABORATION INSTEAD OF COMPETITION.

4b (Code: ) (Expenses \$ 5,826,219. including grants of \$ 5,237,914. ) (Revenue \$ ) CHARITABLE SERVICES PROGRAMS: EIF IS ABLE TO CHAMPION A WIDE VARIETY OF WORTHY CAUSES. EIF RAISES AWARENESS AND CRUCIAL FUNDS TO ADDRESS LEADING HEALTH AND SOCIAL ISSUES. EIF GRANTS FUNDS TO VARIOUS CHARITIES ALL ACROSS THE U.S.

4c (Code: ) (Expenses \$ 2,389,571. including grants of \$ 1,602,000. ) (Revenue \$ ) CHILDHOOD HUNGER INITIATIVE: THE ENTERTAINMENT INDUSTRY FOUNDATION ALONG WITH ACADEMY AWARD NOMINATED ACTRESS VIOLA DAVIS AND THE SAFEWAY FOUNDATION LAUNCHED THE "HUNGER IS" INITIATIVE, A JOINT CHARITABLE PROGRAM DESIGNED TO RAISE AWARENESS AND FUNDS TO FIGHT CHILDHOOD HUNGER IN THE UNITED STATES. FUNDS RAISED THROUGH THE INITIATIVE WILL GO TOWARDS PROGRAMS FOCUSED ON ERADICATING CHILDHOOD HUNGER AND IMPROVING HEALTH RELATED OUTCOMES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 5,212,710. including grants of \$ 3,749,773. ) (Revenue \$ )

4e Total program service expenses 42,924,378.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and numerical inputs.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AZ, AR, CT, FL, GA, HI, IL, KS, KY, LA, ME
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DEBORAH MORRISON - 424-283-3610 1900 AVE OF THE STARS STE 1400, LOS ANGELES, CA 90067

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID BEAUBAIRE BOARD MEMBER	1.00	X						0.	0.	0.
(2) PRESTON BECKMAN BOARD MEMBER	1.00	X						0.	0.	0.
(3) LYNN HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(4) MITCH METCALF BOARD MEMBER	1.00	X						0.	0.	0.
(5) VANESSA MORRISON BOARD MEMBER	1.00	X						0.	0.	0.
(6) CHRIS SILBERMANN BOARD MEMBER	1.00	X						0.	0.	0.
(7) JACK SUSSMAN BOARD MEMBER	1.00	X						0.	0.	0.
(8) PETER SEYMOUR BOARD MEMBER	1.00	X						0.	0.	0.
(9) SHERRY LANSING BOARD CHAIR	1.00	X		X				0.	0.	0.
(10) JAY SURES BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(11) JEFF BADER SECRETARY	1.00	X		X				0.	0.	0.
(12) ED RADA TREASURER	1.00	X		X				0.	0.	0.
(13) LISA PAULSEN PRESIDENT/CEO	40.00			X				527,751.	0.	41,871.
(14) SUSAN FRANK COO	40.00			X				343,335.	0.	18,603.
(15) DEBORAH MORRISON CFO	40.00			X				242,785.	0.	17,839.
(16) MERRILY NEWTON (RESIGNED 03/14) CFO	40.00			X				57,298.	0.	3,355.
(17) SUNG-AH POBLETE PRESIDENT/CEO - SU2C	40.00				X			229,156.	0.	18,551.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHLEEN LOBB SVP/COMMUN. EAST COAST	40.00				X			229,520.	0.	18,657.
(19) THOMAS CHIODO SVP/DEVELOPMENT	40.00				X			212,186.	0.	18,458.
(20) STEPHAN CERYANEK VP/CONTROLLER	40.00				X			169,935.	0.	17,538.
(21) CATHY JAMES VP/DEVELOPMENT	40.00					X		199,051.	0.	18,255.
(22) MAURINE SLUTZKY VP/COMMUNICATIONS	40.00					X		159,907.	0.	17,833.
(23) JENNIFER KUNTZ VP OF OPERATIONS	40.00					X		150,701.	0.	17,111.
(24) JANE RUBENSTEIN VP OF COMMUNICATIONS	40.00					X		141,196.	0.	13,480.
(25) MADELINE MAROTTO PRODUCER	40.00					X		139,826.	0.	17,727.
<b>1b Sub-total</b>								2,802,647.	0.	239,278.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,802,647.	0.	239,278.

**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 16

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
ROBERTSON SCHWARTZ AGENCY, 1250 6TH ST., STE 201, SANTA MONICA, CA 90401	SEE SCHEDULE O FOR COMPLETE DESCRIPTION	1,664,316.
PATRIOT COMMUNICATIONS, LLC PO BOX 92899, LOS ANGELES, CA 90009	SEE SCHEDULE O FOR COMPLETE DESCRIPTION	1,440,890.
PERLMAN & PERLMAN 41 MADISON AVE, FL. 40, NEW YORK, NY 10010	LEGAL SERVICES	1,027,878.
RACHEL RUBIN, LLC, 11766 WILSHIRE BLVD. FL 9, LOS ANGELES, CA 90025	SEE SCHEDULE O FOR COMPLETE DESCRIPTION	719,400.
OMD USA, LLC PO BOX 533202, CHARLOTTE, NC 28290	SECURING AND PLACEMENT OF DONATED MEDIA	207,408.

