

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Part I Summary: A For the 2020 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization ENTERTAINMENT INDUSTRY FOUNDATION; D Employer identification number 95-1644609; E Telephone number (424) 283-3600; F Name and address of principal officer: NICOLE SEXTON; G Gross receipts \$ 100,177,248; H(a) Is this a group return for subordinates? Yes No; H(b) Are all subordinates included? Yes No; H(c) Group exemption number; I Tax-exempt status: 501(c)(3); J Website: WWW.EIFFOUNDATION.ORG; K Form of organization: Corporation; L Year of formation: 1942; M State of legal domicile: CA

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO COORDINATE THE PHILANTHROPY OF THE ENTERTAINMENT INDUSTRY.; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: DEBORAH MORRISON, CFO; Preparer: QI WEN LIANG, GRANT THORNTON LLP, 515 SOUTH FLOWER STREET, 7TH FLOOR, LOS ANGELES, CA 90071; Date: 10/18/2021; PTIN: P01270238; Firm's EIN: 36-6055558; Phone no.: (213) 627-1717

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

Form **8868**  
(Rev. January 2020)

# 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](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ENTERTAINMENT INDUSTRY FOUNDATION</b>	Taxpayer identification number (TIN) <b>95-1644609</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>10880 WILSHIRE, BLVD., NO. 1400</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOS ANGELES, CA 90024</b>	

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

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DEBORAH MORRISON

- The books are in the care of ► **10880 WILSHIRE BLVD, SUITE 1400 - LOS ANGELES, CA 90024**  
Telephone No. ► **424-283-3610** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until NOVEMBER 15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year 2020 or  
 ►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

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

Form **8868** (Rev. 1-2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 33,848,081. including grants of \$ 23,711,997. ) (Revenue \$ ) 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.

4b (Code: ) (Expenses \$ 14,320,482. including grants of \$ 9,139,420. ) (Revenue \$ ) CHARITABLE SERVICE FUNDS: WITH UNPARALLELED ACCESS TO ROADBLOCK 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.

4c (Code: ) (Expenses \$ 2,853,765. including grants of \$ 2,726,918. ) (Revenue \$ ) DEFY DISASTER: THE FOUNDATION'S CRISIS RELIEF PROGRAM BRINGS TOGETHER THE ENTERTAINMENT COMMUNITY TO SUPPORT DISASTER RESPONSE. DEFY DISASTER IS DEDICATED TO PROVIDING AID TO SURVIVORS AND COMMUNITIES AFFECTED BY NATURAL AND HUMANITARIAN DISASTERS TO HELP THEM RECOVER AND REBUILD. BY MOBILIZING INDUSTRY PARTNERS AND THE PUBLIC, AND WORKING WITH KEY PARTNERS ON THE GROUND, DEFY DISASTER DELIVERS FUNDING AND VITAL RESOURCES FOR IMMEDIATE RELIEF AND LONG-TERM RECOVERY IN AFFECTED AREAS THROUGHOUT THE WORLD.

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,523,230. including grants of \$ 2,704,009. ) (Revenue \$ )

