PUBLIC DISCLOSURE COPY

_	aan
Form	330

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

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

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



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
			lar year, or tax year beginning		d ending			Inspection			
	heck if		f organization			D Employer ident	ificati	on number			
	pplicabl	le:									
	Addre chang	ENTER	TAINMENT INDUSTRY FOUNDATION								
	Name chang	9									
	Initial	ber									
	Final return	3600									
	termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$										
	Amended LOS ANGELES, CA 90024 H(a) Is this a group retur										
	Applic tion pendir	F Name a	nd address of principal officer: NICOI			for subordinate	es?	Yes X No			
		- 10880 M	ILSHIRE, BLVD, LOS ANGELES,			H(b) Are all subordinates	s include	ed? Yes No			
		empt status:		(insert no.) 4947(a)(1)	or 527	1 '		See instructions			
		i	FOUNDATION.ORG			H(c) Group exempt					
				sociation Other	L Year	of formation: 1942	M St	ate of legal domicile: CA			
Fa	art I	Summary									
e			De the organization's mission or most ERTAINMENT INDUSTRY.	significant activities: TO COC	ORDINATE 1	THE PHILANTHROPY					
anc				ation and its an avations ar diana	and of more	then OEO/ of its not a	ocoto				
Governance			It is the organization discorting members of the governing body	• •		1		11			
g			dependent voting members of the gov	· · · · · · · · · · · · · · · · · · ·			5 1	11			
8			of individuals employed in calendar y				5	98			
ities			3	200							
Activities &			of volunteers (estimate if necessary) d business revenue from Part VIII, col	umn (C), line 12		_	0.				
¥			business taxable income from Form			0.					
				Prior Year		Current Year					
6	8	Contributions	and grants (Part VIII, line 1h)			97,679,039	•	63,726,845.			
nue	9	Program serv	ice revenue (Part VIII, line 2g)		0		0.				
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4,		514,783		101,620.				
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		1,983,426		992,749.			
	12	Total revenue	- add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		100,177,248	•	64,821,214.			
	13	Grants and si	milar amounts paid (Part IX, column (/	A), lines 1-3)		38,282,344	_	38,229,653.			
		•	to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,		0	·	0.			
es	15		r compensation, employee benefits (F			10,121,056	_	10,563,858.			
ens	16a		undraising fees (Part IX, column (A), li			529,575	•	916,076.			
Expenses	b		ing expenses (Part IX, column (D), line		,247.	17 004 750		14 094 615			
	''		es (Part IX, column (A), lines 11a-11d,	/		17,994,759	_	14,984,615.			
			es. Add lines 13-17 (must equal Part I)			66,927,734 33,249,514		64,694,202. 127,012.			
- 2		Revenue less	expenses. Subtract line 18 from line	12		ginning of Current Yea		End of Year			
ets o	20	Total assets (Part X, line 16)			110,608,198		110,994,468.			
Asse Bals	21					17,994,761		18,653,404.			
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from			92,613,437	_	92,341,064.			
	art II	Signatur				, ,	-	, ,			
Und	er pena	alties of perjur	I declare that I have examined this return,	including accompanying schedule	es and stateme	ents, and to the best of r	my kno	wledge and belief, it is			
	•		. Declaration of preparer (other than office	• • • •		has any knowledge.	-	•			
		N VA		PAYER COPY		10/14	/202	2			
Sig	n	Signatur	e of officer			Date					
Her	е		AH MORRISON, CFO								
		Type or	print name and title		· · ·			DTIN			
_		Print/Type pre		Preparer's signature	·	Date Check		PTIN			
Paid	l	ERIN COUTU	RE	lin C	outree 1	10/13/2022 ^{if} self-emp	oloyed	P01390592			

COPY

Form **8868**

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or print	Name of exempt organization or other filer, see instru	Taxpayer	Taxpayer identification number (TIN)								
-	ENTERTAINMENT INDUSTRY FOUNDATION				95-164	4609					
File by the due date fo filing your	10880 WILSHIRE BLVD. 1400	see instruct	ions.								
return. See instructions											
Enter the	e Return Code for the return that this application is for (fil	le a separa	te application for each return)			0 1					
Applica	tion	Return	Application			Return					
ls For		Code	Is For			Code					
Form 99	0 or Form 990-EZ	01	Form 1041-A			08					
Form 47	20 (individual)	03	Form 4720 (other than individual)			09					
Form 99	0-PF	04	Form 5227			10					
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 99	0-T (trust other than above)	06	Form 8870			12					
Form 99	0-T (corporation)	07									
 If the If this box ▶ 1 Ir th ▶ 2 If 	whone No. ► 424-283-3610 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► (equest an automatic 6-month extension of time until e organization named above. The extension is for the org . X calendar year _ 2021 or . tax year beginning the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta NOVEMBE anization's , an check rease	mption Number (GEN) <u>ch a list with the names and TINs of</u> <u>R 15, 2022</u> , to fil return for: d ending on: Initial return	If this is fo all memb	r the whole gers the exter	group, check this					
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	9, enter the	tentative tax, less	3a	\$	0.					
	this application is for Forms 990-PF, 990-T, 4720, or 6069 timated tax payments made. Include any prior year over			3b	\$	0.					
	alance due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.					
Caution instructi	: If you are going to make an electronic funds withdrawa ons.	l (direct del	bit) with this Form 8868, see Form 8	453-TE and	d Form 8879	-TE for payment					
LHA	For Privacy Act and Paperwork Reduction Act Notice.	, see instru	ictions.		Form 8	3868 (Rev. 1-2022)					

123841 01-12-22

	1 990 (2021) ENTERTAINMENT INDUSTRY FOUNDATION S rt III Statement of Program Service Accomplishments	95-1644609	Page
u	Check if Schedule O contains a response or note to any line in this Part III		X
	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s 🗵 No
	If "Yes," describe these new services on Schedule O.		s X N
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Ye	S N
	Describe the organization's program service accomplishments for each of its three largest program services, as measured and the service accomplishments for each of its three largest program services.	sured by expense	e
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, th		
	revenue, if any, for each program service reported.	ie tetai experiece,	ana
1			٥.
	STAND UP TO CANCER INITIATIVE (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.		
	(0.
)	(Code:) (Expenses \$9,200,430. including grants of \$4,223,506.) (Revenue \$ CHARITABLE SERVICE FUNDS: WITH UNPARALLELED ACCESS TO ROADBLOCK		۰.
	TELEVISION, DONATED MEDIA AND INDUSTRY-WIDE COLLABORATORS, EIF		
	CHARITABLE SERVICE FUNDS SUPPORTS GROUNDBREAKING PROGRAMS THAT RAISE		
	AWARENESS AND FUNDS FOR ISSUES AFFECTING MILLIONS OF PEOPLE AROUND THE		
	WORLD.		
	(Code:) (Expenses \$2,514,901. including grants of \$ 2,004,302.) (Revenue \$		٥.
;	EIF IS ABLE TO CHAMPION A WIDE VARIETY OF WORTHY CAUSES. EIF RAISES		
2			
2	AWARENESS AND CRUCIAL FUNDS TO ADDRESS LEADING HEALTH AND SOCIAL		
•	AWARENESS AND CRUCIAL FUNDS TO ADDRESS LEADING HEALTH AND SOCIAL ISSUES. EIF GRANTS FUNDS TO VARIOUS CHARITIES ALL ACROSS THE WORLD.		
,			
;			
;			
	ISSUES. EIF GRANTS FUNDS TO VARIOUS CHARITIES ALL ACROSS THE WORLD.	0.)	
	ISSUES. EIF GRANTS FUNDS TO VARIOUS CHARITIES ALL ACROSS THE WORLD.	,	990 (202

Form 990 (2021) ENTERTAINMENT INDU ENTERTAINMENT INDUSTRY FOUNDATION 95-1644609 Page 3

 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II Is the organization a section 501(c)(5), 5015(c)(6) organization that receives membership dues, assessments, or similar anounts as defined in Rev. Proc. 98-19? If 'Yes,' complete Schedule C, Part II Did the organization maintain any doner advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts or which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II Did the organization report an amount in Part X, ine 21, for escrow or outstodial account hability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? Y'es,' complete Schedule D, Part IV Did the organization report an amount for investments - other securities in Part X, line 107, If 'Yes,' complete Schedule D, Part V Did the organization report an amount for investments - other securities in Part X, line 107, If 'Yes,' complete Schedule D, Part V Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167, If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167, If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments				Yes	No
is the comparison requires to complete Schedule p Schedule of Contributors? See instructions 2 X is the comparization requires to complete Schedule p C and the comparison activities or have a section 501(b) diction in effect during the twarf // Yres, 'complete Schedule C , Part II 3 X 4 Section 501(c)(3) organizations. Did the organization induce to police (Schedule C , Part II 4 X 5 In the organization accine to Clock(5), or 501(c)(5), or 501(c	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Dot the organization engage in direct or indirect political campaign activities on healed of or in opposition to candidates for public official // **es, "complete Schedule C, Part II 3 X Beston 501(cgl) organizations. Dirt the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? // **es, "complete Schedule C, Part II 3 X Bit the organization a section 501(cgl) 501(cg		If "Yes," complete Schedule A	1	Х	
a Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tay year? <i>If "tes," complete Schedule C, Part II</i> a z	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
Sector 901(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during that tay year // if yes, 'complete Schedule C, Part II 4 X Is the organization a section 501(c)(4), 501(c)(6), 50	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the Lx year? If Yres," complete Schedule C, Part II 4 X 5 is the organization a section Schedule C, Part II 5 6 Did the organization a section Schedule C, Part II 5 7 Did the organization a metric any similar funds or accounts for which donors have the night to provide addition or investment of amounts in such funds or accounts for which donors have the night to provide addition or investment of amounts in such funds or accounts for which donors have the night to provide addition or investment of amounts in such funds or accounts for which donors have the night to provide addition or investment of amounts in such funds or accounts for which donors have the night to provide addition or investment of amounts in such funds or accounts for the similar assets? If "Yes," complete Schedule D, Part II 6 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodiation for amounts not listed in Part X, ine 17 with "encomplete Schedule D, Part IV 10 X 10 Did the organization report an amount for linestments - broars in leads in donorrestricted endowments or in quasi domomersport wes, "complete Schedule D, Part IV 10 X 11 If the organization report an amount for investments - broars in leads in Part X, line 12, this is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII 10 X 12 Did the organization report an amount for		public office? If "Yes," complete Schedule C, Part I	3		X
5 is the organization a sector Solicity(s) or (solicy),	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5 Is the organization ascietion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in the Vrccs. 8-019 If Vrscs, 'complete Schedule C, Part III. 5 X 6 Did the organization meak meth and so rary similar funds or accounts? If Yrsc, 'complete Schedule C, Part III. 6 X 7 Did the organization meak meth collections of works of art, historic assumes, in organization trained in collections of works of art, historic assumes, in or the similar assets? If Yrsc, "complete Schedule D, Part III. 7 X 8 Did the organization meak meth collections of works of art, historical treasures, or other similar assets? If Yrsc," complete Schedule D, Part III. 7 X 9 Did the organization relation collections of works of art, historical treasures, or other similar assets? If Yrsc," complete Schedule D, Part V 7 X 9 Did the organization frame were to any of the following questions is 'Yes," then complete Schedule D, Part V, VII, VII, VII, VX, X, as applicable. 10 X 10 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yrss," complete Schedule D, Part VII 10 X 10 X 9 Did the organization report an amount for investments - organization report an amount for investments for ther say ear include a locatrois tablitity for the		during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
6 Did the organization maintain any donor adveed funds or any similar funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 0	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or outsofial account liability, serve as a custodian for amounts no tisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization, directly or through a related organization, hold assets in donon-restricted endowments 9 X 10 Did the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 II 'Yes,' complete Schedule D, Part VI 11 11 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 II 'Yes,' complete Schedule D, Part VI 11 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 II 'Yes,' complete Schedule D, Part XI 11 1		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization, diverse or a mount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not tisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted andowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VII, VIII, VII, VI, VII, VII, VII, VII	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization in Part X. or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 11a X It do the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 11a X It do the organization report an amount for other iabilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11t X 11a X It do the organization report an amount for other iabilities in Part X, line 12, It was is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments 9 X 11 If the organization directly or through a related organization, hold assets in donor restricted endowments 9 X 12 Did the organization sanswer to any of the following questions is "Yes," them complete Schedule D, Parts VI, VIII, VIII, VI, VIII, X, or X, as applicable. 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VII 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VIII 11a X 11 Did the organization report an amount for other liabilities in Part X, line 25% // "Yes," complete Schedule D, Part X 11a X 11 Did the organization asperate or consolidated financial statements for the tax year include a fontonia thata statements for the tax year include a fontonis thata			7		X
9 Dother organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 10 Did the organization is ported. D, Part IV 10 Did the organization services? 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for linestments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 12 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? y x If 'Yes,' complete Schedule D, Part V 10		Schedule D, Part III	8		X
# "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI 114 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // #Yes," complete Schedule D, Part VI 116 X 13 assets reported in Part X, line 16? // #Yes," complete Schedule D, Part VI 116 X 14 Did the organization report an amount for threestments - program related in Part X, line 16? // #Yes," complete Schedule D, Part X 116 X 15 Did the organization report an amount for other assets in Part X, line 25? // #Yes," complete Schedule D, Part X 116 X 14 Did the organization included in consolidated financial statements for the tax year? 117 X 15 Did the organization included in consolidated, independent audited financial statements for the tax year? 118 X 16 the organization included in consolidated,	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
In Pice, Complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization induction report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V 10 X as applicable. 11 X Did the organization report an amount for investments - other asscurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part V 11 Did the organization report an amount for other liabilities in Part X, line 15? // "Yes," complete Schedule D, Part X 11 Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X 11 It X 11 X 12 Did the organization is parate, independent audited financial statements for the tax year? 11 X 13 Is the organization included in consolidated, independent audited financial statements for the tax year? 11 X 14 Did the organization maintain an office, employees, or agents outside of the United States? 111		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
or in quasi endowments? // "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, X, or X, as applicable. 11 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI 11 11 b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 11 11 c Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 11 11 d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 11			9		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	10				
as applicable. a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a x b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b x c) Did the organization report an amount for investments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c x d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 11c x e) Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e x e) Did the organization is schedule D, Part IX 11e 25? If "Yes," complete Schedule D, Part X 11e x e) Did the organization is aberate, independent audited financial statements for the tax year? If 'Yes," complete Schedule D, Part X 11e x 12a Did the organization as school described in section 170(b)(11/A/(ii)? If "Yes," complete Schedule D, Part X 11e x 14a X 14a X 14a X 14a X 14a X 14a X 14b		or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X e Did the organization separate in for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization is lability for uncertain tax positions under FIN 48 (ASC 740? If "Yes," complete Schedule D, Part X 11te X 12a Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 12a X 13 is the organization aschool described in section 170(b)(11/A/iii) If "Yes," complete Schedule E 13a X 14a Did the organization aschool described in section 170(b)(11/A/iii) If "Yes," complete Schedule E 13a X 14b Did the organization na	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization's separate or consolidated financial statements for the tax year? in the organization othan separate, independent audited financial statements for the tax year? 11t X 12a Did the organization aschool described in section 170(b)(1)(A)(III)? If "Yes," complete Schedule D, Part X 11d X 13 Is the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargs aregrants or other assistance to or for any for					
 b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII e Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X. e Did the organization report an amount for other ilabilities in Part X, line 25? If "Yes," complete Schedule D, Part X e Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? 110 Ute organization asswerd "No" to line 12a, then completing Schedule D, Part X and XII is optional 112 b X 114 12 X 116 X 116 X 117 X 118 bit organization asswerd "No" to line 12a, then completing Schedule D, Part X and XII is optional 118 bit organization asswerd "No" to line 12a, then completing Schedule D, Part X and XII is optional 118 X 118 bit organization aschool described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule D, Part X and XII is optional 118 bit organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 116 Did the organization report mo	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization subtain separate, independent audited financial statements for the tax year? 11e X 12a Did the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII 12b X 13 is the organization maintain an office, employees, or agents outside of the United States? 13a X 44a Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Part I and IV 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Part I and IV 14a			<u>11a</u>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 11d X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a foothote that addresses the organization bial inty for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If if X 12a X 13 is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is optional 12b X 14a Did the organization naintain an office, employees, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for orignindividuals? If "Yes," complete Schedule F, Parts II and IV 16 X	b				v
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization blain separate, independent audited financial statements for the tax year? If "Yes," and if the organization oncluded in consolidated, independent audited financial statements for the tax year? 11t X 13 Is the organization a school described in section 170(b)(1)/A(0)? If "Yes," complete Schedule E 13a X 14a Did the organization naintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of ggregate foreign investments valued at \$100,000 or or or for foreign individuals? If "Yes," complete Schedule G, Part II and IV 16 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of ggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV 16 X 17 Did the organization report more than \$15,000 of			110		
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e Did the organization's expondence Schedule D, Part X 11d X 11d X f Did the organization's sinability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization betain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 13 Is the organization aschool described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 13 X 14a X 11d X 15 Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16	С				v
Part X, line 16? /f "Yes," complete Schedule D, Part IX. 11d X e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X f Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X f Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11e X 13 Is the organization a school described in section 170(b)(11/A)(0)? If "Yes," complete Schedule E 13 X 14a Did the organization namatina an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report an Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for organizat	А				- 22
 Did the organization report a mount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X Did the organization report a amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X Did the organization batain separate, independent audited financial statements for the tax year? //f "Yes," complete Schedule D, Part X and XII Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization aschool described in section 170(b)(1)(A)(iii)? /f "Yes," complete Schedule E, Did the organization nantian an office, employees, or agents outside of the United States? Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV Did the organization report more than \$15,000 of grants or other	u		114		x
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 12a Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X 13 Is the organization aswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for rorign individuals? If "Yes," complete Schedule G, Part II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV <td>•</td> <td>Did the organization report an amount for other liabilities in Part X line 252 // West Report to Cohedule D. Part X</td> <td></td> <td>x</td> <td></td>	•	Did the organization report an amount for other liabilities in Part X line 252 // West Report to Cohedule D. Part X		x	
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a X b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for or or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV 16 X					
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts XI and XII is optional 12b X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3 de apprt	•		11f	х	
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 14 13 14 <td>12a</td> <td></td> <td></td> <td></td> <td></td>	12a				
b Was the organization included in consolidated, independent audited financial statements for the tax year? 12 12 if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 14 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 14b X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV 16 16 X <td< td=""><td></td><td></td><td>12a</td><td></td><td>x</td></td<>			12a		x
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II. 18 X 17 Did the organization report more than \$15,000 ot gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II	b				
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report no ret at \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedu			12b	х	
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 18 X 20a X 20b Did the organization report more than \$15,000 of grasts or other assistance to any domestic organization or more hospital facilities? If "Yes," complete Schedule H <td< td=""><td>13</td><td></td><td></td><td></td><td>х</td></td<>	13				х
 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 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? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	14a		14a		Х
or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a X 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a X 21 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b 20b 20b	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a 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? If "Yes," complete Schedule I. Parts I and II 20b 20b			14b	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a 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? If "Yes," complete Schedule I, Parts I and II 20a X	15				
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a 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? If "Yes," complete Schedule I, Parts I and II 20b 21			15	X	
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 	16				
column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 18 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 19 X 20a 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? /f "Yes," complete Schedule I, Parts I and II 20 X			16		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	17				
1c and 8a? /f "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II 21 X			17	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21	18				
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b <t< td=""><td></td><td></td><td>18</td><td></td><td>X</td></t<>			18		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 21 X	19				.
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 21 Ownestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21	00				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21 X					^
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		
	21		21	x	
	132003				(2021)