**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 8

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	41,842,777.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	35,355,031.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		633,609.				
	<b>h Total.</b> Add lines 1a-1f .....		77,197,808.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		143,760.			143,760.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		36,402.			36,402.	
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....			145,102.		145,102.
	<b>8 a</b> Gross income from fundraising events (not including \$ 41,842,777. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		13,726,524.			
		<b>b</b> Less: direct expenses .....		13,726,524.			
		<b>c</b> Net income or (loss) from fundraising events .....		0.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>		451,418.				
	<b>b</b> Less: cost of goods sold .....		72,321.				
	<b>c</b> Net income or (loss) from sales of inventory .....		379,097.			379,097.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			77,902,169.	0.	0.	704,361.	

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36,753,011.	36,753,011.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	322,892.	322,892.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,167,555.	566,621.	1,135,461.	465,473.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,021,162.	1,376,596.	741,598.	902,968.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	210,486.	55,023.	110,262.	45,201.
<b>9</b> Other employee benefits	852,252.	222,787.	446,447.	183,018.
<b>10</b> Payroll taxes	381,685.	99,777.	199,944.	81,964.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,236,608.	290,925.	325,849.	619,834.
<b>c</b> Accounting	55,414.		55,414.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	1,411,247.			1,411,247.
<b>f</b> Investment management fees	44,056.		44,056.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,294,668.	1,120,153.	1,199,205.	975,310.
<b>12</b> Advertising and promotion	17,253.	2,991.	12,637.	1,625.
<b>13</b> Office expenses	1,276,715.	529,603.	539,855.	207,257.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,476,795.	295,790.	1,155,725.	25,280.
<b>17</b> Travel	1,009,158.	316,004.	265,558.	427,596.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	89,264.	3,890.	81,686.	3,688.
<b>23</b> Insurance	143,556.		143,556.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUBS. AND PERMITS	764,114.	365,109.	312,607.	86,398.
<b>b</b> PUBLIC RELATIONS	662,335.	357,139.	275,079.	30,117.
<b>c</b> ELECT. MEDIA PROD.	152,425.	110,310.	7,726.	34,389.
<b>d</b> REPAIRS AND MAINT.	84,757.	58,110.	26,266.	381.
<b>e</b> All other expenses	211,273.	77,647.	36,322.	97,304.
<b>25</b> Total functional expenses. Add lines 1 through 24e	55,638,681.	42,924,378.	7,115,253.	5,599,050.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,992,564.	<b>1</b>	24,576,037.
	<b>2</b> Savings and temporary cash investments .....	13,841,142.	<b>2</b>	9,090,986.
	<b>3</b> Pledges and grants receivable, net .....	17,972,418.	<b>3</b>	32,548,905.
	<b>4</b> Accounts receivable, net .....	380,781.	<b>4</b>	322,126.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	549,088.	<b>9</b>	469,431.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,147,483.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 535,311.	121,462.	<b>10c</b> 612,172.
	<b>11</b> Investments - publicly traded securities .....	5,956,188.	<b>11</b>	6,354,176.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	500,000.	<b>12</b>	1,106,655.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	82,764.	<b>15</b>	22,489.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	49,396,407.	<b>16</b>	75,102,977.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,657,906.	<b>17</b>	2,280,987.
	<b>18</b> Grants payable .....	8,238,266.	<b>18</b>	9,902,703.
	<b>19</b> Deferred revenue .....	238,511.	<b>19</b>	442,884.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,134,683.	<b>26</b>	12,626,574.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,404,483.	<b>27</b>	1,614,087.
	<b>28</b> Temporarily restricted net assets .....	35,829,741.	<b>28</b>	60,862,316.
	<b>29</b> Permanently restricted net assets .....	27,500.	<b>29</b>	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	39,261,724.	<b>33</b>	62,476,403.
<b>34</b> Total liabilities and net assets/fund balances .....	49,396,407.	<b>34</b>	75,102,977.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	77,902,169.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	55,638,681.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	22,263,488.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	39,261,724.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	160,496.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	790,695.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	62,476,403.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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 in Schedule O.		
<b>2a</b> 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
<b>b</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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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 in Schedule O.	X	
<b>3a</b> 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
<b>b</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 in Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2014)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2014**

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> ENTERTAINMENT INDUSTRY FOUNDATION	<b>Employer identification number</b> 95-1644609
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**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 above or IRC section (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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	128,110,563.	41,245,872.	53,273,478.	48,786,903.	77,197,807.	348,614,623.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	128,110,563.	41,245,872.	53,273,478.	48,786,903.	77,197,807.	348,614,623.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						70,936,320.
<b>6 Public support.</b> Subtract line 5 from line 4.						277,678,303.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	128,110,563.	41,245,872.	53,273,478.	48,786,903.	77,197,807.	348,614,623.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	258,770.	273,650.	194,080.	554,393.	180,162.	1,461,055.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...			2,109.			2,109.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						350,077,787.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	451,418.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	79.32 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	84.77 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

**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. 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2014**

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

<b>Name of organization</b>  ENTERTAINMENT INDUSTRY FOUNDATION	<b>Employer identification number</b>  95-1644609
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 15,509,472.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 5,458,653.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 5,433,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 5,050,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 4,517,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 4,450,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  ENTERTAINMENT INDUSTRY FOUNDATION	<b>Employer identification number</b>  95-1644609
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 4,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 3,826,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 3,756,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 3,598,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 2,334,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 1,875,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  ENTERTAINMENT INDUSTRY FOUNDATION	Employer identification number  95-1644609
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  ENTERTAINMENT INDUSTRY FOUNDATION	Employer identification number  95-1644609
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ► **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**  
 ► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">ENTERTAINMENT INDUSTRY FOUNDATION</p>	Employer identification number <p style="text-align: center;">95-1644609</p>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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10-21-14

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	0.	3,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000.
<b>c</b> Total lobbying expenditures	20,000.	5,542.		0.	25,542.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	0.	750,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
<b>f</b> Grassroots lobbying expenditures	20,000.	5,542.		0.	25,542.