4e Total program service expenses 54,545,558.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, 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) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUNG-AH POBLETE PRESIDENT/CEO - SU2C	40.00 0.00			X				451,363.	0.	22,111.
(2) NICOLE SEXTON CEO	40.00 0.00			X				363,817.	0.	21,399.
(3) DEBORAH MORRISON CFO	40.00 0.00			X				292,868.	0.	24,481.
(4) MAURINE SLUTZKY VP/COMMUNICATIONS	40.00 0.00					X		256,929.	0.	25,058.
(5) FIONA MCROBERT SVP/COMMUN. WEST COAST	40.00 0.00				X			226,121.	0.	21,364.
(6) JENNIFER KUNTZ SVP OF OPERATIONS	40.00 0.00				X			209,009.	0.	29,766.
(7) NANCY KIM BLACKWATER SVP/DIGITAL STRATEGY	40.00 0.00					X		209,373.	0.	21,445.
(8) JANE RUBINSTEIN VP/COMMUNICATIONS (THRU 8/31/20)	40.00 0.00					X		205,373.	0.	12,801.
(9) SHAWN BURKE VP/CONTROLLER	40.00 0.00				X			193,392.	0.	21,835.
(10) RENEE NICHOLAS VP/ADVOCACY OF STRAT. COLLAB	40.00 0.00					X		169,891.	0.	22,661.
(11) ROOPWANT SUMAL SVP GOVERNANCE & COMMUNITY RELATIONS	40.00 0.00					X		166,477.	0.	20,845.
(12) CATHRYN DHANATYA CAO (THRU 8/31/20)	40.00 0.00			X				129,422.	0.	10,837.
(13) LYNN HARRIS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(14) DAVID BEAUBAIRE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(15) ANDY KUBITZ BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(16) CHRIS SILBERMANN BOARD CHAIR	1.00 0.00	X		X				0.	0.	0.
(17) JACK SUSSMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHERRY LANSING BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) JEFF BADER BOARD VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(20) PETER SEYMOUR TREASURER	1.00 0.00	X		X				0.	0.	0.
(21) LEWIS SHARPSTONE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) NATALIE TRAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) DAN HARRISON SECRETARY	1.00 0.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								2,874,035.	0.	254,603.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,874,035.	0.	254,603.

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

	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		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	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		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROBERTSON SCHWARTZ AGENCY, 1250 6TH STREET STE 201, SANTA MONICA, CA 90401	SEE SCHEDULE O	2,558,392.
BRAND KNEW LLC, 10351 SANTA MONICA BLVD, SUITE 202, LOS ANGELES, CA 90025	MARKETING	456,113.
VENABLE LLP PO BOX 62727, BALTIMORE, MD 21264	LEGAL	449,449.
METEORITE ADVISORS LLC, 5670 WILSHIRE BLVD STE 1800, LOS ANGELES, CA 90036	DATABASE/WEBSITE SVS	344,525.
DLA PIPER LLC US 6225 SMITH AVENUE, BALTIMORE, MD 21209	LEGAL	271,941.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 12

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,034,370.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	96,644,669.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 245,672.				
	<b>h Total.</b> Add lines 1a-1f .....			97,679,039.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		514,783.			514,783.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		16,445.			16,445.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	916,302.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	916,302.				
	<b>d</b> Net rental income or (loss) .....			916,302.		916,302.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> XQ SUPER SCHOOL GRADUA	<b>Business Code</b>	900099	1,050,679.		1,050,679.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			1,050,679.			
<b>12 Total revenue.</b> See instructions .....			100,177,248.	0.	0.	2,498,209.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	33,553,199.	33,553,199.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	27,500.	27,500.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	4,701,645.	4,701,645.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,017,785.	926,424.	706,145.	385,216.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	6,494,526.	4,287,600.	1,435,007.	771,919.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	326,231.	216,965.	75,283.	33,983.
<b>9</b> Other employee benefits .....	769,276.	511,139.	181,478.	76,659.
<b>10</b> Payroll taxes .....	513,238.	322,428.	115,136.	75,674.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	831,713.	9,000.	822,713.	
<b>c</b> Accounting .....	95,415.		95,415.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	529,575.			529,575.
<b>f</b> Investment management fees .....	19,226.		19,226.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	9,787,532.	6,359,257.	852,365.	2,575,910.
<b>12</b> Advertising and promotion .....	17,598.	12,938.	4,500.	160.
<b>13</b> Office expenses .....	1,075,174.	512,844.	189,851.	372,479.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	2,040,653.	55,296.	1,985,357.	
<b>17</b> Travel .....	1,024,441.	994,134.	25,577.	4,730.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	164,584.		164,584.	
<b>23</b> Insurance .....	210,717.	2,497.	208,220.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PR AND PUBLICITY	997,906.	892,897.	105,000.	9.
<b>b</b> SUBSCRIPTIONS & PERMITS	992,796.	694,433.	278,330.	20,033.
<b>c</b> DONATED MED SUPPLIES &	245,672.	245,672.	0.	0.
<b>d</b> BAD DEBT EXPENSE	200,000.	0.	0.	200,000.
<b>e</b> All other expenses	291,332.	219,690.	56,447.	15,195.
<b>25</b> Total functional expenses. Add lines 1 through 24e	66,927,734.	54,545,558.	7,320,634.	5,061,542.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	35,843,038.	<b>1</b>	36,220,842.
	<b>2</b> Savings and temporary cash investments .....	26,063,343.	<b>2</b>	52,914,846.
	<b>3</b> Pledges and grants receivable, net .....	15,049,607.	<b>3</b>	16,219,602.
	<b>4</b> Accounts receivable, net .....	134,661.	<b>4</b>	107,176.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	696,648.	<b>9</b>	695,006.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,725,098.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,190,228.	538,124.	<b>10c</b> 534,870.
	<b>11</b> Investments - publicly traded securities .....	3,745,064.	<b>11</b>	3,915,856.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	0.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	82,070,485.	<b>16</b>	110,608,198.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,510,829.	<b>17</b>	1,942,018.
	<b>18</b> Grants payable .....	20,509,495.	<b>18</b>	15,069,524.
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,077,241.	<b>25</b>	983,219.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	24,097,565.	<b>26</b>	17,994,761.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,522,755.	<b>27</b>	2,460,737.
	<b>28</b> Net assets with donor restrictions .....	56,450,165.	<b>28</b>	90,152,700.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	57,972,920.	<b>32</b>	92,613,437.
<b>33</b> Total liabilities and net assets/fund balances .....	82,070,485.	<b>33</b>	110,608,198.	