Form **990** (2021)

13521013 153424 0193640-00003

3

Form 990 (2021)	ENTERTAINMENT		
Part IV	Checklist o	of Required Schedu	ules _{(contir}	nued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لم	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c		X X
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M	<u>30</u> 31		x
32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
52		32		x
33	Schedule N, Part II	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Do	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Charly if Schoolula Constains a reasonance or note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V		V	
4 -	Enter the number reported in box 3 of Form 1096. Enter -0 , if not applicable $1a$ 226		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c	х	
13200/	(gambling) winnings to prize winners?		990	(2021)
.5200-	4			、_ J _ I)

Form	990 (2021) ENTERTAINMENT INDUSTRY FOUNDATION 95-16446)9	Р	age 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 98	-						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
	Organizations that may receive deductible contributions under section 170(c).	_						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_						
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			x				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h						
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
U	sponsoring organization have excess business holdings at any time during the year?	8		x				
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x				
	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1						
	Section 501(c)(12) organizations. Enter:	1						
	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1						
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
с	Enter the amount of reserves on hand 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.	-	0000	(0.05.)				
132005	12-09-21 5	Forn	1 990	(2021)				

13521013 153424 0193640-00003

^{2021.04030} ENTERTAINMENT INDUSTRY FO 01936401

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finano	cial	
	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			
	10880 WILSHIRE BLVD, SUITE 1400, LOS ANGELES, CA 90024 3.12.09-21 SEE SCHEDULE O FOR FULL LIST OF STATES		990	

Form 990 (2	2021) ENTERTAINMENT INDUSTRY FOUNDATION	95-1644609	Page 7								
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	sated									
	Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII		X								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
te Comolo	a Complete this table for all persons required to be listed. Denote companyation for the colorday year anding with an within the examination's tay year										

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one			Reportable	Reportable	Estimated		
	hours per	box	box, unless officer and		rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) SUNG-AH POBLETE	40.00									
PRESIDENT/CEO - SU2C	0.00			х				484,458.	0.	22,793.
(2) NICOLE SEXTON	40.00									
CEO	0.00			х				351,271.	0.	21,042.
(3) DEBORAH MORRISON	40.00									
CFO	0.00			х				290,435.	0.	24,238.
(4) MAURINE SLUTZKY	40.00									
SVP MEDIA DEV. & TALENT	0.00					X		256,702.	0.	25,172.
(5) RUSSEL CHEW	40.00									
PRESIDENT, SU2C (AS OF 01/2021)	0.00				X			240,030.	0.	19,344.
(6) NANCY KIM BLACKWATER	40.00									
SVP/DIGITAL STRATEGY	0.00					X		231,078.	0.	28,059.
(7) FIONA MCROBERT	40.00									
SVP/COMMUNICATIONS	0.00				Х			225,160.	0.	23,023.
(8) JENNIFER KUNTZ	40.00									
SVP OF OPERATIONS	0.00				Х			208,943.	0.	29,889.
(9) DANA LIPMAN	40.00									
SVP HR & LABOR REL.	0.00				Х			208,846.	0.	21,087.
(10) SHAWN BURKE	40.00									
SVP/CONTROLLER	0.00				Х			187,898.	0.	23,200.
(11) MIRABAI VOGT-JAMES	40.00									
VICE PRESIDENT, COMMUNICATIONS, SU2C	0.00					X		176,682.	0.	21,000.
(12) RENEE NICHOLAS	40.00									
VP/ADVOCACY OF STRAT. COLLAB	0.00					x		171,999.	0.	23,206.
(13) BRIAN GOTT	40.00									
CHIEF OF MEDIA STRAT. & MEDIA OPS.	0.00					X		177,790.	0.	8,625.
(14) JEFF BADER	1.00									
BOARD VICE CHAIR	0.00	Х		х				0.	0.	0.
(15) CHRIS SILBERMANN	1.00									_
BOARD CHAIR	0.00	X		х				0.	0.	0.
(16) PETER SEYMOUR	1.00	l								_
	0.00	Х		х				0.	0.	0.
(17) DAN HARRISON	1.00								_	
SECRETARY	0.00	Х		X				0.	0.	0. Form 990 (2021)

132007 12-09-21

Form **990** (2021)