Schedule C (Form 990 or 990-EZ) 2014

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

Name of the organization **ENTERTAINMENT INDUSTRY FOUNDATION** Employer identification number **95-1644609**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes       No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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)? .....

Yes       No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its 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 SFAS 116 (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 in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in 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 are a 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 programs
- 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance		27,500.	27,500.	27,500.	27,500.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance		27,500.	27,500.	27,500.	27,500.

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 Temporarily restricted endowment  \_\_\_\_\_ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 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.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		549,433.	92,311.	457,122.
d Equipment		598,050.	443,000.	155,050.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				612,172.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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



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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	181,730,717.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	160,496.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	103,639,787.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	72,321.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	103,872,604.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	77,858,113.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	44,056.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	44,056.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	77,902,169.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	158,516,038.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	103,639,787.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-718,374.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	102,921,413.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	55,594,625.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	44,056.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	44,056.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	55,638,681.

**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:

FUNDS ARE IDENTIFIED AS SCHOLARSHIP FUNDS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COGS 72,321.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVERSAL OF GRANTS PAID -790,695.

COGS 72,321.

TOTAL TO SCHEDULE D, PART XII, LINE 2D -718,374.

SCHEDULE D, PARTS XI AND XII:

432054  
10-01-14

**Part XIII** Supplemental Information *(continued)*

EIF IS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS. THESE STATEMENTS

REFLECT SIGNIFICANT CONTRIBUTIONS OF DONATED BROADCAST PUBLIC SERVICE

ANNOUNCEMENTS IN CONTRIBUTED INCOME AND EXPENSE. THESE AMOUNTS ARE

CORRECTLY NOT INCLUDED IN INCOME AND EXPENSE ON PARTS VIII AND IX OF FORM

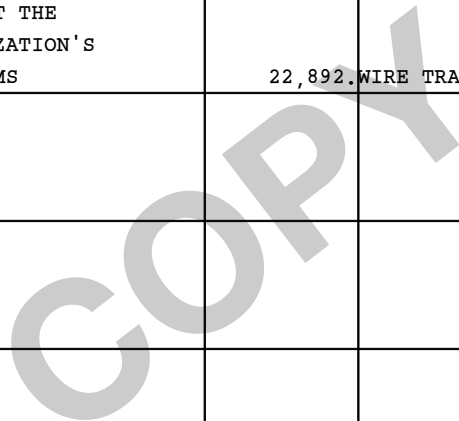
990.

COPY



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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS	300,000.	WIRE TRANSFER	0.	N/A	
		NORTH AMERICA	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS	22,892.	WIRE TRANSFER	0.	N/A	



2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **2**

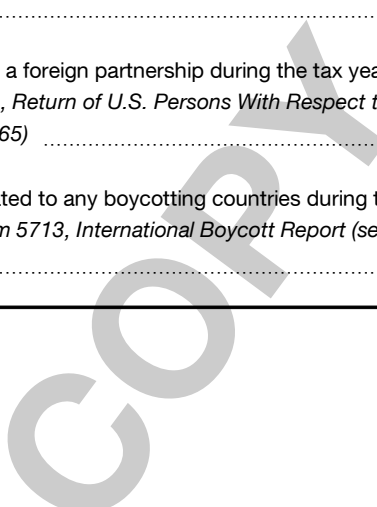
3 Enter total number of other organizations or entities ..... **2**



**Part IV Foreign Forms**

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

Schedule F (Form 990) 2014

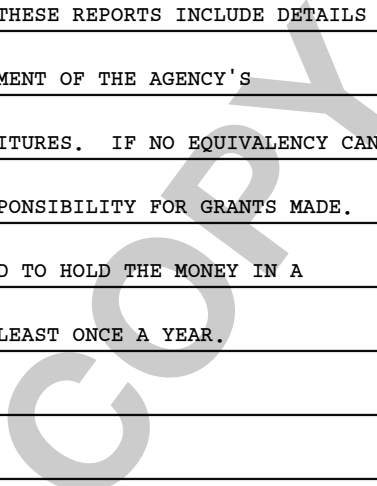


**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

AS PART OF THE DUE DILIGENCE PROCESS AND BEFORE MAKING GRANTS TO ORGANIZATIONS OUTSIDE THE U.S., EIF VERIFIES THAT THE CAUSES TO WHICH FUNDING IS DESIGNATED ARE IN FACT CHARITABLE OR THAT MONEY DONATED FOR CHARITABLE CAUSES IS UNLIKELY TO BE DIVERTED TO NON-CHARITABLE PURPOSES. IN COMPLIANCE WITH IRS GUIDELINES, EIF CONDUCTS REVIEWS TO DETERMINE IF POTENTIAL GRANTEES ARE THE FOREIGN EQUIVALENTS OF A U.S. CHARITY. IF SO, AT LEAST ONE REPORT IS REQUIRED EACH YEAR. THESE REPORTS INCLUDE DETAILS ON PROGRESS TOWARD PROGRAM GOALS, AN ASSESSMENT OF THE AGENCY'S PERFORMANCE AND AN ACCOUNTING OF ALL EXPENDITURES. IF NO EQUIVALENCY CAN BE ESTABLISHED, EIF ASSUMES EXPENDITURE RESPONSIBILITY FOR GRANTS MADE. AS PER IRS GUIDELINES, GRANTEES ARE REQUIRED TO HOLD THE MONEY IN A DEDICATED ACCOUNT AND REPORT IN WRITING AT LEAST ONCE A YEAR.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization: ENTERTAINMENT INDUSTRY FOUNDATION  
Employer identification number: 95-1644609