Form **990** (2020)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	100,177,248.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	66,927,734.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	33,249,514.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	57,972,920.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-96,993.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	1,487,996.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	92,613,437.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Total

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	60,073,641.	82,763,610.	95,173,618.	57,147,301.	97,679,039.	392,837,209.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	60,073,641.	82,763,610.	95,173,618.	57,147,301.	97,679,039.	392,837,209.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						132,338,981.
<b>6 Public support.</b> Subtract line 5 from line 4.						260,498,228.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	60,073,641.	82,763,610.	95,173,618.	57,147,301.	97,679,039.	392,837,209.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	225,265.	154,894.	1,472,543.	2,143,580.	1,447,530.	5,443,812.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> 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.
<b>11 Total support.</b> Add lines 7 through 10						399,362,379.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	65.23 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	65.47 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

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

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.

XQ SUPER SCHOOL GRADUATE TOGETHER

2020 AMOUNT: \$ 1,050,679.

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 11,959,056.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,600,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 4,729,552.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 4,073,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 2,655,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 2,333,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2020**

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....	66,378,933.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	66,378,933.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including purpose, acreage, monitoring, and reporting requirements.

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

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including revenue and asset values.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,851,756.	5,748,668.			
b Contributions	437,741.	3,032,284.	5,734,725.		
c Net investment earnings, gains, and losses	21,415.	70,804.	13,943.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,310,912.	8,851,756.	5,748,668.		

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .0000 %
  - b Permanent endowment  .0000 %
  - c Term endowment  100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				0.
c Leasehold improvements		559,734.	373,762.	185,972.
d Equipment		1,165,364.	816,466.	348,898.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				534,870.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	815,023.
(3) SECURITY DEPOSITS	168,196.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	983,219.

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 ...



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	476,923,471.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-96,993.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	376,862,442.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	376,765,449.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	100,158,022.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	19,226.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	19,226.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	100,177,248.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	442,282,954.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	376,862,442.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-1,487,996.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	375,374,446.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	66,908,508.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	19,226.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	19,226.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	66,927,734.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

THE FOUNDATION ESTABLISHED THE STAND UP TO CANCER LEGACY ENDOWMENT CIRCLE.

IN 2020, THE FOUNDATION RECEIVED WRITTEN PERMISSION FROM ALL ENDOWMENT

DONORS TO CONVERT THEIR DONATIONS FROM PERMANENT ENDOWMENT GIFTS TO GIFTS

RESTRICTED TO CANCER RESEARCH.