7

Control in a circuit is building in the set of	Form 990 (2021) ENTERTAINMENT	INDUSTRY	FOU	NDA	TIO	N				95-164	4460	9	Р	age 8
Name and stile Average Network (Bit any hours for inel Peochtom the according and acc	Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
Number hours pare the stress that we hour are been as the set of the					(0	C)				, ,			(F)	
Politik per manual method Description with the method of the compensation (that any method of the compensation below method of the compensation (that any method of the compensation of the compensation (W271064/MGC) (W271064/	Name and title	Average	(do	not c				ne	Reportable	Reportable		Es	stimate	ed
Image: strain of the strain strain of the strain of the strain strain of the strain			box	, unle	ss pei	rson i	s both	an	compensation	compensation	n	ar		
118) LON ADRES 0.0 <						Inecia	i/irus	ee)						
118) LON ADRES 0.0 <			irecto							•			•	
118) LON ADRES 0.0 <			e or d	tee			sated		°	·	0/			
118) LON ADRES 0.0 <			ruste	ll trus		ee	m pe n		· ·	1033-NEO)				
118) LON ADRES 0.0 <		below	dual t	utiona	-	nploy	st col	er	· ·					
DOARD MEMBER 0.0 0.0 0.0 0.0 (19) JACK SUSSIMM 1.00 0.00 <		line)	Indivi	Instit	Office	Key el	Highe	Form						
(19) JACK 90566AN 1.00 X 0. 0. 0. BOARD MEMBER 0.00 X 0. 0. 0. 0. BOARD MEMBER 0.00 X 0. 0. 0. 0. 0. BOARD MEMBER 0.00 X 0.	(18) LYNN HARRIS	1.00												
BOARD MEMBER 0.00 x 0.00 0.00 0.00 (20) SHERKY LANSING 1.00 0.00 0.00 0.00 0.00 (21) LEWIS SHARPTONE 1.00 0.00 0.00 0.00 0.00 0.00 (21) LEWIS SHARPTONE 0.00 X 0.00	BOARD MEMBER	0.00	Х						0.		0.			0.
(20) SHERRY LANSING 1.00 x 0.00 0.00 x <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>														
BOARD MEMBER 0.00 X 0.00 0.00 0.00 (21) LEWIS SHARPSTONE 0.00 X 0.00 0.00 0.00 (21) LEWIS SHARPSTONE 0.00 X 0.00 0.00 0.00 (23) ANDY KUBITZ 1.00 X 0.00 0.00 0.00 0.00 (23) ANDY KUBITZ 1.00 X 0.00 <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td></td> <td>0.</td> <td></td> <td></td> <td>0.</td>			Х						0.		0.			0.
(21) LENTS SHARPSTONE 1.00 x 0. <											•			
BOARD MEMBER 0,00 x 0,00			X						0.		0.			0.
(22) NATALIE TRAN 1.00 x 0.0.0 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.											~			0
BOARD MEMBER 0.00 x 0.00 x 0.00 0.00 (23) ANDY KUBITZ 1.00 x 0.00 0.00 0.00 0.00 (24) DANICE WOODLEY 1.00 x 0.00 0.00 0.00 0.00 BOARD MEMBER 0.00 x 0.00 0.00 0.00 0.00 BOARD MEMBER 0.00 x 0.00 0.00 0.00 0.00 BOARD MEMBER 0.00 x 0.00 0.00 0.00 0.00 Catal Aumber of Individuals (neluding but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line fair "Yes," complete Schedule J for such individual 3 x 3 Did the organization greater than \$150,000" If "Yes," complete Schedule J for such individual 4 x 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organization? If "Yes," complete Schedule J for such individual 4 x 5 I Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedul			X						0.		۰.			0.
(23) NUTY KUBITZ 1.00 x 0. 0	·,								0		0			0
BOARD MEMBER 0.00 x 0.00 x 0.00 0.00 0.00 (24) DANICE WOODLEY 1.00 x 0.00 x 0.00 0.00 0.00 BOARD MEMBER 0.000 x 0.00 x 0.00 0.00 0.00 BOARD MEMBER 0.000 x 0.000 x 0.000 0.000 0.000 BOARD MEMBER 0.000 x 0.000 x 0.000 0.000 0.000 Ib Subtotal Cotal form continuation sheets to Part VII, Section A 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.000000 0.000000 0.00000000 0.00000000 0.00000000 0.00000000000000000000000000000000000			~						0.		•.			
(24) DANICE WOODLEY 1.00 x 0.00 0.00 BOARD MEMBER 0.00 x 0.00 0.00 0.00 BOARD MEMBER 0.00 x 0.00 0.00 0.00 Ib Subtotal 3.211.292. 0.00 290,678. C Total from continuation sheets to Part VII, Section A 0.00 0.00 0.00 d Total (add lines the and 10) 3.211.292. 0.0000 of reportable 290,678. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 290 3 Did the organization from the organization 290 290 3 Did the organization steater than \$150,000? 1° wes, "complete Schedule J for such individual 3 3 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? 1° wes, "complete Schedule J for such individual 3 3 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 4 X 5 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year. 6 X 1 Complete this table for your fiv	····		x						0.		0.			0.
Ib Subtotal 3,211,292, 0, 290,678. c Total from continuation sheets to Part VII, Section A 0, 0, 0, 0, d Total (add lines to and to) 3,211,292. 0, 290,678. 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 > 29 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? if *Yes," complete Schedule J for such individual 4 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? if *Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? if *Yes," complete Schedule J for such parson 4 X 5 Exection B. Independent Contractors 5 X 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. (C) Name and business address Description of services Compensation ROBERTSON SCHWARTZ AGENCY, 1250 6 FH STREET SEE SCHEDULE 0 2,246,722.														
Ib Subtotal 3,211,292, 0, 290,678. c Total from continuation sheets to Part VII, Section A 0, 0, 0, 0, d Total (add lines to and to) 3,211,292. 0, 290,678. 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 > 29 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? if *Yes," complete Schedule J for such individual 4 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? if *Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? if *Yes," complete Schedule J for such parson 4 X 5 Exection B. Independent Contractors 5 X 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. (C) Name and business address Description of services Compensation ROBERTSON SCHWARTZ AGENCY, 1250 6 FH STREET SEE SCHEDULE 0 2,246,722.	BOARD MEMBER	0.00	х						0.		Ο.			Ο.
c Total from continuation sheets to Part VII, Section A 0. 290,678. 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 29 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a' if "yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 x 5 Did any person listed on fue organization for the calendar year ending with or within the organization's tax year. (B) (C) (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensatid independent sets addres														
c Total from continuation sheets to Part VII, Section A 0. 290,678. 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 29 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a' if "yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 x 5 Did any person listed on fue organization for the calendar year ending with or within the organization's tax year. (B) (C) (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensatid independent sets addres														
c Total from continuation sheets to Part VII, Section A 0. 290,678. 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 29 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a' if "yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 x 5 Did any person listed on fue organization for the calendar year ending with or within the organization's tax year. (B) (C) (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensatid independent sets addres														
c Total from continuation sheets to Part VII, Section A 0. 290,678. 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 29 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a' if "yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 x 5 Did any person listed on fue organization for the calendar year ending with or within the organization's tax year. (B) (C) (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensatid independent sets addres														
Contain function where for an (h) deciding 3, 211, 222, 0, 290, 678. 2 Total (add lines th sum of compensation from the organization is any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization? gravitation for any unrelated organization or individual for services 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 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) (C) Nome and business address Description of services Compensation Compensation ROBERTSON SCHWARTZ AGENCY, 1250 6TH STREET Set 229, 183. 377, 811. STE 201, SANTA MONICA, CA 90401 SEE SCHEDULE 0 2, 246, 722. 229, 183. <													290,	
Contraction														
compensation from the organization 29 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee 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 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X 5 Evetion B. Independent Contractors 5 X 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) (B) (C) Compensation Compensation Compensation 2,246,722. 2,246,722. VENABLE LLP Description of services 22,246,722. 229,183. PAGE YOREST RD, DANVILLE, VA 24540 VEB/DATABASE 229,183. RENDE NEW LLC, 10351 SANTA MONICA ELVD, SUTE 202, LOS ANGELES, CA 90025 MARKETING 213,140. <									, ,		۰.		290,	070.
Somposition normals organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 4 X Section B. Independent Contractors 5 X Section B. Independent Contractors 5 X 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. (C) No (A) Description of services Compensation No BOERTSON SCHWARTZ AGENCY, 1250 6TH STREET SEE SCHEDULE 0 2,246,722. YEABLE LLP PO BOX 62727, BALTIMORE, MD 21264 LEGAL 377,811. TACKLE LLC YEAPLEST RD, DANVILLE, VA 24540 YEB/DATABASE 229,183. RRAND NNEW LLC, 10351 SANTA MONICA ELUD, SEIDT HAVENUE, 7TH </td <td></td> <td>ot limited to th</td> <td>ose</td> <td>liste</td> <td>a ac</td> <td>oove</td> <td>) wn</td> <td>o re</td> <td>eceived more than \$100,</td> <td>000 of reportable</td> <td></td> <td></td> <td></td> <td>29</td>		ot limited to th	ose	liste	a ac	oove) wn	o re	eceived more than \$100,	000 of reportable				29
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 5 X 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. (C) Name and business address Description of services Compensation ROBERTSON SCHWARTZ AGENCY, 1250 6TH STREET SEE SCHEDULE 0 2,246,722. VENABLE LLP Desc 62727, BALTIMORE, MD 21264 LEGAL 377,811. PAND KNEW LLC, 10351 SANTA MONICA ELVD, SUITE 202, LOS ANGELES, CA 90025 MARKETING 213,140. SUITE 202, LOS ANGELES, CA 90025 MARKETING 213,140. ALLISON + PARTINERS, 475 10TH AVENUE, 7TH PLOOR, NEW													Yes	1
line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 5 X 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. (C) Name and business address Description of services Compensation STE 201, SANTA MONICA, CA 90401 SEE SCHEDULE 0 2,246,722. VENABLE LLP Description of services 209,183. PO BOX 62727, BALTIMORE, MD 21264 LEGAL 377,811. TACKLE LLC WEB/DATABASE 229,183. SUTTE 202, LOS ANGELES, CA 90025 MARKETING 213,140. ALLISON + PARTNERS, 475 10TH AVENUE, 7TH FLOOR, NEW YORK, NY 10018 195,000. 2 Total number of independent contractors (i	3 Did the organization list any former officer	director trust	ee k	ev e	emol	love	e or	hia	hest compensated empl	ovee on				
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3		x
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												_		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i> 5 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) (B) (C) Name and business address Description of services Compensation ROBERTSON SCHWARTZ AGENCY, 1250 6TH STREET SEE SCHEDULE 0 2,246,722. VENABLE LLP PO BOX 62727, BALTIMORE, MD 21264 LEGAL 377,811. TACKLE LLC 749 PINEY FOREST RD, DANVILLE, VA 24540 WEB/DATABASE 229,183. BRAND KNEW LLC, 10351 SANTA MONICA BLVD, SUITE 202, LOS ANGELES, CA 90025 MARKETING 213,140. ALLISON + PARTNERS, 475 10TH AVENUE, 7TH FLOOR, NEW YORK, NY 10018 195,000. 2 195,000. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 195,000.												4	х	
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) (B) (C) Name and business address Compensation ROBERTSON SCHWARTZ AGENCY, 1250 6TH STREET STE 201, SANTA MONICA, CA 90401 SEE SCHEDULE 0 2,246,722. VENABLE LLP PO BOX 62727, BALTIMORE, MD 21264 LEGAL 377,811. TACKLE LLC MARKETING 229,183. BRAND KNEW LLC, 10351 SANTA MONICA BLVD, SUITE 202, LOS ANGELES, CA 90025 MARKETING 213,140. ALLISON + PARTNERS, 475 10TH AVENUE, 7TH FLOOR, NEW YORK, NY 10018 195,000. 2 Communication services Communication's tax year.														
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) (B) (C) Name and business address Description of services Compensation ROBERTSON SCHWARTZ AGENCY, 1250 6TH STREET SEE SCHEDULE 0 2,246,722. VENABLE LLP Description of services 2,246,722. PO BOX 62727, BALTIMORE, MD 21264 LEGAL 377,811. TACKLE LLC HEB/DATABASE 229,183. RNN KNEW LLC, 10351 SANTA MONICA BLVD, MARKETING 213,140. SUITE 202, LOS ANGELES, CA 90025 MARKETING 213,140. ALLISON + PARTNERS, 475 10TH AVENUE, 7TH FLOOR, NEW YORK, NY 10018 195,000. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 195,000.	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sı	ich i	oers	on .					5		X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.(A)(B)(C)Name and business addressDescription of servicesCompensationROBERTSON SCHWARTZ AGENCY, 1250 6TH STREETSEE SCHEDULE O2,246,722.STE 201, SANTA MONICA, CA 90401SEE SCHEDULE O2,246,722.VENABLE LLPPOBOX 62727, BALTIMORE, MD 21264LEGAL377,811.TACKLE LLCTACKLE LLC229,183.PAND KNEW LLC, 10351 SANTA MONICA BLVD,MARKETING213,140.SUITE 202, LOS ANGELES, CA 90025MARKETING213,140.ALLISON + PARTNERS, 475 10TH AVENUE, 7THFLOOR, NEW YORK, NY 10018195,000.2Total number of independent contractors (including but not limited to those listed above) who received more than195,000.	Section B. Independent Contractors													
(A) Name and business address(B) Description of services(C) CompensationROBERTSON SCHWARTZ AGENCY, 1250 6TH STREET STE 201, SANTA MONICA, CA 90401SEE SCHEDULE 02,246,722.VENABLE LLP PO BOX 62727, BALTIMORE, MD 21264LEGAL377,811.TACKLE LLC 749 PINEY FOREST RD, DANVILLE, VA 24540WEB/DATABASE229,183.BRAND KNEW LLC, 10351 SANTA MONICA BLVD, SUITE 202, LOS ANGELES, CA 90025MARKETING213,140.ALLISON + PARTNERS, 475 10TH AVENUE, 7TH FLOOR, NEW YORK, NY 10018COMMUNICATIONS195,000.2Total number of independent contractors (including but not limited to those listed above) who received more thanComponent of the second sec	. , , ,	•	•							•	ensat	tion fro	om	
Name and business addressDescription of servicesCompensationROBERTSON SCHWARTZ AGENCY, 1250 6TH STREETSEE SCHEDULE O2,246,722.STE 201, SANTA MONICA, CA 90401SEE SCHEDULE O2,246,722.VENABLE LLPPO BOX 62727, BALTIMORE, MD 21264LEGAL377,811.TACKLE LLCTACKLE LLC29,183.229,183.PAND KNEW LLC, 10351 SANTA MONICA BLVD, SUITE 202, LOS ANGELES, CA 90025MARKETING213,140.ALLISON + PARTNERS, 475 10TH AVENUE, 7THFLOOR, NEW YORK, NY 10018195,000.2Total number of independent contractors (including but not limited to those listed above) who received more thanImage: Compensation of services in the service of		he calendar ye	ear e	endir	ng w	ith c	or wi	hin:		ear.				
ROBERTSON SCHWARTZ AGENCY, 1250 6TH STREETSTE 201, SANTA MONICA, CA 90401SEE SCHEDULE OVENABLE LLP2,246,722.PO BOX 62727, BALTIMORE, MD 21264LEGALTACKLE LLC749 PINEY FOREST RD, DANVILLE, VA 24540RAND KNEW LLC, 10351 SANTA MONICA BLVD, SUITE 202, LOS ANGELES, CA 90025MARKETINGSUITE 202, LOS ANGELES, CA 90025MARKETINGALLISON + PARTNERS, 475 10TH AVENUE, 7TH FLOOR, NEW YORK, NY 10018COMMUNICATIONS2Total number of independent contractors (including but not limited to those listed above) who received more than		addroop								onviooo	0			n
STE 201, SANTA MONICA, CA 90401SEE SCHEDULE O2,246,722.VENABLE LLPPO BOX 62727, BALTIMORE, MD 21264LEGAL377,811.TACKLE LLCTACKLE LLCTACKLE LLC229,183.749 PINEY FOREST RD, DANVILLE, VA 24540WEB/DATABASE229,183.BRAND KNEW LLC, 10351 SANTA MONICA BLVD, SUITE 202, LOS ANGELES, CA 90025MARKETING213,140.ALLISON + PARTNERS, 475 10TH AVENUE, 7TH FLOOR, NEW YORK, NY 10018COMMUNICATIONS195,000.2Total number of independent contractors (including but not limited to those listed above) who received more than1000000000000000000000000000000000000								-	Description of s			ompe	iisatio	
VENABLE LLP Image: constraint of the second state of the sec		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							SEE SCHEDULE O			2	246	722.
TACKLE LLCWEB/DATABASE229,183.749 PINEY FOREST RD, DANVILLE, VA 24540WEB/DATABASE229,183.BRAND KNEW LLC, 10351 SANTA MONICA BLVD, SUITE 202, LOS ANGELES, CA 90025MARKETING213,140.ALLISON + PARTNERS, 475 10TH AVENUE, 7TH FLOOR, NEW YORK, NY 10018COMMUNICATIONS195,000.2Total number of independent contractors (including but not limited to those listed above) who received more than195,000.	VENABLE LLP												, ,	
749 PINEY FOREST RD, DANVILLE, VA 24540WEB/DATABASE229,183.BRAND KNEW LLC, 10351 SANTA MONICA BLVD, SUITE 202, LOS ANGELES, CA 90025MARKETING213,140.ALLISON + PARTNERS, 475 10TH AVENUE, 7TH FLOOR, NEW YORK, NY 10018COMMUNICATIONS195,000.2Total number of independent contractors (including but not limited to those listed above) who received more than195,000.	PO BOX 62727, BALTIMORE, MD 21264								LEGAL				377,	811.
BRAND KNEW LLC, 10351 SANTA MONICA BLVD, MARKETING 213,140. SUITE 202, LOS ANGELES, CA 90025 MARKETING 213,140. ALLISON + PARTNERS, 475 10TH AVENUE, 7TH COMMUNICATIONS 195,000. FLOOR, NEW YORK, NY 10018 COMMUNICATIONS 195,000. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 195,000.	TACKLE LLC													
SUITE 202, LOS ANGELES, CA 90025 MARKETING 213,140. ALLISON + PARTNERS, 475 10TH AVENUE, 7TH FLOOR, NEW YORK, NY 10018 195,000. 2 Total number of independent contractors (including but not limited to those listed above) who received more than 195,000.	749 PINEY FOREST RD, DANVILLE, VA 245	540							WEB/DATABASE				229,	183.
ALLISON + PARTNERS, 475 10TH AVENUE, 7TH FLOOR, NEW YORK, NY 10018 COMMUNICATIONS 195,000. 2 Total number of independent contractors (including but not limited to those listed above) who received more than		JVD,												
FLOOR, NEW YORK, NY 10018 COMMUNICATIONS 195,000. 2 Total number of independent contractors (including but not limited to those listed above) who received more than	SUITE 202, LOS ANGELES, CA 90025								MARKETING				213,	140.
2 Total number of independent contractors (including but not limited to those listed above) who received more than		/'I'H											105	000
	· · · ·		ot lin	nita	4 + ~ ·	ther		_		ore than			, cer	000.
		•	JE 111		0		_							

132008 12-09-21

Form **990** (2021)

Form	n 990) (2			T INDUS	TRY FOUNDATIC	ON		95-164460	9 Page 9
Pa	rt V		Statement of Rev	/enue						
			Check if Schedule O c	ontains a r	response	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	2	Federated campaigns		1a					
, Gifts, Grants nilar Amounts					1b					
Ω ^B			Fundraising events		1c	25,646,387.				
ifts ar A			Related organizations		1d					
s, G mils			Government grants (contril		1e					
i Si Si	t		All other contributions, gifts, g							
but			similar amounts not included	above	1f	38,080,458.				
dOtri	9	g	Noncash contributions included in li	ines 1a-1f	1g \$					
a C		h	Total. Add lines 1a-1f			►	63,726,845.			
						Business Code				
e	2 8	а								
ervi	I	b								
Program Service Contrib Revenue and Ot	0	С								
		d								
		e								
			All other program service r							
	3	g	Total. Add lines 2a-2f Investment income (includi							
	5		other similar amounts)				101,620.			101,620
	4		Income from investment of				/ -			, ,
	5		Royalties				76,448.			76,448
	-		····,	(i)	Real	(ii) Personal				
	6 :	а	Gross rents	6a 9	16,301.					
	-			6b	٥.					
			Rental income or (loss)	6c 9	16,301.					
		d	Net rental income or (loss)				916,301.			916,301.
	7 :	а	Gross amount from sales of	(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a						
	I	b	Less: cost or other basis							
enue				7b						
sver	0	С	Gain or (loss)	7c						
Miscellaneous Other Revenue Other Revenue			Net gain or (loss)			▶				
	8 (а	Gross income from fundraisin	•						
			including \$ 25,6							
			contributions reported on I	,		4,702,787.				
	1	b	Part IV, line 18 Less: direct expenses							
			Net income or (loss) from f		·····	►	0.			
			Gross income from gaming	-						
			Part IV, line 19							
	I	b	Less: direct expenses							
			Net income or (loss) from g			>				
	10 ;	а	Gross sales of inventory, le	ess returns	; _					
			and allowances							
			Less: cost of goods sold							
\square	(с	Net income or (loss) from s	ales of inv	entory					
s						Business Code				
	11 :									
		b								
Sce		C						<u> </u>		<u> </u>
Ξ			All other revenue							
	12	e	Total. Add lines 11a-11d Total revenue. See instruction				64,821,214.	0.	0.	1,094,369.
							,,211.			Form 990 (2021

ENTERTAINMENT INDUSTRY FOUNDATION

Page 10 95-1644609

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).