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ROBERTSON SCHWARTZ AGENCY - 1250 6TH ST., STE 201, SANTA THE DAVIS GROUP - 400	STAND UP 2 CANCER		X	13,799,794.	1,199,061.	12,600,733.
CONTINENTAL BLVD. STE. 275, 5B EVENTS - 10536 CULVER	REVLON RUN WALK HOLLYWOOD STANDS UP 2		X	5,311,302.	172,186.	5,139,116.
BLVD, STE G, CULVER CITY, CA	CANCER		X	383,050.	30,000.	353,050.
JOSHUA GALEGOS - 2890 LA CIENEGA BLVD, CULVER CITY, CA	CRUSH CANCER		X	214,234.	10,000.	204,234.
<b>Total</b>				19,708,380.	1,411,247.	18,297,133.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		REVLON RUN/WALK FOR WOMEN LA (event type)	STAND UP 2 CANCER (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	5,311,302.	50,257,999.		55,569,301.
	<b>2</b> Less: Contributions .....	2,621,419.	39,221,358.		41,842,777.
	<b>3</b> Gross income (line 1 minus line 2) .....	2,689,883.	11,036,641.		13,726,524.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	56,825.	71,122.		127,947.
	<b>6</b> Rent/facility costs .....	223,499.	205,478.		428,977.
	<b>7</b> Food and beverages .....	24,314.	145,273.		169,587.
	<b>8</b> Entertainment .....	4,300.	105,086.		109,386.
	<b>9</b> Other direct expenses .....	2,380,945.	10,509,682.		12,890,627.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				13,726,524.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: ROBERTSON SCHWARTZ AGENCY  
 \_\_\_\_\_  
 (I) ADDRESS OF FUNDRAISER: 1250 6TH ST., STE 201, SANTA MONICA, CA 90401  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (I) NAME OF FUNDRAISER: THE DAVIS GROUP  
 \_\_\_\_\_  
 (I) ADDRESS OF FUNDRAISER:  
 \_\_\_\_\_  
 400 CONTINENTAL BLVD. STE. 275, EL SEGUNDO, CA 90245  
 \_\_\_\_\_

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: 5B EVENTS

(I) ADDRESS OF FUNDRAISER: 10536 CULVER BLVD, STE G, CULVER CITY, CA 90232

(I) NAME OF FUNDRAISER: JOSHUA GALEGOS

(I) ADDRESS OF FUNDRAISER: 2890 LA CIENEGA BLVD, CULVER CITY, CA 90290

COPY

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization  
**ENTERTAINMENT INDUSTRY FOUNDATION**