PART X, LINE 2:

THE FOUNDATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND

MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN

UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS

**Part XIII** Supplemental Information (continued)

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

NEGATIVE ACCRUAL (\$1,487,996) FOR ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI

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

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

WERE INCLUDED IN CONTRIBUTED INCOME AND EXPENSES FOR FINANCIAL STATEMENT

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

990, PART VIII AND FORM 990, PART IX.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization <b>ENTERTAINMENT INDUSTRY FOUNDATION</b>	Employer identification number <b>95-1644609</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		329,000.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		189,968.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		796,000.
NORTH AMERICA	0	0	GRANTMAKING		1,593,477.
SOUTH AMERICA	0	0	GRANTMAKING		85,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,708,200.
<b>3 a</b> Subtotal .....	0	0			4,701,645.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	0	0			4,701,645.

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

Schedule F (Form 990) 2020

**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)
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL PROGRAM	269,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL PROGRAM	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL PROGRAM	20,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GENERAL PROGRAM	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GENERAL PROGRAM	131,123.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GENERAL PROGRAM	20,845.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GENERAL PROGRAM	20,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GENERAL PROGRAM	13,000.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **42**

3 Enter total number of other organizations or entities ..... **42**

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	560,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	75,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	50,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	50,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	15,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	13,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	13,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	10,000.	WIRE	0.		
		NORTH AMERICA	GENERAL PROGRAM	1,142,957.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GENERAL PROGRAM	250,020.	WIRE	0.		
		NORTH AMERICA	GENERAL PROGRAM	187,500.	WIRE	0.		
		NORTH AMERICA	GENERAL PROGRAM	13,000.	WIRE	0.		
		SOUTH AMERICA	GENERAL PROGRAM	85,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	365,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	175,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	165,600.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	135,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	125,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	63,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	60,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	60,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	60,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	54,600.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	40,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	35,000.	WIRE	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	35,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	20,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	20,000.	WIRE	0.		



**Part IV Foreign Forms**

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

**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 3:

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

SCHEDULE F, 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.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ROBERTSON SCHWARTZ AGENCY - 1250 6TH ST., STE 201, SANTA	SU2C		X	8,591,508.	429,575.	8,161,933.
FRED SIEGEL PARTNERS - 37 SEA COLONY DR., SANTA MONICA, CA	SU2C		X	2,000,000.	100,000.	1,900,000.
<b>Total</b>				10,591,508.	529,575.	10,061,933.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: ROBERTSON SCHWARTZ AGENCY

(I) ADDRESS OF FUNDRAISER: 1250 6TH ST., STE 201, SANTA MONICA, CA 90401

(I) NAME OF FUNDRAISER: FRED SIEGEL PARTNERS

(I) ADDRESS OF FUNDRAISER: 37 SEA COLONY DR., SANTA MONICA, CA 90405





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ASSOCIATION FOR CANCER RESEARCH (AACR) - 615 CHESTNUT STREET 17TH FLOOR - PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	18,460,099.	0.			GENERAL PROGRAM
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	1,049,480.	0.			GENERAL PROGRAM
XQ INSTITUTE 807 BROADWAY STREET SUITE 200 OAKLAND, CA 94607	47-4422640	501(C)(3)	881,513.	0.			GENERAL PROGRAM
AMERICARES 88 HAMILTON AVENUE STANFORD, CT 06902	06-1008595	501(C)(3)	810,000.	0.			GENERAL PROGRAM
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	790,833.	0.			GENERAL PROGRAM
YALE UNIVERSITY 310 CEDAR STREET LH-214A NEW HAVEN, CT 06511	06-0646973	501(C)(3)	783,333.	0.			GENERAL PROGRAM