Do n	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	33,841,813.	33,841,813.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,387,840.	4,387,840.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,132,283.	765,434.	994,536.	372,313.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,471,316.	4,836,432.	1,553,381.	81,503.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	402,552.	296,736.	99,710.	6,106.
9	Other employee benefits	953,380.	699,614.	238,541.	15,225.
10	Payroll taxes	604,327.	415,397.	169,757.	19,173.
	Fees for services (nonemployees):				
а	Management				
b	Legal	617,587.		617,587.	
	Accounting	94,094.		94,094.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17	916,076.			916,076.
f	Investment management fees	19,478.		19,478.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	8,564,185.	5,749,214.	395,364.	2,419,607
12	Advertising and promotion	5,950.	5,950.		
	Office expenses	335,054.	195,927.	129,711.	9,416,
	Information technology				
	Royalties				
	Occupancy	1,677,750.	30,996.	1,646,754.	
	Travel	463,786.	450,967.	5,448.	7,371.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	170,437.		170,437.	
23	Insurance	226,623.		226,623.	
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
-	SUBSCRIPTIONS & PERMITS	1,028,796.	746,064.	279,854.	2,878.
b	PR & PUBLICITY	963,068.	828,068.	135,000.	
с	BAD DEBT EXPENSE	678,293.			678,293.
d	EQUIPMENT RENTAL	80,353.	24,376.	51,691.	4,286.
е	All other expenses	59,161.	57,910.	1,251.	
25	Total functional expenses. Add lines 1 through 24e	64,694,202.	53,332,738.	6,829,217.	4,532,247
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

13521013 153424 0193640-00003

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year

ENTERTAINMENT INDUSTRY FOUNDATION

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

		······································				-	
	4	Accounts receivable, net			107,176.	4	138,701.
Assets	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar	ontributor, or 35%				
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifie	ed pers	ns			
		under section 4958(f)(1)), and persons described in	n secti	ion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7			
set	8	Inventories for sale or use				8	
As	9	B 11 11 11 11 11 11 11 11 11 11 11 11 11			695,006.	9	659,904.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,738,615.			
	b	Less: accumulated depreciation		1,370,474.	534,870.	10c	368,141.
	11	Investments - publicly traded securities			3,915,856.	11	3,862,541.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		0.	15	0.	
	16	Total assets. Add lines 1 through 15 (must equal		110,608,198.	16	110,994,468.	
	17	Accounts payable and accrued expenses			1,942,018.	17	2,397,908.
	18	Grants payable		15,069,524.	18	15,471,351.	
	19	Deferred revenue		0.	19	0.	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Pa		21			
Liabilities	22	Loans and other payables to any current or forme					
		trustee, key employee, creator or founder, substar					
		controlled entity or family member of any of these	ns		22		
	23	Secured mortgages and notes payable to unrelate	ed third			23	
	24	Unsecured notes and loans payable to unrelated t	third p	arties		24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	17-24).	Complete Part X			
		of Schedule D		983,219.	25	784,145.	
	26	Total liabilities. Add lines 17 through 25		17,994,761.	26	18,653,404.	
		Organizations that follow FASB ASC 958, check	k here				
sec		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			2,460,737.	27	292,414.
Ba	28	Net assets with donor restrictions			90,152,700.	28	92,048,650.
pu		Organizations that do not follow FASB ASC 958					
ts or Fund Bal		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inco	ome, o	r other funds		31	
Net	32	Total net assets or fund balances			92,613,437.	32	92,341,064.
	33	Total liabilities and net assets/fund balances			110,608,198.	33	110,994,468.

95 - 1644609Page **11**

36,220,842.

52,914,846.

16,219,602.

1

2

3

(B) End of year

43,156,448.

53,652,807.

9,155,926.

Form 990 (2021)

Form 990 (2021)

1

2

3

Form	990 (2021) ENTERTAINMENT INDUSTRY FOUNDATION	95-1644609)	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,	821,	214.
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,	694,	202.
3	Revenue less expenses. Subtract line 2 from line 1	3		127,	012.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	92,	613,	437.
5	Net unrealized gains (losses) on investments	5	-	399,	385.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	92,	341,	064.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a 🛛			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	· ·			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?	·····	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

132012 12-09-21

(Form 990)

Total

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
2021
Open to Public

Name of the organization	
--------------------------	--

		of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			formation		Open to Public Inspection
Nan	ne of	the organizati					ie ialest ii		Employer	identification number
Nan		the organizati		AINMENT INDUSTR						95-1644609
Pa	rt I	Beason			(All organizations must c	omplete th	nie nart) S	ee instruction		55 1044005
									13.	
	organ				For lines 1 through 12, cl			I)/ A \/:\		
1	님				on of churches described)(a)011 no	I)(A)(I).		
2	믐				Attach Schedule E (Form		\/L_\/_d\/_A\/:	::)		
3	믐	•	•		anization described in se njunction with a hospital				VIII) Entor	the beenitel's name
4		city, and stat	•	ation operated in col	njunction with a nospital	uescribeu	sectio	a 170(a)(1)(A	(III). Enter	the hospital's hame,
F		•		or the bonefit of a co	llege or university owned	or operat	od by a go	vorpmontal	nit docorib	ad in
5		-	-	Complete Part II.)	lege of university owned	or operat	eu by a gu	veninentaru		
6					aantal unit daaarihad in	nantion 17	70/6//4//4	()		
7	X		-	-	nental unit described in secribed in second				ha gaparal i	aublia dagaribad in
'				complete Part II.)	Initial part of its support if	on a gove	ennentai		ne general j	
8					(1)(A)(vi). (Complete Parl	• 11 \				
9	H	-			in section 170(b)(1)(A)(i	-	ed in coniu	inction with a	land-arant	college
5					ulture (see instructions).					
		university:		grant conege of agric			name, eny	, and state of	the conege	
10			ion that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. memberst	nip fees, and	d gross receipts from
		-		•	t to certain exceptions; a				-	-
					(less section 511 tax) fro					
				mplete Part III.)				,		
11					ively to test for public sat	ety. See	section 50	09(a)(4).		
12		-	-	-	ively for the benefit of, to	•			arry out the	purposes of one or
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а										giving
		organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing
		control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
с		Type III fui	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its support	ed organizatio	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not	functionally int	tegrated. The organiz	ation generally must sati	isfy a distr	ibution red	quirement and	d an attentiv	veness
		requiremen	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number	of supported of	organizations						
<u> </u>				n about the supporte		(iv) is the ora:	anization listed			
		 (i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see i		(vi) Amount of other support (see instructions)
		organization	•		above (see instructions))	Yes	No			

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	82,763,610.	95,173,618.	57,147,301.	97,679,039.	63,726,845.	396,490,413.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	82,763,610.	95,173,618.	57,147,301.	97,679,039.	63,726,845.	396,490,413.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						113,621,408.
6	Public support. Subtract line 5 from line 4.						282,869,005.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	82,763,610.	95,173,618.	57,147,301.	97,679,039.	63,726,845.	396,490,413.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	154,894.	1,472,543.	2,143,580.	1,447,530.	1,094,370.	6,312,917.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	30,679.			1,050,679.		1,081,358.
11	Total support. Add lines 7 through 10						403,884,688.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						>
See	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I		•			14	70.04 %
	Public support percentage from 2020					15	66.23 %
16 a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		••••••				
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		▶∟
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, cheo	k this box and st	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	₅ ▶∟
						Schedule A	(Form 990) 2021

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

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

Sec	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			I	-1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organ	ization,
_							>
	ction C. Computation of Public					<u> </u>	
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20		'			17	%
							%
	33 1/3% support tests - 2021. If the more than 33 1/3%, check this box an	nd stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, check			•		•	
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
13202	23 01-04-22					Sched	ule A (Form 990) 2021

15

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21

| 10b | | Schedule A (Form 990) 2021

16 1 04030 ENTERTAT

Schedule A (Form 990) 2021	
----------------------------	--

ENTERTAINMENT INDUSTRY FOUNDATION

Yes No

1

2

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

Section B. Type I Supporting Organizations

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

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year	(see instructions)
•		linal line organization used	to satisfy the integral Fart	rest during the year	1300 1130 000

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a governmental entity	(see instruction <u>s).</u>
-----	--	-------------------------	-------------------------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

13521013 153424 0193640-00003

17

Schedule A		Function

	t V Type III Non-Functionally Integrated 509(a)(3) Support		nizatione	95-1644609 Pag
_				
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
Sect	All other Type III non-functionally integrated supporting organizations mu		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-				/

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

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer		1					
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021			
_1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
C	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2021 distributable amount							
i	Carryover from 2016 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
е	Excess from 2021							

Schedule A (Form 990) 2021

95-1644609 Page 8

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

EXPENSE REIMBURSEMENT
2017 AMOUNT: \$ 30,679.
2018 AMOUNT: \$ 0.
2019 AMOUNT: \$ 0.
2020 AMOUNT: \$ 0.
2021 AMOUNT: \$ 0.
XQ SUPER SCHOOL GRADUATE TOGETHER
2017 AMOUNT: \$ 0.
2018 AMOUNT: \$ 0.
2019 AMOUNT: \$ 0.
2020 AMOUNT: \$ 1,050,679.
2021 AMOUNT: \$ 0.

20

Schedule A (Form 990) 2021

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

nber

Department of the Treas Internal Revenue Service	ury	Go to www.irs.gov/Form990 for the latest information.	
Name of the organ	nization		Employer identification nur
	ENTERTAINMENT INDUSTRY FOUNDATI	ION	95-1644609
Organization type	e (check one):		
Filers of:	Section:		
Form 990 or 990-E	EZ X 501(c)(³) (enter number) or	rganization	
	4947(a)(1) nonexempt charitab	ble trust not treated as a private four	ndation
	527 political organization		
Form 990-PF	501(c)(3) exempt private found	lation	
	4947(a)(1) nonexempt charitab	ble trust treated as a private foundation	ion
	501(c)(3) taxable private found	ation	
, ,	anization is covered by the General Rule or a S ion 501(c)(7), (8), or (10) organization can check b		a Special Rule. See instructions.
General Rule			
	rganization filing Form 990, 990-EZ, or 990-PF the) from any one contributor. Complete Parts I and		
Special Rules			
sections contribut	rganization described in section 501(c)(3) filing Fo 509(a)(1) and 170(b)(1)(A)(vi), that checked Sche tor, during the year, total contributions of the gre m 990-EZ, line 1. Complete Parts I and II.	edule A (Form 990), Part II, line 13, 16	6a, or 16b, and that received from any one

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

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

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

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

Schedule B (Form 990) (2021)

ENTERTAI	NMENT INDUSTRY FOUNDATION	9	5-1644609
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,924,390.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,020,495.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$3,907,997.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$2,500,053.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$2,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$2,364,776.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

22

Schedule B (Form 990) (2021)

Name of organization

Page **2**

Employer identification number

123452 11-11-21

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		\$2,333,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d)		
<u>9</u>	Name, address, and ZIP + 4	\$2,000,000.	Type of contribution Person X Payroll		
(a)	(b)	(c)	(d)		
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11		\$1,700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>12</u>		\$1,666,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2021)

2021.04030 ENTERTAINMENT INDUSTRY FO 01936401

23

13521013 153424 0193640-00003

123452 11-11-21

Schedule B (Form 990) (2021)

ENTERTAINMENT INDUSTRY FOUNDATION

Name of organization

Page **2** Employer identification number

95-1644609

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

ENTERTAINMENT INDUSTRY FOUNDATION

95-1644609

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,332,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

24

123452 11-11-21

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

25

Schedule B (Form 990) (2021)

2021.04030 ENTERTAINMENT INDUSTRY FO 01936401

Schedule B (Form 990) (2021)

Name of organization

Page 3

Employer identification number

Schedule	B (For	m 990)	(2021)
----------	--------	--------	--------

Page 4

lame of organia	zation		Employer identification numbe
NTERTAINMEN	NT INDUSTRY FOUNDATION		95-1644609
Part III Ex fro	clusively religious, charitable, etc., contribution any one contributor. Complete columns (a)	through (e) and the following line entry haritable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
— <u> </u>			
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, an		Relationship of transferor to transferee
3454 11-11-21		26	Schedule B (Form 990) (20

13521013 153424 0193640-00003

SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities			OMB No. 1545-0047				
(Form 990)					7	2021		
Department of the Treasury	Description of the Treasury Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.			90-EZ.	Open to Public			
Internal Revenue Service						Inspection		
If the organization answ	f the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then							
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not com	olete Part I-C.					
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete P	arts I-A and C below. I	Do not complete Part	I-B.			
 Section 527 organization 	ations: Complete	e Part I-A only.						
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or Fori	m 990-EZ, Part VI, lin	e 47 (Lobbying Activ	ities), the	n		
 Section 501(c)(3) org 	anizations that h	nave filed Form 5768 (election und	er section 501(h)): Cor	mplete Part II-A. Do no	ot complet	te Part II-B.		
 Section 501(c)(3) org 	anizations that h	nave NOT filed Form 5768 (election	n under section 501(h)): Complete Part II-B. I	Do not co	mplete Part II-A.		
•		Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	nstructions) or Form	990-EZ, F	Part V, line 35c (Proxy		
Tax) (See separate inst								
	, or (6) organizat	ions: Complete Part III.				identification much or		
Name of organization				1		identification number		
Dort I A Compl		ENT INDUSTRY FOUNDATION	- acation 501(a) a	r in a postion 527		95-1644609		
Part I-A Comple	ete il the org	anization is exempt under	Section Sur(c) 0		rorgan			
	•	ation's direct and indirect political	campaign activities in		•			
2 Political campaign	, ,				▶\$			
3 Volunteer hours for	political campai	gn activities						
Part I-B Compl	ata if the ora	anization is exempt under	section $501(c)(3$	4				
	-							
		incurred by the organization under			►\$			
	•	incurred by organization managers						
		n 4955 tax, did it file Form 4720 fo				Yes No		
4a Was a correction m b If "Yes," describe ir								
		anization is exempt under	section 501(c).	except section 50	01(c)(3).			
		by the filing organization for secti		-	► \$			
		ization's funds contributed to othe			Ψ			
exempt function ac					▶\$			
•		. Add lines 1 and 2. Enter here and			· · _			
	-				▶\$			
					· ·	Yes No		
		nployer identification number (EIN)						
		tion listed, enter the amount paid f						
contributions receiv	ed that were pro	omptly and directly delivered to a s	eparate political organ	nization, such as a sep	parate seg	pregated fund or a		
political action com	mittee (PAC). If	additional space is needed, provide	e information in Part IV	V.				
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fr	om (e) Amount of political		
				filing organization	n's cor	ntributions received and		
				funds. If none, enter		promptly and directly lelivered to a separate		
						political organization.		
						If none, enter -0		

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

Schedule C (Form 990) 2021

132041 11-03-21

		DUSTRY FOUNDATION				age 2
Part II-A Complete if the orga section 501(h)).	anization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under	
	ion belongs to an affil	iated aroun (and list in	Part IV each affiliated g	iroun member's name	address FIN	
· <u> </u>	e of excess lobbying e		T art IV each anniated (group member s name	, address, Ein,	
		id "limited control" pro	visions apply			
	s on Lobbying Exper			(a) Filing organization's	(b) Affiliated gro totals	oup
(The term "expend	litures" means amou	nts paid or incurred.)		totals		
1a Total lobbying expenditures to influ	ence public opinion (g	rassroots lobbying)				٥.
b Total lobbying expenditures to influ	ence a legislative bod	y (direct lobbying)				٥.
c Total lobbying expenditures (add lir	nes 1a and 1b)					٥.
d Other exempt purpose expenditure				63,758,648.		0.
e Total exempt purpose expenditures	s (add lines 1c and 1d)			63,758,648.		٥.
f Lobbying nontaxable amount. Ente	r the amount from the	following table in both	n columns.	1,000,000.		0.
If the amount on line 1e, column (a) or	r (b) is: The lob	bying nontaxable amo	ount is:			
Not over \$500,000	20% of t	he amount on line 1e.				
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.			
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$			s over \$1,500,000.			
Over \$17,000,000	\$1,000,0	000.				
g Grassroots nontaxable amount (ent	er 25% of line 1f)			250,000.		0.
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.		
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.		
j If there is an amount other than zer	o on either line 1h or l	ine 1i, did the organiza	tion file Form 4720			
reporting section 4911 tax for this y	/ear?				Yes	No
	4-Year Ave	raging Period Under	Section 501(h)			
(Some organizations th)1(h) election do not h ate instructions for lin	-	the five columns be	low.	
	Lobbying Exper	ditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total	
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,	000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,	000.
c Total lobbying expenditures						
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,	000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,	000.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