Employer identification number  
**95-1644609**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to 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
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT STREET, 17TH FLOOR - PHILADELPHIA, PA 16106-4404	23-6251648	501(C)(3)	22,054,155.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMN
JONSSON CANCER CENTER FNDTN/UCLA 10833 LE CONTE AVE, FACTOR BLDG STE 8-950 - LOS ANGELES, CA 90095-1780	95-2242757	501(C)(3)	1,527,002.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SOCIAL IMPACT FUND 6380 WILSHIRE BOULEVARD, 15TH FLOOR LOS ANGELES, CA 90048	46-1820448	501(C)(3)	1,444,731.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
V FOUNDATION FOR CANCER RESEARCH 106 TOWERVIEW COURT CARY, NC 27513	13-3705951	501(C)(3)	1,000,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WATER.ORG 920 MAIN STREET, STE 1800 KANSAS CITY, MO 64105	58-2060131	501(C)(3)	958,502.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
EASTERN CONGO INITIATIVE 3417 FREMONT AVENUE, SUITE 400 SEATTLE, WA 98103	45-4103655	501(C)(3)	958,502.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 96.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2014)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FEEDING AMERICA 35 E WACKER DRIVE, SUITE 2000 CHICAGO, IL 60601	36-3673599	501(C)(3)	595,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GREATER WASHINGTON EDUCATIONAL TELECOMMUNICATIONS ASSOCIATION, INC. (WETA) - 3939 CAMPBELL AVENUE - ARLINGTON, VA 22206	53-0242992	501(C)(3)	550,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
TRANSLATIONAL GENOMICS RESEARCH INSTITUTE - 445 N 5TH ST STE 600 - PHOENIX, AZ 85004	75-3065445	501(C)(3)	518,102.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
TEEN CANCER AMERICA 1001 WESTWOOD BLVD., SUITE 300 LOS ANGELES, CA 90024	46-0825676	501(C)(3)	500,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
JOHNS HOPKINS UNIVERSITY 1650 ORLEANS STREET, ROOM 589 CRB1 BALTIMORE, MD 21231-1001	90-0329755	501(C)(3)	375,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CANCER FOR COLLEGE 28465 OLD TOWN FRONT ST SUITE 315 TEMECULA, CA 92590	93-1144756	501(C)(3)	350,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
FOOD RESEARCH AND ACTION CENTER 1200 18TH ST NW, SUITE 400 WASHINGTON, DC 20036	23-7200739	501(C)(3)	303,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
TRUSTEES OF COLUMBIA UNIVERSITY P.O. BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)(3)	300,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD., SUITE 2416 LOS ANGELES, CA 90048	95-1644600	501(C)(3)	299,500.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NO KID HUNGRY 1030 15TH STREET NW, SUITE 1100W WASHINGTON, DC 20005	52-1367538	501(C)(3)	296,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BREASTCANCER.ORG 7 EAST LANCASTER AVENUE, 3RD FLOOR ARDMORE, PA 19003	23-3082851	501(C)(3)	250,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ORAL CANCER FOUNDATION 3419 VIA LIDO # 205 NEWPORT BEACH, CA 92663	33-0969026	501(C)(3)	250,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NEW VENTURE FUND 1201 CONNECTICUT AVE, SUITE 300 WASHINGTON, DC 20036	20-5806345	501(C)(3)	225,111.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NATIONAL CANCER INSTITUTE 31 CENTER DRIVE, BUILDING 31 ROOM BETHESDA, MD 20892	52-0858115	501(C)(3)	0.	200,279.	FMV	EQUIPMENT GRANT	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NEW YORK - PRESBYTERIAN HOSPITAL 1315 YORK AVENUE, FLOOR 1 NEW YORK, NY 10021	13-3957095	501(C)(3)	200,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SAG FOUNDATION 5757 WILSHIRE BLVD., SUITE 124 LOS ANGELES, CA 90036	95-3967876	501(C)(3)	200,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SHAKESPEARE CENTER OF LOS ANGELES 1238 W. 1ST STREET LOS ANGELES, CA 90026	13-3167013	501(C)(3)	150,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PRESIDENT AND FELLOWS 240 LONGWOOD AVENUE BOSTON, MA 21150	04-2103580	501(C)(3)	125,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
STANFORD UNIVERSITY SCHOOL OF MEDICINE - P.O. BOX 44253 - SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	125,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
UNIVERSITY OF TEXAS - MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD., BOX 203 - HOUSTON, TX 77030	74-6000203	501(C)(3)	125,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
INTERNATIONAL DOCUMENTARY ASSOCIATION - 3470 WILSHIRE BOULEVARD, SUITE 980 - LOS ANGELES, CA 90010	95-3911227	501(C)(3)	113,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WHYHUNGER 505 EIGHTH AVE, SUITE 2100 NEW YORK, NY 10018	13-2805575	501(C)(3)	109,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BIG BROTHERS BIG SISTERS OF GREATER LOS ANGELES - 800 S. FIGUEROA STREET, SUITE 620 - LOS ANGELES, CA 90017	95-1904857	501(C)(3)	100,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BLOOD: WATER MISSION P.O. BOX 60381 NASHVILLE, TN 37206	56-2483082	501(C)(3)	100,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NAACP 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	13-1084135	501(C)(3)	100,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
TIDES CENTER 11849 WEST OLYMPIC BLVD SUITE 101 LOS ANGELES, CA 90064	94-3213100	501(C)(3)	100,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVENUE CHICAGO, IL 60637	36-2177139	501(C)(3)	100,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WILLIAM J. CLINTON FOUNDATION 1271 AVENUE OF THE AMERICAS, 42ND NEW YORK, NY 10020	31-1580204	501(C)(3)	100,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION - 34TH ST AND CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	0.	86,483.	FMV	EQUIPMENT GRANT	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE, 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	95,572.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NATIONAL BREAST CANCER COALITION 1101 17TH ST NW STE 1300 WASHINGTON, DC 20036	52-1782065	501(C)(3)	75,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM FOUNDATION - 125 COMMUNITY DRIVE - GREAT NECK, NY 11021	11-2965575	501(C)(3)	75,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
VOLUNTEERS OF THE BURBANK ANIMAL 1150 NORTH VICTORY PLACE BURBANK, CA 91502	95-4469452	501(C)(3)	65,913.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	54,497.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
A PLACE CALLED HOME 2830 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90011	95-4427291	501(C)(3)	51,570.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WORLD WILDLIFE FUND 1250 TWENTY-FOURTH STREET NW WASHINGTON, DC 20090-7180	52-1693387	501(C)(3)	50,662.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CALIFORNIA COMMUNITY FOUNDATION FBO JAMIE FOXX FOUNDATION - 221 S. FIGUEROA ST., SUITE 400 - LOS ANGELES, CA 90012	95-3510055	501(C)(3)	50,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
COMMUNITIES IN SCHOOLS LOS ANGELES 2000 AVE OF THE STARS STE 808 LOS ANGELES, CA 90067	26-0404220	501(C)(3)	50,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
INSTITUTE FOR ADVANCED STUDY EINSTEIN DRIVE PRINCETON, NJ 08540	21-0634988	501(C)(3)	50,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PROVIDENCE SAINT JOSEPH FOUNDATION 501 SOUTH BUENA VISTA STREET BURBANK, CA 91505	95-3544877	501(C)(3)	50,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