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 183.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA FARBER CANCER INSTITUTE 44 BINNEY STREET BOSTON, MA 02115	04-2263040	501(C)(3)	750,000.	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)	744,665.	0.			GENERAL PROGRAM
STANFORD UNIVERSITY SCHOOL OF MEDICINE - P.O. BOX 44253 - SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	576,668.	0.			GENERAL PROGRAM
WORLD CENTRAL KITCHEN 1342 FLORDIA AVE NW WASHINGTON, DC 20009-4808	27-3521132	501(C)(3)	516,100.	0.			GENERAL PROGRAM
NATIONAL LAWYERS GUILD FOUNDATION 132 NASSAU ST STE 922 NEW YORK, NY 10038	13-3336640	501(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.	0.			GENERAL PROGRAM
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 05229	31-0833936	501(C)(3)	302,576.	0.			GENERAL PROGRAM
INCOMM INCENTIVES 111 SW FIFTH AVENUE PORTLAND, OR 97204	46-1819331	APPLIED FOR	274,684.	0.			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.	0.			GENERAL PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY 305 DODGE HALL, MC 1803 2960 BROADW NEW YORK, NY 10027	13-5598093	501(C)(3)	200,000.	0.			GENERAL PROGRAM
COMMUNITY FOUNDATION OF NEW JERSEY PO BOX 338 MORRISTOWN, NJ 07963-0338	22-2281783	501(C)(3)	200,000.	0.			GENERAL PROGRAM
HISPANIC FEDERATION 55 EXCHANGE PLACE 5TH FLOOR NEW YORK, NY 10005	13-3573852	501(C)(3)	200,000.	0.			GENERAL PROGRAM
INTERNATIONAL RESCUE COMMITTEE, INC - 122 E 42ND STREET - NEW YORK, NY 10168	13-5660870	501(C)(3)	172,664.	0.			GENERAL PROGRAM
COMMUNITY ORGANIZED RELIEF EFFORT 6464 SUNSET BLVD SUITE 530 LOS ANGELES, CA 90028	27-1703237	501(C)(3)	150,000.	0.			GENERAL PROGRAM
GIVE DIRECTLY 33 IRVING PLACE 7TH FLOOR NEW YORK, NY 10003	27-1661997	501(C)(3)	150,000.	0.			GENERAL PROGRAM
GLOBAL EMPOWERMENT MISSION 1040 BISCAYNE BLVD #2403 MIAMI, FL 33132	45-3782061	501(C)(3)	150,000.	0.			GENERAL PROGRAM
MUSICARES FOUNDATION 3030 OLYMPIC BLVD SANTA MONICA, CA 90404	95-4470909	501(C)(3)	150,000.	0.			GENERAL PROGRAM
NEW DESTINY HOUSING 12 W 37TH STREET 7TH FLOOR NEW YORK, NY 10018	13-3778489	501(C)(3)	150,000.	0.			GENERAL PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GREATER NEW ORLEANS FOUNDATION 919 ST. CHARLES AVE NEW ORLEANS, LA 70130	72-0408921	501(C)(3)	150,000.	0.			GENERAL PROGRAM
EDWARD CHARLES FOUNDATITON 269 S BEVERLY DRIVE #338 BEVERLY HILL, CA 90212	26-4245043	501(C)(3)	132,834.	0.			GENERAL PROGRAM
BAYLOR COLLEGE OF MEDICINE - GRANT ACCRUAL - ONE BAYLOR PLAZA - HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	125,000.	0.			GENERAL PROGRAM
SAG-AFTRA 5757 WILSHIRE BLVD, SUITE 124 LOS ANGELES, CA 90036	95-3967876	501(C)(3)	125,000.	0.			GENERAL PROGRAM
UNIVERSITY OF PITTSBURGH OFFICE OF SPONSORED PROGRAMS 300 MURDC, 3420 FORBES AVE - PITTSBURGH, PA 152	25-0965591	501(C)(3)	125,000.	0.			GENERAL PROGRAM
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	116,667.	0.			GENERAL PROGRAM
NATIONAL DOMESTIC VIOLENCE HOTLINE PO BOX 90249 AUSTIN, TX 78709	75-1658287	501(C)(3)	107,500.	0.			GENERAL PROGRAM
JUST KEEP LIVIN FOUNDATION 1107 GLENDON AVENUR LOS ANGELES, CA 90024	20-3921057	501(C)(3)	105,000.	0.			GENERAL PROGRAM