132042 11-03-21

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 e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the lobbying activity.			No	Amo	ount
1 a	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: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(a)(5)	orcor	tion	
Fai	501(c)(6).	1 301(0)(3)	01 560		
	301(0)(0).			Yes	No
4	Mars substantially all (000/ as mars) dues resaived pendedustible by members?		1	103	110
1 2	Were substantially all (90% or more) dues received nondeductible by members?				
2			. 2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		-	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				3. is
	answered "Yes."		,	,	-,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
-	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information		· ·		
Prov	de 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 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE D)
------------	---

Supplemental Financial Statements

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



Department of the Treasury ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.			on.	Inspection	
Name of the organization ENTERTAINMENT INDUSTRY FOUNDA!			IDATION	Em	ployer identification number 95-1644609
Par	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accour	nts. Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin	ie 6.		
			(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at e	nd of year	32		
2		of contributions to (during year)	23,190,324.		
3	Aggregate value c	of grants from (during year)	4,223,506.		
4	Aggregate value a	t end of year	33,691,644.		
5	Did the organizati	on inform all donors and donor advisors in	writing that the assets held in donor advised	funds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		X Yes No
6	Did the organizati	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only	
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose cor	ferring	
	impermissible priv				
Par	rt II Conserv	vation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7	
1	Purpose(s) of con	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (for example, recrea	tion or education)	nistorically	important land area
	Protection of	of natural habitat	Preservation of a d	certified hi	storic structure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a	a conserva	
	day of the tax yea	r.			Held at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		2 b	
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization	during the tax
	year 🕨				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	ation have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and en	forcement of the conservation easements if	t holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation ease	ements during the year
	▶				
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easemen	its during the year
	►\$				
8			e satisfy the requirements of section 170(h)(4	l)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, descri	be how the organization reports conservation	on easements in its revenue and expense sta	itement ar	ıd
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the				
D-		counting for conservation easements.			
Pai		-	f Art, Historical Treasures, or Othe	r Simila	IF ASSEIS.
	-	f the organization answered "Yes" on Form			
1a	•		8, not to report in its revenue statement and		
	of art, historical tr	easures, or other similar assets held for put	olic exhibition, education, or research in furth	erance of	public

service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of				
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021
b	Assets included in Form 990, Part X	►	\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	/ide	e
	(ii) Assets included in Form 990, Part X		\$
	· · · · · · · · · · · · · · · · · · ·		

30

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Sche		NT INDUSTRY FOU					95-164		Р	age 2	
Par	t III Organizations Maintaining Co	llections of Art	i, Historical Ti	easures, or	Othe	r Simila	r Assets	conti	nued)		
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	e following that	make si	ignificant	use of its				
	collection items (check all that apply):		-	-		-					
а	Public exhibition	d	Loan or ex	change progra	m						
b	Scholarly research	е	Other	0 1 0							
с	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explain	how they further	the organizatio	n's exer	not purpo	se in Part	XIII.			
5	During the year, did the organization solicit or										
-	to be sold to raise funds rather than to be main							Yes		No	
Par	t IV Escrow and Custodial Arrang) Part IV				
	reported an amount on Form 990, Part		ste in the englinear				, , .				
1a	Is the organization an agent, trustee, custodia		ary for contributio	ns or other ass	ets not	included					
ia	on Form 990, Part X?							Yes		No	
h	If "Yes," explain the arrangement in Part XIII a						∟	103			
U			owing table.					Amour	t		
•	Paginning balance					1c		, arrioar			
	Beginning balance										
	Additions during the year										
	e Distributions during the year 1e f Ending balance 1f										
	Did the organization include an amount on For							Yes		No	
	If "Yes," explain the arrangement in Part XIII. C					ity :	∟	_ 165			
Par						10					
		(a) Current year	(b) Prior year	(c) Two years	T		vears back	(e) Fou	r vears	hack	
10	Paginning of year balance	9,310,912.	8,851,756			(4) 11100	youro buok	(0) 1 00	i youro	buok	
	Beginning of year balance	5,510,512.	437,741		-	5 7	34,725.				
	Contributions		21,415		,804.		13,943.				
	Net investment earnings, gains, and losses		21, 113	70	,001.		13,545.				
	Grants or scholarships										
е	Other expenditures for facilities	0 210 012									
-	and programs	9,310,912.									
f	Administrative expenses		0 210 012	0.051	750		40 660				
g	End of year balance		9,310,912		, / 50.	5,7	48,668.				
2	Provide the estimated percentage of the curre			(a)) held as:							
	Board designated or quasi-endowment		_%								
	b Permanent endowment										
С	Term endowment .0000 %										
	The percentages on lines 2a, 2b, and 2c shoul	•									
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held	and administere	ed for th	ne organiz	ation				
	by:								Yes	No	
	(i) Unrelated organizations							3a(i)		X	
	(ii) Related organizations							3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organizati			?				3b			
4	Describe in Part XIII the intended uses of the c	organization's endo	wment funds.								
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a.	See Form 990,	Part X,	line 10.					
	Description of property	(a) Cost or of		st or other	• •	ccumulat		(d) Boo	k valu	e	
		basis (investr	nent) basi	s (other)	de	preciation					
1a	Land										
	Buildings									0.	
с	Leasehold improvements			559,734.			486.		116,	248.	
d	Equipment			1,178,881.		926,	988.		251,893.		
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part 2	X. column (B). line	10c.)					368,	141.	
							Schedule	D (Forr	n 990	1 2021	

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D	(Form 990)) 2021	ENTERTAINMENT	INDUSTRY	FOUNDATION
------------	------------	--------	---------------	----------	------------

95-1644609 Page **3**

(a) Description of security of caleoory (inc	cluding name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost of	end-of-vear market value
				chu or year market value
 Financial derivatives Closely held equity interests 				
 Closely held equity interests Other 				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part) Part VIII Investments - Prog	ram Related.	Eorm 990 Part IV line	11c. See Form 990, Part X, line 13.	
(a) Description of invest		(b) Book value	(c) Method of valuation: Cost of	end-of-vear market value
(1)		w, Book Value		end of your market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part)	X col (B) line 13)			
Part IX Other Assets.				
	ion answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
· · · ·		escription		(b) Book value
(1)				
(1)				
(2)				
(2) (3)				
(2) (3) (4)				
(2) (3) (4) (5) (6)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 99	0, Part X, col. (B) line 1	5.)		
(2) (3) (4) (5) (6) (7) (8)	0, Part X, col. (B) line 1	5.)		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities.			11e or 11f. See Form 990, Part X, line	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organizati				
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organizat	ion answered "Yes" or			≥25.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organization (a) Description	ion answered "Yes" or			≥25.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organizati (a) Descript (1) Federal income taxes	ion answered "Yes" or			≥ 25.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organizati . (a) Descript (1) Federal income taxes (2) DEFERRED RENT	ion answered "Yes" or			► (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization (1) Federal income taxes (2) DEFERRED RENT (3) SECURITY DEPOSITS	ion answered "Yes" or			► (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organizati . (a) Descript (1) Federal income taxes (2) DEFERRED RENT (3) SECURITY DEPOSITS (4)	ion answered "Yes" or			► (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organizat . (a) Descript (1) Federal income taxes (2) DEFERRED RENT (3) SECURITY DEPOSITS (4) (5)	ion answered "Yes" or			► (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organizati (a) Descript (1) Federal income taxes (2) DEFERRED RENT (3) SECURITY DEPOSITS (4) (5) (6)	ion answered "Yes" or			► (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete if the organizati (a) Descript (1) Federal income taxes (2) DEFERRED RENT (3) SECURITY DEPOSITS (4) (5) (6) (7)	ion answered "Yes" or			► (b) Book value

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

Schedule D (Form 990) 2021

132053 10-28-21

Schedule D (Form 990) 2021 ENTERTAINMENT INDUSTRY FOUNDAT	ION		95-164	44609 Page 4
Part XI Reconciliation of Revenue per Audited Financial	Statements With	Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part			. <u> </u>	
1 Total revenue, gains, and other support per audited financial statements	s		1	463,080,409.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		200 205		
a Net unrealized gains (losses) on investments		-399,385.	4	
b Donated services and use of facilities		398,678,058.	4	
c Recoveries of prior year grants			4	
d Other (Describe in Part XIII.)				200 270 672
e Add lines 2a through 2d			2e	398,278,673. 64,801,736.
3 Subtract line 2e from line 1			3	04,001,750.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		19 /78		
	4a	19,478.		
b Other (Describe in Part XIII.)			4-	19 /78
c Add lines 4a and 4b			4c	19,478. 64,821,214.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line Part XII Reconciliation of Expenses per Audited Financial	<u>e 12.)</u> Statements Witl	h Fynenses ner F	5 Return	04,021,214.
Complete if the organization answered "Yes" on Form 990, Part I				
			1	463,352,782.
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 				100,002,702.
	2a			
a Donated services and use of facilities		398,678,058.		
b Prior year adjustments		550,070,050.		
c Other losses				
d Other (Describe in Part XIII.)			0.	398,678,058.
e Add lines 2a through 2d			2e 3	64,674,724.
3 Subtract line 2e from line 1			3	01,071,721.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		19 /78		
-	4a	19,478.		
b Other (Describe in Part XIII.)			4.	19,478.
c Add lines 4a and 4b			4c 5	64,694,202.
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, li</i> Part XIII Supplemental Information.	ne 18.)		5	04,054,202.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 1: Part IV, lines 1h	and 2h: Part V, line 4	· Dort V I	ino 2: Port VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			, rait A, ii	ine 2, Fait Ai,
	de any additional into	mation.		
PART V, LINE 4:				
THE FOUNDATION ESTABLISHED THE STAND UP TO CANCER LEGACY	ENDOWMENT CIRCLE			
IN 2018. THE ENDOWMENT WAS DISSOLVED WITH WRITTEN DONOR AN	PPROVAL TO			
UTILIZE IT'S FUNDS TO SUPPORT SU2C SCIENTIFIC RESEARCH.				
PART X, LINE 2:				
,				
THE FOUNDATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNT	TING FOR			
UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN	N IN A TAX			
RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT	RECOGNITION AND			
MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS	FROM AN UNCERTAIL	N		
TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STAT	EMENTS IF THE			

POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO

132054 10-28-21

Schedule D (Form 990) 2021

 $13521013 \ 153424 \ 0193640-00003$

Part XIII Supplemental Information (continued)

BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS

BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD THE

LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE, THOUGH IT IS SUBJECT TO TAX ON INCOME

UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED

BY THE CODE. THE FOUNDATION IS ALSO EXEMPT FROM CALIFORNIA FRANCHISE TAXES

UNDER REVENUE AND TAXATION CODE SECTION 23701D ON ITS INCOME OTHER THAN

UNRELATED BUSINESS INCOME. THE FOUNDATION HAS PROCESSES PRESENTLY IN PLACE

TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT

UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN

JURISDICTIONS FOR WHICH IT WAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER

MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE FOUNDATION HAS

DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART V, LINE 1E

THE CHANGES IN ENDOWMENT NET ASSETS DURING THE YEAR 2021 WERE DUE TO THE

RELEASE OF FUNDS FROM RESTRICTIONS.

SCHEDULE D, PART XI AND XII:

EIF IS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS WITH STAND UP TO

CANCER MUSIC, LLC, A DISREGARDED ENTITY FOR FEDERAL TAX PURPOSES FOR WHICH

IT IS THE SOLE OWNER. THE RECONCILIATION OF REVENUES AND EXPENSES PER THE

AUDITED FINANCIAL STATEMENTS WITH THE FORM 990 REFLECT SIGNIFICANT

CONTRIBUTIONS OF DONATED BROADCAST PUBLIC SERVICE ANNOUNCEMENTS, WHICH

WERE INCLUDED IN CONTRIBUTED INCOME AND EXPENSES FOR FINANCIAL STATEMENT

Schedule D (Form 990) 2021

132055 10-28-21

13521013 153424 0193640-00003

Part XIII Supplemental Information (continued)

PURPOSES, BUT ARE CORRECTLY EXCLUDED FROM REVENUES AND EXPENSES ON FORM

990, PART VIII AND FORM 990, PART IX.

Schedule D (Form 990) 2021

132055 10-28-21

13521013 153424 0193640-00003

Name of the organization					Employer ident	ification number
ENTERTAINMENT INDUSTRY	FOUNDATION				95-1644609	
		ctivities Out	side the United States. Comple	te if the orgar		'Yes" on
Form 990, Part IV	V, line 14b.					
			ds to substantiate the amount of its gran			··· ···
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assis		Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance out	side the
United States.						
			an be duplicated if additional space is ne (d) Activities conducted in the region		with lists d in (d)	
(a) Region	(b) Number of offices	(c) Number of employees,	(by type) (such as, fundraising, pro-	• •	ivity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe	e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	e(s) in the region	in the region
EAST ASIA AND THE						
PACIFIC	0	0	GRANTMAKING			500,000.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	GRANTMAKING			1,499,040.
						, , -
NORTH AMERICA	0	0	GRANTMAKING			662,500.
	-					
SOUTH ASIA	0	0	GRANTMAKING			55,000.
	0	0	SKANTMARTING			
SUB-SAHARAN AFRICA	0	0	GRANTMAKING			1,671,300.
SOB-SANAKAN AFRICA	0	0	GRANIMARING			1,071,300.
<u> </u>	0					4 207 040
3 a Subtotal b Total from continuation	0	0				4,387,840.
sheets to Part I	0	0				0.
c Totals (add lines 3a		_				4 207 040
and 3b)	0	0				4,387,840.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

132071 12-20-21

and 3b)

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC	GENERAL PROGRAM	250,000.	WIRE	٥.		
		EAST ASIA AND THE						
		PACIFIC	GENERAL PROGRAM	250,000.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	GENERAL PROGRAM	255,075.	WIDE	Ο.		
		GREENDAND /	SEMERAL I ROGRAM	235,075.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	GENERAL PROGRAM	255,075.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	GENERAL PROGRAM	250,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	GENERAL PROGRAM	249,945.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	GENERAL PROGRAM	249,945.	WIDE	٥.		
		GREENDAND /	SEMERAL I ROGRAM	249,945.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	GENERAL PROGRAM	125,000.		0.		
			ecognized as charities by the			•		3!
	nization by the IRS, of other organizations of the other organizations of the other organizations of the other oth		or counsel has provided a se	ection 501(c)(3) equ	uvalency letter	🛃 .		3

Schedule F (Form 990)	ENTERTA	INMENT INDUSTRY FO	UNDATION		Page 2			
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside th	e United States.	(Schedule F (Form 9	90), Part II, line 1)	1
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 PROGRAM	100,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	14,000.	WIRE	0.		
		NORTH AMERICA	GENERAL PROGRAM	375,000.	WIRE	0.		
		NORTH AMERICA	GENERAL PROGRAM	187,500.		0.		
		NORTH AMERICA	GENERAL PROGRAM	100,000.		0.		
		SOUTH ASIA	GENERAL PROGRAM	30,000.		0.		
		SOUTH ASIA	GENERAL PROGRAM	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	345,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	192,000.	WIRE	0.		