RUTH ELLIS CENTER 77 VICTOR STREET HIGHLAND PARK, MI 48203	38-3501697	501(C)(3)	50,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SHARE OUR STRENGTH 1030 15TH STREET NW, SUITE 1100W WASHINGTON, DC 20005	52-1367538	501(C)(3)	50,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	23-7147797	501(C)(3)	48,064.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ACTORS FUND OF AMERICA 729 SEVENTH AVENUE NEW YORK, NY 10019	13-1635251	501(C)(3)	46,913.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CANCER SUPPORT COMMUNITY 1990 SOUTH BUNDY DRIVE, SUITE 100 LOS ANGELES, CA 90025	33-0287070	501(C)(3)	40,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HABITAT FOR HUMANITY INTERNATIONAL 17700 SOUTH FIGUEROA STREET GARDENA, CA 90248	91-1914868	501(C)(3)	38,292.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038	95-4115863	501(C)(3)	36,135.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
AUTISM SPEAKS 6330 SAN VICENTE BLVD, SUITE 401 LOS ANGELES, CA 90048	20-2329938	501(C)(3)	35,390.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
JACOBS AND CUSHMAN SAN DIEGO FOOD BANK - 9850 DISTRIBUTION AVENUE - SAN DIEGO, CA 92121	20-4374795	501(C)(3)	33,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ALBERT EINSTEIN CANCER CENTER 1300 MORRIS PARK AVENUE BELFER, 13 BRONX, NY 10461	13-1624225	501(C)(3)	30,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CANCERCARE 275 SEVENTH AVENUE NEW YORK, NY 10001	13-1825919	501(C)(3)	30,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GILDA'S CLUB NYC 195 WEST HOUSTON STREET NYC, NY 10014	13-4046652	501(C)(3)	30,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MEMORIAL SLOAN KETTERING CANCER CTR - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1924236	501(C)(3)	30,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
OVARIAN CANCER NATIONAL ALLIANCE 901 E ST. NW, SUITE 405 WASHINGTON, DC 20004	31-1581756	501(C)(3)	30,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SOULSVILLE CHARTER SCHOOL 926 E. MCLEMORE MEMPHIS, TN 38106	20-1861028	501(C)(3)	30,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WILLIAM F RYAN COMMUNITY HEALTH CTR - 110 W. 97TH STREET - NEW YORK, NY 10025	13-2884976	501(C)(3)	30,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WOMEN OF COLOR BREAST CANCER 301 N. PRAIRIE STREET, SUITE 420 INGLEWOOD, CA 90301	95-4455930	501(C)(3)	30,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MEND 10641 N. SAN FERNANDO ROAD PACOIMA, CA 91331	23-7306337	501(C)(3)	28,949.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SANTA BARBARA FOUNDATION 1111 CHAPALA STREET, SUITE 200 SANTA BARBARA, CA 93101	95-1866094	501(C)(3)	26,090.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ANGELES CHAPTER FOUNDATION 3435 WILSHIRE BLVD #320 LOS ANGELES, CA 90010-1904	95-4112557	501(C)(3)	25,496.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ARNOLD P. GOLD FOUNDATION 619 PALISADE AVENUE ENGLEWOOD CLIFFS, NJ 07632	22-3052098	501(C)(3)	25,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CITY OF HOPE 1055 WILSHIRE BLVD. LOS ANGELES, CA 90017	95-3435919	501(C)(3)	25,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CITY YEAR LOS ANGELES 606 SOUTH OLIVE STREET, 2ND FLOOR LOS ANGELES, CA 90014	22-2882549	501(C)(3)	25,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
HEARING HEALTH FOUNDATION 363 SEVENTH AVENUE, 10TH FLOOR NEW YORK, NY 10001-3904	13-1882107	501(C)(3)	25,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
INTER-NATION CULTURAL FOUNDATION GMO FREE KAUAI, P.O. 1271 KILAUEA, HI 96754	33-0803517	501(C)(3)	25,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SIMON WIESENTHAL CENTER 1399 S. ROXBURY DR. LOS ANGELES, CA 90035	95-3964928	501(C)(3)	25,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BOYS AND GIRLS CLUB OF BURBANK/ EAST VALLEY - 2244 NORTH BUENA VISTA STREET - BURBANK, CA 91504	95-4485745	501(C)(3)	23,766.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
COMMUNITY PARTNERS 6435 WILSHIRE BOULEVARD LOS ANGELES, CA 90048	95-4302067	501(C)(3)	20,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
UNIVERSITY OF SOUTHERN CALIFORNIA 1441 EASTLAKE AVENUE LOS ANGELES, CA 90033	95-1642394	501(C)(3)	20,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NEW YORK CITY COALITION AGAINST HUNGER - 50 BROAD STREET - NEW YORK, NY 10004	13-3471350	501(C)(3)	19,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CENTER THEATRE GROUP 601 W. TEMPLE STREET LOS ANGELES, CA 90012	95-2466183	501(C)(3)	15,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
THE ALS ASSOCIATION 1275 K ST NW, #250 WASHINGTON, DC 20005	13-3271855	501(C)(3)	10,025.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BLVD., #550 LOS ANGELES, CA 90010	95-4358213	501(C)(3)	10,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CHILDREN'S DEFENSE FUND 25 E STREET, N.W. WASHINGTON, DC 20001	52-0895622	501(C)(3)	10,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CHRYSALIS 516 S. MAIN STREET LOS ANGELES, CA 90013	95-3972624	501(C)(3)	10,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
EPIDERMOLYSIS BULLOSA MEDICAL RESEARCH FOUNDATION (EBMRF) - 2757 ANCHOR AVE - LOS ANGELES, CA 90064	94-3130081	501(C)(3)	10,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
FRIENDS OF CANCER RESEARCH 1800 M STREET NW, SUITE 1050 WASHINGTON, DC 20036	52-1983273	501(C)(3)	10,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MOUNT ST. MARY'S COLLEGE 4712 ADMIRALTY WAY, STE. 455 MARINA DEL REY, CA 90292	95-1641455	501(C)(3)	10,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NOONETIME CHARITIES 2801 OCEAN PARK BLVD., SUITE 311 SANTA MONICA, CA 90405	45-2744378	501(C)(3)	10,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PENNSYLVANIA INNOCENCE PROJECT 1719 N. BROAD STREET PHILADELPHIA, PA 19122	26-3176893	501(C)(3)	10,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PROFESSIONAL BASEBALL SCOUTS 5010 N PARKWAY CALABASAS UNIT 201 - CALABASAS , CA 91	48-1294418	501(C)(3)	10,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
STAND FOR CHILDREN LEADERSHIP 1732 NW QUIMBY ST., SUITE 200 PORTLAND, OR 97209	52-1957214	501(C)(3)	10,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
VIP COMMUNITY MENTAL HEALTH CENTER 1721 GRIFFIN AVENUE LOS ANGELES, CA 90031	30-0017808	501(C)(3)	10,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
YO SAN UNIVERSITY OF TRADITIONAL CHINESE MEDICINE - 13315 WEST WASHINGTON BOULEVARD - LOS ANGELES, CA 90066	93-0999148	501(C)(3)	10,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BLIND BROOK ENRICHMENT PROGRAM INC 390 N. RIDGE ST RYE BROOK, NY 10573-1105	13-3605313	501(C)(3)	9,298.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SOCIAL COMPASSION P.O. BOX 1125 LAGUNA BEACH, CA 92652-1125	20-8067041	501(C)(3)	7,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BOYS & GIRLS CLUB OF METRO ATLANTA 1275 PEACHTREE ST, SUITE 500 ATLANTA, GA 30309	58-0566123	501(C)(3)	6,272.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GATEWAY FOR CANCER RESEARCH 1336 BASSWOOD ROAD SCHAUMBURG, IL 60173	73-1386920	501(C)(3)	6,000.	0.	FMV	N/A	SU2C GRANT- GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MILLENNIUM PROMISE ALLIANCE 475 RIVERSIDE DRIVE, SUITE 1040 NEW YORK, NY 10115	20-3042135	501(C)(3)	6,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ASIAN PACIFIC COMMUNITY FUND 1145 WILSHIRE BLVD. SUITE 105 LOS ANGELES, CA 90017	95-4257997	501(C)(3)	5,747.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