ENTERTAINMENT INDUSTRY FOUNDATION 95-1644609 Schedule F (Form 990) Page 2 Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) 1 (i) Method of (g) Amount of (h) Description (b) IRS code section (d) Purpose of (e) Amount (f) Manner of (a) Name of organization (c) Region non-cash of non-cash valuation (book, FMV, and EIN (if applicable) of cash grant cash disbursement grant assistance assistance appraisal, other) SUB-SAHARAN AFRICA GENERAL PROGRAM 160,000.WIRE Ο. SUB-SAHARAN AFRICA GENERAL PROGRAM 150,000.WIRE 0. SUB-SAHARAN AFRICA 100,000.WIRE 0. GENERAL PROGRAM SUB-SAHARAN AFRICA GENERAL PROGRAM 100,000.WIRE 0. SUB-SAHARAN AFRICA 90,000.WIRE GENERAL PROGRAM 0. SUB-SAHARAN AFRICA GENERAL PROGRAM 73,500.WIRE 0 SUB-SAHARAN AFRICA GENERAL PROGRAM 70,000.WIRE 0. SUB-SAHARAN AFRICA GENERAL PROGRAM 56,000.WIRE 0. SUB-SAHARAN AFRICA GENERAL PROGRAM 55,000.WIRE Ο.

Schedule F (Form 990)	ENTERTA	INMENT INDUSTRY F	OUNDATION	95-1644609 Page				
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	e United States.	(Schedule F (Form 9	90), Part II, line 1)		-
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	50,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	45,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	45,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	40,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	40,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	10,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	10,000.	WIRE	0.		

Schedule F (Form 990) 2021

Page 3

-

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Т

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

95-1644609 Page **5**

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. See instructions.	

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 US

CHARITY. IF SO, AT LEAST ONE REPORT IS REQUIRED EACH YEAR. THESE

REPORTS INCLUDE DETAILS ON THE 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.

PART I , LINE 3:

THE ACCRUAL BASIS OF ACCOUNTING IS THE METHOD USED TO ACCOUNT FOR

EXPENDITURES.

132075 12-20-21

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	DMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$15		, ,	, , ,	[.] 19,	or if the	2021	
Department of the Treasury		Attach to Form 990						Open to Public	
Internal Revenue Service		o to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.	E	Inspection	
Name of the organization								entification number	
Part I Fundrais		ENT INDUSTRY FOUNDATION					95-164460		
	complete this par	 Complete if the organization answe t. 	red "Y	es" or	i Form 990, Part IV, li	ne 1	7. Form 990-E2	filers are not	
1 Indicate whether th	e organization rais	sed funds through any of the followin	g activ	vities. (Check all that apply.				
a X Mail solicita	tions	e 🔀 Solicitat	tion of	non-g	overnment grants				
b X Internet and	email solicitations	s f Solicitat	tion of	gover	nment grants				
c X Phone solici	itations	g 🗴 Special	fundra	aising	events				
d 🛛 In-person sc	olicitations								
2 a Did the organization	on have a written o	or oral agreement with any individual	(incluc	ling of	ficers, directors, trust	ees,	or		
key employees list	ted in Form 990, P	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		X Yes	s 🗌 No	
b If "Yes," list the 10) highest paid indi	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	e fui	ndraiser is to be	Э	
compensated at le	east \$5,000 by the	organization.							
						4.5	A		
(i) Name and addres	s of individual		(iii) Did fundraiser		(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid	
or entity (fund	draiser)	(ii) Activity		ustody trol of	from activity		fundraiser	to (or retained by) organization	
			contrib	utions?		lis	ted in col. (i)		
ROBERTSON SCHWARTZ	AGENCY -		Yes	No					
1250 6TH ST., STE		SU2C		X	13,766,526.		688,326.	13,078,200.	
FRED SIEGEL PARTNE									
COLONY DR., SANTA		SU2C		X	3,250,000.		193,750.	3,056,250.	
WEINSTEIN CARNEGIE									
PHILANTHROPIC GROU	P LLC - 300	DELIVERING JOBS/KLF		X	0.		34,000.	0.	
Total					17,016,526.		916,076.	16,134,450.	
	ich the organizatio	on is registered or licensed to solicit c	ontrib	utions		it is			
or licensing.	ion the organizatio		.5.1010		S. Add Boot Houled			gioration	
	CT, DE, FL, GA, H	I, ID, IL, IN, IA, KS, KY, LA, ME, M	D,MA	, MI , M	N, 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

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

		of fundraising event contributions and gro			terne with grees receipt	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	30,349,174.			30,349,174.
ш		Less: Contributions	25,646,387.			25,646,387.
	3	Gross income (line 1 minus line 2)	4,702,787.			4,702,787.
	4	Cash prizes				
S	5 Noncash prizes					
Direct Expenses	6	Rent/facility costs				
irect E)	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				4,702,787.
	10	5	()		►	4,702,787.
Dr	<u>11</u> art	Net income summary. Subtract line 10 from li				0.
FC		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
Revenue		···,····	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1					
		Gross revenue				
	2	Cash prizes				
seuses	2					
Direct Expenses	3	Cash prizes				
Direct Expenses	3	Cash prizes Noncash prizes Rent/facility costs				
Direct Expenses	345	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	Yes %	└── Yes% └── No	
Direct Expenses	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs	No	% Yes% No	No	
Direct Expenses	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No	No	No►	
Direct	3 4 5 6 7 8	Cash prizes	5 in column (d)	No	□ No ►	
6 Direct	3 4 5 7 8 En	Cash prizes	No No No from line 1, column (d)	No	No ►	
b 6 Direct	3 4 5 6 7 8 En	Cash prizes	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No ►	
b 6 Direct	3 4 5 6 7 8 En	Cash prizes	No 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No ►	
b B C Direct	3 4 5 6 7 8 En 1s1 9 If "	Cash prizes	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these evoked, suspended, or te	States?	No ►	

132082 10-21-21

Sch	edule G (Form 990) 2021	ENTERTAINMENT IN	DUSTRY FOUNDATION		95-164460	9	Page 3
11 12	Is the organization a grantor, bene	eficiary or trustee of a tr	rust, or a member of a partn	ership or other entity formed		Yes	No
10						Yes	└── No
	Indicate the percentage of gaming The organization's facility				13a	I	%
	An outside facility						%
	Enter the name and address of the						
	Name						
	Address 🕨						
15a	Does the organization have a cont	ract with a third party f	rom whom the organization	receives gaming revenue?		Yes	🗌 No
k	If "Yes," enter the amount of gami of gaming revenue retained by the			and the amoun	t		
c	If "Yes," enter name and address						
	Name 🕨						
	Address 🕨						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	▶ \$					
	Description of services provided	•					
	Director/officer	Employee	Independent co	ntractor			
17	Mandatory distributions:						
a	Is the organization required under	state law to make char	ritable distributions from the	e gaming proceeds to			—
				·····		Yes	No No
C	 Enter the amount of distributions i organization's own exempt activiti 	•		exempt organizations or spent in ti	ne		
Pa	rt IV Supplemental Infor	mation. Provide the		art I, line 2b, columns (iii) and (v); ar n. See instructions.	nd Part III, lin	ies 9, 9	9b, 10b,
SCH	EDULE G, PART I, LINE 2B,	····					
	12002 C, 1111 I, 2112 22,						
(I)	NAME OF FUNDRAISER: ROBEF	TSON SCHWARTZ AG	ENCY				
(т)	ADDRESS OF FUNDRAISER: 12	250 6TH ST STE (201 SANTA MONICA CZ	90401			
(1)			<u>,</u>				
(I)	NAME OF FUNDRAISER: FRED	SIEGEL PARTNERS					
(I)	ADDRESS OF FUNDRAISER: 37	SEA COLONY DR.,	SANTA MONICA, CA 90)405			
	NAME OF FUNDRAISER: WEINS	TEIN CARNEGIE PHI	LLANTHROPIC GROUP LLC				
1320	83 10-21-21		46	S	chedule G (Form	990) 2021

Schedule G (Form 990) Part IV Supplemental Infor	ENTERTAINMENT INDUSTRY FOUNDATION	95-1644609 Page 4
(I) ADDRESS OF FUNDRAISER: 3	00 WEST 246TH STREET, NEW YORK, NY 10471	
		Schedule G (Form 990)
132084 11-18-21	47	

SCHEDULE I	G	ants and Oth	ner Assistan	ce to Organ	izations		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		2021
Department of the Treasury	Comp	ete îl the organizatio	Attach to For		rt iv, inte z i or zz.		Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo		nation.		Inspection
Name of the organization	INDUSTRY FOUN	ΙΔΑΨΤΟΝ	•				Employer identification number 95-1644609
Part I General Information on Grants ar							
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance. the	arantees' eligibility	for the grants or assis	stance, and the selecti	 .on
criteria used to award the grants or assis		-			-		X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I recipient that received more than \$	•				anization answered "Y	es" on Form 990, Parl	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN ASSOCIATION FOR CANCER							
RESEARCH (AACR) - 615 CHESTNUT							
STREET 17TH FLOOR - PHILADELPHIA,							
PA 19106	23-6251648	501(C)(3)	19,364,235.	0.			GENERAL PROGRAM
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 1 GUSTAVE L LEVY PLACE BOX							
1049 - NEW YORK, NY 10029	13-6171197	501(C)(3)	1,582,850.	0.			GENERAL PROGRAM
MEMORIAL SLOAN KETTERING CANCER CTR - OFFICE OF DEVELOPMENT 885 SECOND AVE 7TH FLOOR - NEW YORK,							
NY 10017	13-1924236	501(C)(3)	1,324,330.	0.			GENERAL PROGRAM
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	1,320,716.	0.			GENERAL PROGRAM
TRUSTEES OF PRINCETON UNIVERSITY 87 PROSPECT AVENUE 2ND FLOOR PRINCETON, NJ 08544	21-0634501	501(C)(3)	1,300,000.	0.			GENERAL PROGRAM
LELAND STANFORD JUNIOR UNIVERSITY 450 JANE STANFORD WAY							
STANFORD, CA 94305	94-1156365		1,000,000.	0.			GENERAL PROGRAM
2 Enter total number of section 501(c)(3) ar	•		e line 1 table				
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) ENTERTAINMENT INDUSTRY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic O

95-1644609 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NYU GROSSMAN SCHOOL OF MEDICINE							
ONE PARK AVENUE, 6TH FLOOR							
NEW YORK, NY 10016	13-5562308	501(C)(3)	1,000,000.	0.			GENERAL PROGRAM
TRUSTEES OF THE UNIVERSITY OF							
PENNSYLVANIA - 3451 WALNUT STREET							
- PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	851,572.	0.			GENERAL PROGRAM
DANA FARBER CANCER INSTITUTE							
44 BINNEY STREET							
BOSTON, MA 02115	04-2263040	501(C)(3)	850,000.	Ο.			GENERAL PROGRAM
RESEARCH INSTITUTE AT NATIONWIDE							
CHILDREN'S HOSPITAL - 700 RESEARCH							
INSTITUE DRIVE - COLUMBUS, OH							
43205	31-6056230	501(C)(3)	697,306.	0.			GENERAL PROGRAM
THE ROCKEFELLER UNIVERSITY							
1230 YORK AVE	12 1624150	F01(0)(2)	500.000	0			
NEW YORK, NY 10065	13-1624158	501(C)(3)	500,000.	0.			GENERAL PROGRAM
THE UNIVERSITY OF TEXAS HEALTH							
SCIENCE CENTER AT SAN ANTONIO -							
7703 FLOYD CURL DRIVE MSC 7818 -	74 1506021	F01(0)(2)	500.000	0			
SAN ANTONIO, TX 78229-3901	74-1586031	DUT(C)(3)	500,000.	0.			GENERAL PROGRAM
JOHNS HOPKINS UNIVERSITY (GRANT)							
733 N BROADWAY SUITE 117							
BALTIMORE, MD 21205	52-0595110	501(C)(3)	416,319.	Ο.			GENERAL PROGRAM
,,,							
INTERNATIONAL RESCUE COMMITTEE,							
INC - 122 E 42ND STREET - NEW							
YORK, NY 10168	13-5660870	501(C)(3)	275,000.	Ο.			GENERAL PROGRAM
TRUSTEES OF COLUMBIA UNIVERSITY	· · · · · · · · · · · · · ·						
IN THE CITY OF NEW YORK 215 WEST							
125TH STREET, 3RD FLOOR - NEW							
YORK, NY 1002	13-5598093	501(C)(3)	250,000.	Ο.			GENERAL PROGRAM

Schedule | (Form 990) ENTERTAINMENT INDUSTRY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic O

95-1644609 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ALLIANCE ON MENTAL							
ILLNESS - 4301 WILSON BLVD SUITE							
300 - ARLINGTON, VA 22203	43-1201653	501(C)(3)	230,000.	0.			GENERAL PROGRAM
BLACK THEATRE COALITION							
421 PACIFIC STREET UNIT 1							
BROOKLYN, NY 11217	85-1917024	501(C)(3)	195,000.	0.			GENERAL PROGRAM
YALE UNIVERSITY							
310 CEDAR STREET LH-214A							
NEW HAVEN, CT 06511	06-0646973	501(C)(3)	183,333.	0.			GENERAL PROGRAM
HISPANIC FEDERATION							
55 EXCHANGE PLACE 5TH FLOOR	12 2572052	F01(a)(2)	150.000	0			CENERAL PROCEAM
NEW YORK, CA 10005	13-3573852	501(C)(3)	150,000.	0.			GENERAL PROGRAM
NYC HEALTH AND HOSPITALS							
125 WORTH STREET							
NEW YORK, NY 10013	13-2655001	501(C)(3)	141,000.	0.			GENERAL PROGRAM
COMMON GROUND FOUNDATION							
5113 S HARPER AVE SUITE 2C							
CHICAGO, IL 60615	36-4432972	501(C)(3)	120,000.	0.			GENERAL PROGRAM
MASSACHUSETTS INSTITUTE OF							
TECHNOLOGY - 77 MASSACHUSETTS AVE	04 0100504	E01(0)(2)	110.000	_			CENEDAL DOCCOM
- CAMBRIDGE, MA 02139	04-2103594	put(C)(3)	116,667.	0.			GENERAL PROGRAM
AMERICARES							
38 HAMILTON AVENUE							
STANFORD, CT 06902	06-1008595	501(C)(3)	100,000.	0.			GENERAL PROGRAM
GLOBAL DOWN SYNDROME FOUNDATION							
3239 E 2ND AVENUE							
DENVER, CO 80206	26-4431001	L	100,000.	0.		1	GENERAL PROGRAM

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	irt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KURKA CHILDRENS HEALTH FUND							
3051 W NORWOOD PLACE							
ALHAMBRA, CA 91803	95-4147257	501(C)(3)	75,000.	0.			GENERAL PROGRAM
SWEET RELIEF MUSICIANS FUND							
2601 E. CHAPMAN AVE #204	05 4442260	F01(0)(2)	75 000	0			CINEDAL DECODAN
FULLERTON, CA 92831	95-4443269	501(C)(3)	75,000.	0.			GENERAL PROGRAM
MTV STAYING ALIVE FOUNDATION							
1515 BROADWAY FLOOR 21							
NEW YORK, NY 10036	20-0957052	501(C)(3)	54,000.	0.			GENERAL PROGRAM
JUST KEEP LIVIN FOUNDATION							
1107 GLENDON AVENUR							
LOS ANGELES, CA 90024	20-3921057	501(C)(3)	53,000.	0.			GENERAL PROGRAM
AMERICAN CANCER SOCIETY INC			,				
NATIONAL HOME OFFICE 250 WILLIAMS							
STREET, SUITE 600 - ATLANTA, GA							
30303-1002	13-1788491	501(C)(3)	50,000.	0.			GENERAL PROGRAM
COLUMBIA UNIVERSITY							
305 DODGE HALL, MC 1803 2960 BDWY							
NEW YORK, NY 10027	13-5598093	501(C)(3)	50,000.	0.			GENERAL PROGRAM
DHIO STATE UNIVERSITY WEXLER							
MEDICAL CENTER - 2231 NORTH HIGH							
STREET SUITE 250 NORTHWOOD-HIGH							
BUILDING #261 - COLUMBUS, OH 43201	31-1145986	501(C)(3)	50,000.	0.			GENERAL PROGRAM
LOS ANGELES FIRE DEPARTMENT							
FOUNDATION - 1700 STADIUM WAY #100							
- LOS ANGELES, CA 90012	27-2007326	501(C)(3)	35,000.	0.			GENERAL PROGRAM
LODNA DDEEN HEDODA' DOMINISTON							
DR. LORNA BREEN HEROES' FOUNDATION							
L867 WINSTON RD	05 1500001	E01(a)(2)	25 000	_			CENEDAL DROGDAM
CHARLOTTESVILLE, VA 22903	85-1509081	DOT(C)(3)	35,000.	0.			GENERAL PROGRAM