Schedule I (Form 990)

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

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

COPY

**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:

EIF'S PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS CONSISTS OF REPORTING REQUIREMENTS THAT ARE WRITTEN INTO EACH GRANT AGREEMENT REQUIRING THE GRANTEE TO PROVIDE PERIODIC REPORTS ON THE USE OF FUNDS. THE FOUNDATION'S PHILANTHROPIC SERVICES DEPARTMENT MANAGES THE PROCESS OF FOLLOW-UP TO ENSURE REPORTS ARE RECEIVED, REVIEWED AND SHARED WITH MANAGEMENT.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2014



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LISA PAULSEN PRESIDENT/CEO	(i)	471,151.	50,000.	6,600.	23,000.	18,871.	569,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN FRANK COO	(i)	322,335.	15,000.	6,000.	0.	18,603.	361,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBORAH MORRISON CFO	(i)	225,197.	11,588.	6,000.	0.	17,839.	260,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUNG-AH POBLETE PRESIDENT/CEO - SU2C	(i)	212,392.	10,764.	6,000.	0.	18,551.	247,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHLEEN LOBB SVP/COMMUN. EAST COAST	(i)	212,757.	10,763.	6,000.	0.	18,657.	248,177.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THOMAS CHIODO SVP/DEVELOPMENT	(i)	196,169.	10,017.	6,000.	0.	18,458.	230,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHAN CERYANEK VP/CONTROLLER	(i)	156,210.	7,725.	6,000.	0.	17,538.	187,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CATHY JAMES VP/DEVELOPMENT	(i)	183,768.	9,283.	6,000.	0.	18,255.	217,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MAURINE SLUTZKY VP/COMMUNICATIONS	(i)	146,178.	7,729.	6,000.	0.	17,833.	177,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JENNIFER KUNTZ VP OF OPERATIONS	(i)	137,452.	7,249.	6,000.	0.	17,111.	167,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JANE RUBENSTEIN VP OF COMMUNICATIONS	(i)	129,497.	7,084.	4,615.	0.	13,480.	154,676.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MADELINE MAROTTO PRODUCER	(i)	126,826.	7,000.	6,000.	0.	17,727.	157,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

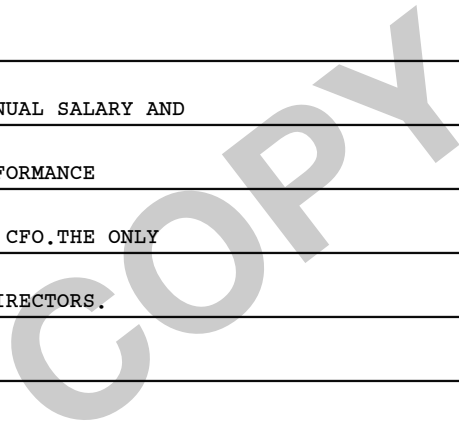
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

MERRILY NEWTON, FORMER CFO, RECIEVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$55,691.