Schedule I (Form 990) ENTERTAINMENT INDUSTRY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic O

95-1644609 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
LOWER EAST SIDE GIRLS CLUB NYC							
101 AVENUE D							
NEW YORK, NY 10009	13-3942063	501(C)(3)	35,000.	Ο.			GENERAL PROGRAM
, ,			, ,				
BRING CHANGE TO MIND							
155 SANSOME STREET SUITE 530							
SAN FRANCISCO, CA 94104	01-0974537	501(C)(3)	35,000.	0.			GENERAL PROGRAM
NAMI CHICAGO							
1801 W WARNER SUITE 202			25.000				
CHICAGO, IL 60618	36-3075407	501(C)(3)	35,000.	0.			GENERAL PROGRAM
A PLACE CALLED HOME							
2830 S CENTRAL AVE							
LOS ANGELES, CA 90011	95-4427291	501(C)(3)	30,000.	0.			GENERAL PROGRAM
YOUTH OUTREACH SERVICES							
2411 W. CONGRESS PKWY							
CHICAGO, IL 60612	36-3297629	501(C)(3)	30,000.	Ο.			GENERAL PROGRAM
OUR TURN INC							
116 NASSAU STREET STE 520							
NEW YORK, NY 10038	45-0647583	501(C)(3)	25,000.	0.			GENERAL PROGRAM
NONVIOLENT PEACEFORCE							
2610 UNIVERSITY AVENUE W STE 550	25 2107010	F01(a)(2)	25.000	0			CENERAL PROCESS
SAINT PAUL, MN 55114	35-2197019	501(C)(3)	25,000.	0.			GENERAL PROGRAM
ALLIANCE FOR GLOBAL JUSTICE							
5700 S. PRAIRIE AVEUNE							
CHICAGO, IL 60637	52-2094677	501(C)(3)	25,000.	0.			GENERAL PROGRAM
			,				
VICENTE FERRER FOUNDATION USA							
1100 15TH STREET NW 4TH FLOOR							
WASHINGTON, DC 20005	46-2351926	501(C)(3)	25,000.	Ο.			GENERAL PROGRAM

Schedule | (Form 990) ENTERTAINMENT INDUSTRY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic O

95-1644609 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROMISE OF JUSTICE (FISCAL SPONSOR							
OF SOLITARY GARDENS) - 636							
BARNONNE ST - NEW ORLEANS, LA							
70113	46-1307037	501(C)(3)	25,000.	0.			GENERAL PROGRAM
THE BAIL PROJECT							
PO BOX 750							
VENICE, CA 90294	81-4985512	501(C)(3)	25,000.	0.			GENERAL PROGRAM
VILLAGE ARTS AND HUMANITIES							
2544 GREMANTOWN AVE							
PHILADELPHIA, PA 19133	22-3045318	501(C)(3)	25,000.	0.			GENERAL PROGRAM
HELPING OPPRESSED MOTHERS ENDURE							
2121 DEWEY AVE							
EVANSTON, IL 60201-3057	47-2952129	501(C)(3)	25,000.	0.			GENERAL PROGRAM
	47 2552125	501(0)(5)	23,000.				
EQUAL JUSTICE INITIATIVE							
122 COMMERCE ST							
MONTGOMERY, AL 36104	63-1135091	501(C)(3)	25,000.	Ο.			GENERAL PROGRAM
DARKNESS RISING PROJECT							
30-49 CRESCENT ST #H1C6							
ASTORIA, NY 11102	83-1375588	501(C)(3)	25,000.	0.			GENERAL PROGRAM
BRIGHTER BITES							
PO BOX 25456		F01(a)(2)	05 000				
HOUSTON, TX 77265	47-4070026	DUT(C)(3)	25,000.	0.			GENERAL PROGRAM
HIGHLANDER RESEARCH & EDUCATION							
CENTER INC - 190 E. CAPITOL ST							
SUITE 450 - JACKSON, MS 39201	62-0646373	501(C)(3)	20,000.	0.			GENERAL PROGRAM
	22 00103/3		20,000.				
GOALSETTER FOUNDATION							
415 MADISON AVE STE 400							
NEW YORK, NY 10017	85-1490191	501(C)(3)	16,000.	Ο.			GENERAL PROGRAM

Schedule | (Form 990) ENTERTAINMENT INDUSTRY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic O

95-1644609 Page 1

Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER HOPE NETWORK							
2 NORTH ROAD SUITE A							
CHESTER, NJ 07930	22-2647316	501(C)(3)	15,000.	0.			GENERAL PROGRAM
CROSS POINT COMMUNITY CHURCH							
299 COWAN ST							
NASHVILLE, TN 37215	04-3665425	501(C)(3)	15,000.	0.			GENERAL PROGRAM
YOUNG PEOPLE'S CHORUS OF NEW YORK							
CITY - 37 W 65TH ST 2ND FLLOR -							
NEW YORK, NY 10023	11-3372980	501(C)(3)	15,000.	0.			GENERAL PROGRAM
CORPORATE ANGEL NETWORK							
1 LOOP RD							
WEST HARRISON, NJ 10604	13-6143014	501(C)(3)	15,000.	0.			GENERAL PROGRAM
PITCCHIN FOUNDATION INC							
1 BRIDGE PLZ N 2ND FLOOR, UNIT 244							
FORT LEE, NJ 07204-7101	27-2988945	501(C)(3)	15,000.	0.			GENERAL PROGRAM
,			, ,				
POSSIBILITIES INC - THE ONSITE							
FOUNDATION - 126 CHIPWOOD DR -							
HENDERSONVILLE, TN 37075	46-0397395	501(C)(3)	15,000.	0.			GENERAL PROGRAM
ST. BALDRICK'S FOUNDATION	1						
1333 SOUTH MAYFLOWER AVENUE SUITE	±	501(0)(2)	15 000				CENEDAL DROCDAM
MONROVIA, CA 91016	20-1173824	DUT(C)(3)	15,000.	0.			GENERAL PROGRAM
INTERNATIONAL INDIAN TREATY							
COUNCIL - 100 E AJO WAY - TUCSON,							
AZ 85713	94-3330491	501(C)(3)	15,000.	0.			GENERAL PROGRAM
NEW YORK UNIVERSITY (NYU LANGONE							
HEALTH) - ONE PARK AVENUE 5TH							
FLOOR - NEW YORK, NY 10016	13-5562308	501(C)(3)	15,000.	٥.		1	GENERAL PROGRAM

Schedule I (Form 990) ENTERTAINMENT INDUSTRY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic O

95-1644609 Page 1

Part II Continuation of Grants and Other			and Domostic Co	wornmonte (Sch	adula I (Form 990) Pa	rt II.)	95-1044009 Pa	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
FREEDOM ARCHIVES								
522 VALENCIA STREET								
SAN FRANCISCO, CA 94110	94-3408339	501(C)(3)	13,000.	0.			GENERAL PROGRAM	
RIGHT HAND FOUNDATION								
1460 AUSTIN RD SW								
ATLANTA, GA 30331	83-1823630	501(C)(3)	12,000.	0.			GENERAL PROGRAM	
YOUTH SPIRIT ARTWORKS								
1740 ALCATRAZ AVENUE BERKELEY, CA 94703	20-8857392	501(C)(3)	10,000.	0.			GENERAL PROGRAM	
	20 0037352	501(0)(3)	10,000.				GENERAL TROOMER	
DREAMERS YOUTH								
5822 5TH AVENUE								
LOS ANGELES, CA 90043	84-2415467	501(C)(3)	10,000.	0.			GENERAL PROGRAM	
MARIINSKY FOUNDATION OF AMERICA								
142 WEST 57TH STREET 11TH FLOOR NEW YORK, NY 10019	11-3530261	501(C)(3)	10,000.	0.			GENERAL PROGRAM	
	11 3330201	501(0)(3)	10,000.					
GOOD CITY MENTORS								
3121 S BARRINGTON AVE SUITE 20								
LOS ANGELES, CA 90066	38-3924980	501(C)(3)	10,000.	0.			GENERAL PROGRAM	
GIVING BACK FUND (FISCAL SPONSOR								
OF BREATHE WITH ME) - 2255 2ND	04-3397888	501(0)(3)	10 000	0.			GENERAL PROGRAM	
STREET - SANTA MONICA, CA 90405	04-339/000		10,000.	0.			GENERAL FRUGRAM	
ELEPHANT COOPERATION								
110 E AVENDIA PALIZADA SUITE 301								
SAN CLEMENTE, CA 92672	81-3209656	501(C)(3)	10,000.	0.			GENERAL PROGRAM	
BEAUTY 2 THE STREETZ								
L240 N LAKEVIEW AVE								
ANAHEIM, CA 92807	83-3908777	501(C)(3)	10,000.	0.			GENERAL PROGRAM	

Schedule | (Form 990) ENTERTAINMENT INDUSTRY FOUNDATION Part II Continuation of Grants and Other Assistance to Domestic Out

95-1644609 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIRECT RELIEF							
6100 WALLACE BECKNELL ROAD							
SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	10,000.	0.			GENERAL PROGRAM
CRISIS TEXT LINE							
PO BOX 1144							
NEW YORK, NY 10159	46-5039599	501(C)(3)	10,000.	0.			GENERAL PROGRAM
ALTERNATE ROOTS							
1270 CAROLINE STREET SUITE D120-358							
ATLANTA, GA 30307-2758	58-1318198	501(C)(3)	10,000.	0.			GENERAL PROGRAM
			,				
AFRO-AMERICAN CULTURAL SOCIETY OF							
THE GOLDEN TRIANGLE - 911 PALMYRA							
STREET - JACKSON, MS 39203	64-0712270	501(C)(3)	10,000.	0.			GENERAL PROGRAM
NIGGIGGIDDI NOVE							
MISSISSIPPI MOVE							
501 W COUNTY LINE ROAD	90-0932897	E01(0)(2)	10.000	0.			GENERAL PROGRAM
TOUGALOO, MS 39174	90-0932897	501(C)(3)	10,000.	0.			GENERAL PROGRAM
FOUNDATION FOR INDEPENDENT ARTISTS							
75 BROAD STREET SUITE 304							
NEW YORK, NY 10004	13-3082854	501(C)(3)	7,000.	0.			GENERAL PROGRAM
SHOOT FOR THE STARS FOUNDATION							
9602 GLENWOOD ROAD SUITE 237							
BROOKLYN, NY 11236	84-4903929	501(C)(3)	7,000.	0.			GENERAL PROGRAM

Schedule I (Form 990) 2021

ENTERTAINMENT INDUSTRY FOUNDATION

95-1644609

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	

SCHEDULE I, PART I, LINE 2:

PROCESS FOR MONITORING USE OF GRANT FUNDS IN THE UNITED STATES

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.

SC	HEDULE J	Compensa	ation Information	I	OMB No.	1545-004	47
	rm 990)	-	, Trustees, Key Employees, and Highest		00	n 1	
•		Compe	nsated Employees		20	Z I	l
Dono	tment of the Treasury		swered "Yes" on Form 990, Part IV, line 23. ch to Form 990.		Open to	Publ	ic
	al Revenue Service		for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		Employer ide	entificatio	on nui	nber
_		ENTERTAINMENT INDUSTRY FOUND	ATION	95-164	14609		
Ра	rt I Question	Regarding Compensation					
						Yes	No
1a			the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any releva					
	First-class or c		Housing allowance or residence for perso				
	Travel for com	- F	Payments for business use of personal res Health or social club dues or initiation fees				
		pending account	Personal services (such as maid, chauffeu				
				ir, chei)			
h	If any of the boxes	on line 1a are checked, did the organization fo	llow a written policy regarding payment or				
D			e? If "No," complete Part III to explain		1b	х	
2		require substantiation prior to reimbursing or					
-			rding the items checked on line 1a?		2	х	
3	Indicate which, if a	y, of the following the organization used to es	tablish the compensation of the organization's				
			oxes for methods used by a related organization				
		tion of the CEO/Executive Director, but explai					
	X Compensation	committee [Written employment contract				
	X Independent of	ompensation consultant	X Compensation survey or study				
	Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section	ion A, line 1a, with respect to the filing				
	organization or a re	ated organization:					
а	Receive a severance	e payment or change-of-control payment?			4a		X
b	-	eive payment from a supplemental nonqualifie					X
С	-	eive payment from an equity-based compensa			. <u>4c</u>		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the appli	cable amounts for each item in Part III.				
	Only continue 504(s		must somelete lines 5.0				
5)(3), 501(c)(4), and 501(c)(29) organizations r	must complete lines 5-9. le organization pay or accrue any compensatio	n			
5	contingent on the r		le organization pay of accrue any compensatio	11			
-	0				5a		x
a h	Any related organiz	ation?			5a 5b		x
		r 5b, describe in Part III.			0.5		
6			e organization pay or accrue any compensatio	n			
-	contingent on the r						
а	•	0			6a		x
					6b		x
		r 6b, describe in Part III.					
7			e organization provide any nonfixed payments				
	not described on lir	es 5 and 6? If "Yes," describe in Part III	- · · · · · · · · · · · · · · · · · · ·		7	Х	
8			d pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.495	8-4(a)(3)? If "Yes," describe in Part III		. 8		x
9	If "Yes" on line 8, d	d the organization also follow the rebuttable p	resumption procedure described in				
	Regulations section	53.4958-6(c)?			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for		Schedul	e J (Forr	n 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021

95-1644609

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SUNG-AH POBLETE	(i)	419,159.	64,609.	690.	6,585.	16,208.	507,251.	0.
PRESIDENT/CEO - SU2C	(ii)	0.	0.	0.	0.	0.	٥.	٥.
(2) NICOLE SEXTON	(i)	349,981.	0.	1,290.	6,097.	14,945.	372,313.	٥.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBORAH MORRISON	(i)	280,810.	7,772.	1,853.	6,316.	17,922.	314,673.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MAURINE SLUTZKY	(i)	246,934.	9,608.	160.	6,414.	18,758.	281,874.	0.
SVP MEDIA DEV. & TALENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RUSSEL CHEW	(i)	240,030.	0.	0.	5,975.	13,369.	259,374.	0.
PRESIDENT, SU2C (AS OF 01/2021)	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NANCY KIM BLACKWATER	(i)	222,037.	8,825.	216.	6,316.	21,743.	259,137.	0.
SVP/DIGITAL STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FIONA MCROBERT	(i)	216,512.	8,346.	302.	6,585.	16,438.	248,183.	0.
SVP/COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JENNIFER KUNTZ	(i)	200,522.	7,985.	436.	6,424.	23,465.	238,832.	0.
SVP OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DANA LIPMAN	(i)	183,310.	25,000.	536.	6,536.	14,551.	229,933.	0.
SVP HR & LABOR REL.	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SHAWN BURKE	(i)	181,531.	6,000.	367.	6,487.	16,713.	211,098.	0.
SVP/CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MIRABAI VOGT-JAMES	(i)	170,000.	6,538.	144.	6,463.	14,537.	197,682.	0.
VICE PRESIDENT, COMMUNICATIONS, SU2	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) RENEE NICHOLAS	(i)	165,435.	6,355.	209.	6,268.	16,938.	195,205.	0.
VP/ADVOCACY OF STRAT. COLLAB	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BRIAN GOTT	(i)	146,616.	31,000.	174.	2,561.	6,064.	186,415.	0.
CHIEF OF MEDIA STRAT. & MEDIA OPS.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

ENTERTAINMENT INDUSTRY FOUNDATION

95-1644609

Page 3

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 IA:

THE ORGANIZATION PROVIDED A TAXABLE REIMBURSEMENT OF HEALTH OR SOCIAL

CLUB DUES OR INITIATION FEES FOR UP TO \$200 PER EMPLOYEE BASED ON A 50%

REIMBURSEMENT.

PART I, LINE 7:

DESCRIPTION OF NON-FIXED PAYMENTS

DISCRETIONARY BONUSES ARE AWARDED BASED UPON THE EMPLOYEE MEETING A

VARIETY OF PERFORMANCE METRICS. ALL BONUSES ARE REVIEWED BY THE CEO,

SU2C CEO AND CFO. THE ONLY EXCEPTION IS THE CEO'S BONUS, WHICH IS

DETERMINED BY THE BOARD OF DIRECTORS. ADDITIONALLY, THE PROPOSED

BONUSES FOR ANY KEY EMPLOYEES AND OFFICERS ARE SUBMITTED TO THE

EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND

APPROVAL.

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

Name	of th	ne org	aniza	tior
------	-------	--------	-------	------

Employer identification numb

OMB No. 1545-0047

Open To Public

ſ 20

Inspection

Name of the organization	NMENT	INDUSTRY FO	UNDA	TION				1		r ident 14609	ificati	on nu	mber
Part I Excess Benefit Tra													
Complete if the organizat						, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disgualified person		Relationship bety person and or			ified (c	;) D	escription of tran	saction					cted?
		person and or	ganza			-					<u> </u>	es	No
2 Enter the amount of tax incurred	by the o	rganization man	agers	or disc	ualified persons duri	ing 1	the year under						
section 4958									▶ \$				
3 Enter the amount of tax, if any, or	line 2,	above, reimburs	ed by	the org	ganization				▶ \$				
		avaatad Daw											
Part II Loans to and/or Fre						_							
Complete if the organizat					, Part V, line 38a or F	orm	n 990, Part IV, line	e 26; o	or if th	e orga	nizatio	on	
reported an amount on F (a) Name of (b) Rela			5, or 2:	2. Dan to or			8) Delense due	(~)		(h) Ap	provec	(:) \A	Iritton
interested person with org	tionship anization		fror	m the ization?	(e) Original principal amount	(1	f) Balance due) In ault?	by bo	Approved board or nmittee? (i) Writte		ment?
			To	From				Yes	No	Yes	No	Yes	1
				TIOIII				103				103	
													<u> </u>
Total Part III Grants or Assistance	e Ber	nefiting Inter	este	d Per	► \$								
Complete if the organizat		•											
(a) Name of interested person		(b) Relationship			(c) Amount of		(d) Type	of		(e) Purr	ose o	f
		interested pers			assistance		assistan			•	assist		•
		the organiza	ation										
					1		1						

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

Schedule L (Form 990) 2021

132131 11-02-21

Schedule L	(Form 990) 2021
------------	-----------	--------

ENTERTAINMENT INDUSTRY FOUNDATION

(£			b, or 28c.		(a) Chr	aring
) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
					Yes	No
E SCHED	ULE O		0.			x
art V	Supplemental Information.					
	Provide additional information for response	onses to questions on Schedule L (see in	nstructions).			

132132 11-02-21

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2021
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organizatio	N ENTERTAINMENT INDUSTRY FOUNDATION	Employer identification number 95-1644609
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
FOUNDED IN 1942, 1	HE ENTERTAINMENT INDUSTRY FOUNDATION ("EIF") IS A	
MULTIFACETED ORGAN	IZATION THAT OCCUPIES A UNIQUE PLACE IN THE WORLD OF	
PHILANTHROPY. BY M	OBILIZING AND LEVERAGING THE POWERFUL VOICE AND	
CREATIVE TALENTS C	F THE ENTIRE ENTERTAINMENT COMMUNITY, AS WELL AS	
CULTIVATING THE SU	PPORT OF ORGANIZATIONS (PUBLIC AND PRIVATE) AND	
PHILANTHROPISTS CC	MMITTED TO SOCIAL RESPONSIBILITY, EIF BUILDS	
AWARENESS AND RAIS	ES FUNDS, DEVELOPING AND ENHANCING PROGRAMS ON THE	
LOCAL, NATIONAL AN	D GLOBAL LEVEL THAT FACILITATE POSITIVE SOCIAL	
CHANGE. THE FOUNDA	TION ALSO SUPPORTS AND ENCOURAGES THE PHILANTHROPIC	
EFFORTS OF ALL MEM	BERS OF THE ENTERTAINMENT COMMUNITY.	
FORM 990, PART III	, LINE 4D, OTHER PROGRAM SERVICES:	
BUILDING ON EIF'S	HISTORIC COMMITMENT TO FURTHERING THE PHILANTHROPIC	
EFFORTS OF THE ENT	ERTAINMENT COMMUNITY, DEFY DISASTER ALLOWS FOR	
IMMEDIATE RESPONSE	IN THE WAKE OF HUMANITARIAN CRISES. BY MOBILIZING	
INDUSTRY PARTNERS	AND THE PUBLIC AND WORKING WITH KEY PARTNERS ON THE	
GROUND, DEFY DISAS	TER DELIVERS FUNDING AND VITAL RESOURCES FOR	
IMMEDIATE RELIEF A	ND LONG TERM RECOVERY IN AFFECTED AREAS THROUGHOUT	
THE WORLD.		
EXPENSES \$ 172,646	. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0.	
FORM 990, PART VI,	SECTION B, LINE 11B:	
FORM 990 REVIEW PR	OCESS	
THE EIF AUDIT/TAX	FIRM AND THE EIF FINANCE TEAM WORK TOGETHER TO GATHER	
	MATION NECESSARY TO COMPLETE THE FORM 990. THE TAX FIRM	
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021

13521013 153424 0193640-00003

Schedule O (Form 990) 2021 Name of the organization		Page Employer identification number
ENTERTAINMENT INDUSTR	Y FOUNDATION	95-1644609
PREPARES AN INITIAL DRAFT FORM 990 AND REV	IEWS THIS INITIAL DRAFT WITH	
THE FINANCE TEAM; ALL LINE ITEMS ARE REVIE	WED AND ANY ITEMS IN QUESTION	
ARE DISCUSSED. THE FORM 990 IS REVIEWED BY	THE AUDIT COMMITTEE OF THE	
BOARD OF DIRECTORS. THE FORM 990 IS THEN D	ISTRIBUTED TO THE FULL BOARD OF	
DIRECTORS FOR REVIEW PRIOR TO FILING WITH	THE INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:		
MONITORING AND ENFORCEMENT OF CONFLICT OF	INTEREST POLICY	
AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO	EACH BOARD MEMBER, OFFICER, KEY	
EMPLOYEE, AND ANY OTHER PERSON WHO REGULAR	LY ATTENDS THE ORGANIZATION	
BOARD AND COMMITTEE MEETINGS. INDIVIDUALS	MUST COMPLETE AND FILE A	
CONFLICT OF INTEREST DISCLOSURE STATEMENT	BEFORE SERVING ON THE	
DRGANIZATION BOARD OR ANY COMMITTEE. OUTSI	DE COUNCIL MONITORS THE	
COMPLIANCE OF THE CONFLICT OF INTEREST POL	ICY. BOARD MEMBERS WHO SERVE ON	
OTHER BOARDS MUST RECUSE THEMSELVES IF A B	OARD VOTE COMES UP TO APPROVE A	
GRANT ON BEHALF OF ANOTHER BOARD OR AFFILI	ATION WHERE THEY SERVE.	
ADDITIONALLY, THE SU2C FOUNDERS AND ADVISO	RY COMMITTEE MEMBERS WHO SERVE IN	
COMPENSATED CAPACITIES MUST ALL HAVE AN IN	DEPENDENT REVIEW OF THE	
REASONABLENESS OF THEIR COMPENSATION AND T	HOSE REVIEWS ARE APPROVED BY	
THE CHAIR OF THE AUDIT COMMITTEE.		
FORM 990, PART VI, SECTION B, LINE 15:		
PROCESS FOR DETERMINING COMPENSATION OF OF	FICERS & KEY EMPLOYEES	
THE CHAIR OF THE EIF AUDIT COMMITTEE HIRES	A PROFESSIONAL FIRM THAT	
PERFORMS AN INDEPENDENT COMPENSATION ASSES	SMENT ON BEHALF OF ALL EIF KEY	
EMPLOYEES AND OFFICERS. THE RESULTS OF THA	T REVIEW WERE PRESENTED TO THE	
BOARD. AS A RESULT, THE ORGANIZATION ALSO	RECEIVED AN OPINION LETTER AS	
TO THE REASONABLENESS OF SUCH COMPENSATION	, AS SET FORTH BY SECTION 4958	_
132212 11-11-21	64	Schedule O (Form 990) 202

13521013 153424 0193640-00003

ENTERTAINMENT INDUSTRY FOUNDATION	95-1644609
AND UNDERLYING REGULATIONS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, MT, NV, NH, NJ, NM	
NY,NC,ND,OH	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS MADE AVAILABLE TO THE PUBLIC	
THE FOUNDATION'S GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE TO THE	
PUBLIC UPON REQUEST. AUDITED FINANCIAL STATEMENTS AND THE PUBLIC	
DISCLOSURE COPY OF THE FORM 990 ARE POSTED ON THE FOUNDATION'S OFFICIAL	
WEBSITE (WWW.EIFOUNDATION.ORG) OR AVAILABLE UPON REQUEST.	
FORM 990, PART VII, SECTION B:	
COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS	
THE FOLLOWING REFLECT THE FULL DESCRIPTION OF SERVICES PROVIDED BY THE	
RESPECTIVE INDEPENDENT SERVICE PROVIDERS REPORTED ON FORM 990, PART	
VII, SECTION B:	
ROBERTSON SCHWARTZ AGENCY: MARKETING, FUNDRAISING, STRATEGY DEVELOPMENT	
AND EXECUTION, DONOR CULTIVATION AND ACQUISITION, MERCHANDISE	
DEVELOPMENT AND OVERSIGHT, LICENSING DEVELOPMENT AND OVERSIGHT,	
CAMPAIGN DEVELOPMENT AND OVERSIGHT, CREATIVE OVERSIGHT. ALSO, BRAND	
DEVELOPMENT, DONOR MANAGEMENT, PSA MANAGEMENT, COLLATERAL DEVELOPMENT,	
COMMUNITY OUTREACH DEVELOPMENT AND OVERSIGHT.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
65 65	Schedule O (Form 990) 2021

Schedule O (Form 990) 2021

Name of the organization

Page 2

Employer identification number

Name of the organization ENTERTAINMENT INDUSTRY FOUNDATION		Employer identification number 95-1644609
BANK & MERCHANT FEES:		
PROGRAM SERVICE EXPENSES	75.	
MANAGEMENT AND GENERAL EXPENSES	7,490.	
FUNDRAISING EXPENSES	215,117.	
TOTAL EXPENSES	222,682.	
PROFESSIONAL CONSULTING:		
PROGRAM SERVICE EXPENSES	5,749,139.	
MANAGEMENT AND GENERAL EXPENSES	387,874.	
FUNDRAISING EXPENSES	2,204,490.	
TOTAL EXPENSES	8,341,503.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,564,185.	
FORM 990, SCHEDULE L, PART IV:		
PRIOR TO JANUARY 31, 2021, THE BOARD OF DIRECTORS OF THE F	OUNDATION	
DELEGATED CERTAIN AUTHORITY AND RESPONSIBILITY REGARDING T	THE SU2C	
DIVISION TO THE CO-FOUNDERS OF STAND UP TO CANCER ("CO-FOU	NDERS") THAT	
ACTIVELY PARTICIPATE IN STAND UP TO CANCER MATTERS ON A RE	CURRING OR	
WEEKLY BASIS. DURING 2021, THESE CO-FOUNDERS CONTINUED TO) EXERCISE	
INFLUENCE OVER VARIOUS STAND UP TO CANCER MATTERS ALTHOUGH	I THEY DO NOT	
CONSTITUTE MEMBERS OF THE GOVERNING BODY AS PROVIDED IN TH	IE FORM 990	
INSTRUCTIONS, NOR ARE THEY FOUNDATION OFFICERS OR KEY EMPL	OYEES.	
IN THE INTEREST OF TRANSPARENCY, THE FOUNDATION IS DISCLOS	ING BUSINESS	
TRANSACTIONS WITH THE CO-FOUNDERS AND THEIR COMPANIES EVEN	I THOUGH THE	
CO-FOUNDERS DO NOT MEET THE "INTERESTED PERSONS" DEFINITIO	DN FOR	
SCHEDULE L.		

13521013 153424 0193640-00003

Schedule O (Form 990) 2021 Name of the organization	Page Employer identification number
ENTERTAINMENT INDUSTRY FOUNDATION	95-1644609
HE BELOW CO-FOUNDERS COMPENSATION DETAILS ARE LISTED AS FOLLOWS:	
1) SUE SCHWARTZ AND RUSTY ROBERTSON	
CACH ARE 50% OWNERS OF THE RUSTY ROBERTSON	
2,246,722	
2) LISA PAULSEN	
DWNER OF MINDFUL MEDIA PARTNERS, LLC	
\$60,000	
3) PAM WILLIAMS	
WNER OF SWEET PEA AND BUBBA PRODUCTIONS	
\$60,000	
(4) ELLEN ZIFFREN	
SU2C DIGITAL MEDIA CONSULTANT	
\$60,000	
	Cabadula O /Farma 0001 00
¹³²²¹² 11-11-21 67	Schedule O (Form 990) 20

SCHEDULE R

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.

2021

Employer identification number

95-1644609

OMB No. 1545-0047

Open to Public

Inspection

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

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

ENTERTAINMENT INDUSTRY FOUNDATION

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

					-
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
STAND UP TO CANCER MUSIC, LLC - 26-3299754					
10880 WILSHIRE BLVD, SUITE 1400					
LOS ANGELES, CA 90024	MUSIC RIGHTS	CALIFORNIA	16,708.	0.	EIF

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 Part II 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	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
	-						
	-						
	-						
	1						
	1						

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

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.

		,									<u> </u>
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manac partne	I or Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yesl	10
	1										
	1										
	-										
	-										
	4										
	1										
											1
	1										
	4										
	4										

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	(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	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>

Schedule R (Form 990) 2021 ENTERTAINMENT INDUSTRY FOUNDATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
с	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
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)			
<u>(6)</u>			

Schedule R (Form 990) 2021 ENTERTAINMENT INDUSTRY FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

32165 11-17-2	1	Schedule R (Form 990) 2 7 2