PART I, LINE 7:

BONUSES ARE BASED ON A FIXED PERCENTAGE OF THE EMPLOYEE'S ANNUAL SALARY AND ARE AWARDED BASED UPON THE EMPLOYEE MEETING A VARIETY OF PERFORMANCE METRICS. ANY DEVIATIONS ARE DETERMINED BY THE CEO, COO, AND CFO. THE ONLY EXCEPTION IS THE CEO'S BONUS IS DETERMINED BY THE BOARD OF DIRECTORS.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization: ENTERTAINMENT INDUSTRY FOUNDATION  
Employer identification number: 95-1644609

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	1,028.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	606,655.	FMV
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( PLANE TICKETS )	X	1	25,926.	FMV
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... 29

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NON CASH CONTRIBUTIONS ARE LISTED BY TOTAL NUMBER OF CONTRIBUTORS.

COPY

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

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPACT IN OUR COMMUNITY AND THROUGHOUT THE NATION.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CHILDHOOD HUNGER INITIATIVE: THE ENTERTAINMENT INDUSTRY FOUNDATION

ALONG WITH ACADEMY AWARD NOMINATED ACTRESS VIOLA DAVIS AND THE SAFEWAY

FOUNDATION LAUNCHED THE "HUNGER IS" INITIATIVE, A JOINT CHARITABLE

PROGRAM DESIGNED TO RAISE AWARENESS AND FUNDS TO FIGHT CHILDHOOD HUNGER

IN THE UNITED STATES. FUNDS RAISED THROUGH THE INITIATIVE WILL GO

TOWARDS PROGRAMS FOCUSED ON ERADICATING CHILDHOOD HUNGER AND IMPROVING

HEALTH RELATED OUTCOMES.

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

INCLUDES NCCRA, EDUCATION/CHALLENGE (START UP IN 2014) AND GENERAL

PROGRAM (REVLON RUNS, ETC)

EXPENSES \$ 5,212,710. INCLUDING GRANTS OF \$ 3,749,773. REVENUE \$ 0.

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

FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE

990 IS THEN PRESENTED TO THE BOARD FOR APPROVAL.

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

AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO ALL THE BOARD MEMBERS TO SIGN.

THE VP OF PHILANTHROPIC SERVICES MONITORS THE COMPLIANCE OF THE CONFLICT OF

INTEREST POLICY.

Name of the organization ENTERTAINMENT INDUSTRY FOUNDATION	Employer identification number 95-1644609
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FORM 990, PART VI, SECTION B, LINE 15:

AN OUTSIDE FIRM IS HIRED TO CONDUCT A SALARY REVIEW OF EXECUTIVE DIRECTORS', OFFICERS' AND KEY EMPLOYEES' COMPENSATION. THE REVIEW IS PRESENTED TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS & POLICIES ARE AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED FINANCIALS AND THE PUBLIC DISCLOSURE COPY OF THE 990 ARE POSTED ON THE FOUNDATION'S OFFICIAL WEBSITE (WWW.EIFFOUNDATION.ORG) OR AVAILABLE TO THE PUBLIC UPON REQUEST.

PART VII, SECTION B. INDEPENDENT CONTRACTORS

ROBERTSON SCHWARTZ AGENCY:

MARKETING, FUNDRAISING, STRATEGY DEVELOPMENT AND EXECUTION, DONOR CULTIVATION AND ACQUISITION, MERCHANDISE DEVELOPMENT AND OVERSIGHT, LICENSING DEVELOPMENT AND OVERSIGHT, COMMERCIAL CO VENTURES DEVELOPMENT AND OVERSIGHT, CAUSE MARKETING CAMPAIGN DEVELOPMENT AND OVERSIGHT, CREATIVE OVERSIGHT

RACHEL RUBIN, LLC

BRAND DEVELOPMENT, DONOR MANAGEMENT, STYLE GUIDE DEVELOPMENT AND OVERSIGHT, PSA MANAGEMENT, COLLATERAL DEVELOPMENT, COMMUNITY OUTREACH DEVELOPMENT AND OVERSIGHT

Name of the organization ENTERTAINMENT INDUSTRY FOUNDATION	Employer identification number 95-1644609
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PATRIOT COMMUNICATIONS, LLC

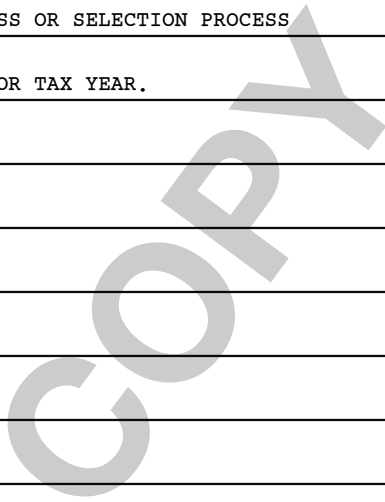
DONATION PROCESSING SUPPORT SU2C TELETHON

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

REVERSAL OF GRANTS PAID	790,695.
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FORM 990, PART XII, LINE 2C

NO CHANGES WERE MADE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS  
DURING THE TAX YEAR, AS COMPARED TO THE PRIOR TAX YEAR.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization **ENTERTAINMENT INDUSTRY FOUNDATION** Employer identification number **95-1644609**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
STAND UP TO CANCER MUSIC LLC, - 26-3299754 1900 AVENUE OF THE STARS, SUITE 1400 LOS ANGELES, CA 90067	MUSIC RIGHTS	CALIFORNIA	14,894.		ENTERTAINMENT INDUSTRY FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2014



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

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

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

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

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