BOYS AND GIRLS CLUB OF NEW ROCHELLE INC - 79 SEVENTH ST - NEW ROCHELLE, NY 10801	13-1943644	501(C)(3)	100,000.	0.			GENERAL PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIS PAUL FAMILY FOUNDATION 6524 SHALLOWFORD ED LEWISVILLE, NC 27023	47-2373649	501(C)(3)	100,000.	0.			GENERAL PROGRAM
NATIONAL ALLIANCE ON MENTAL ILLNESS - 4301 WILSON BLVD SUITE 300 - ARLINGTON, VA 22203	43-1201653	501(C)(3)	100,000.	0.			GENERAL PROGRAM
THE BARACK OBAMA FOUNDATION 5235 S HARPER CT STE 1140 CHICAGO, IL 60615	46-4950751	501(C)(3)	100,000.	0.			GENERAL PROGRAM
LOS ANGELES FIRE DEPARTMENT FOUNDATION - 1700 STADIUM WAY #100 - LOS ANGELES, CA 90012	27-2007326	501(C)(3)	94,000.	0.			GENERAL PROGRAM
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	85,716.	0.			GENERAL PROGRAM
BEST BUDDIES INTERNATIONAL 100 SOUTHEAST 2ND ST SUITE 2200 MIAMI, FL 33131	52-1614576	501(C)(3)	75,000.	0.			GENERAL PROGRAM
PRAXIS PROJECT 735 N 5TH AVENUE SUITE 216 TUCSON, AZ 85705	30-0044814	501(C)(3)	75,000.	0.			GENERAL PROGRAM
SPECIAL OLYMPICS INC 1400 G ST, NW WASHINGTON, DC 20005	52-0889518	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)	67,000.	0.			GENERAL PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAZAREX CANCER FOUNDATION P O BOX 741 DANVILLE, CA 94526	20-2562494	501(C)(3)	60,000.	0.			GENERAL PROGRAM
AGAHOZO-SHALOM YOUTH VILLAGE PO BOX 7299 NEW YORK, NY 10018	27-3530769	501(C)(3)	55,000.	0.			GENERAL PROGRAM
GIVE AN HOUR P O BOX 5918 BETHESDA, MD 20824	61-1493378	501(C)(3)	52,514.	0.			GENERAL PROGRAM
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD SUITE 1500 LOS ANGELES, CA 90025	95-3949646	501(C)(3)	50,000.	0.			GENERAL PROGRAM
LEE COUNTY COOPERATIVE CLINIC 530 WEST ATKINS BLVD MARIANNA, AR 72360	71-0413798	501(C)(3)	50,000.	0.			GENERAL PROGRAM
NATIONAL ASSOCIATION OF FREE & CHARITABLE CLINICS INC - 1800 DIAGONAL ROAD SUITE 600 - ALEXANDRIA, VA 22314	56-2273242	501(C)(3)	50,000.	0.			GENERAL PROGRAM
NATIONAL BLACK NURSES ASSOCIATION 8630 FENTON STREET SUITE 910 SILVER SPRING, MD 20910	23-7194995	501(C)(3)	50,000.	0.			GENERAL PROGRAM
NATIONAL DOMESTIC WORKERS ALLIANCE INC - 45 BROADWAY SUITE 350 - NEW YORK, NY 10006	35-2420942	501(C)(3)	50,000.	0.			GENERAL PROGRAM
NEVADA PARTNERSHIP FOR HOMELESS YOUTH - 4981 SHIRLEY ST - LAS VEGAS, NV 89119	88-0476452	501(C)(3)	50,000.	0.			GENERAL PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSIDE ACHIEVEMENT ZONE 2123 WEST BROADWAY AVENUE #100 MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	50,000.	0.			GENERAL PROGRAM
PROJECT 150 3600 N RANCHO LAS VEGAS, NV 89130	45-6645161	501(C)(3)	50,000.	0.			GENERAL PROGRAM
THE ACTORS FUND OF AMERICA 729 SEVENTH AVE 10TH FLOOR NEW YORK, NY 10019	13-1635251	501(C)(3)	50,000.	0.			GENERAL PROGRAM
TULSA DREAM CENTER 200 WEST 46 ST N TULSA, OK 74126	73-1610216	501(C)(3)	50,000.	0.			GENERAL PROGRAM
REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES - PO BOX 951405, 2147 MURPHY - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	45,235.	0.			GENERAL PROGRAM
CANCER HOPE NETWORK 2 NORTH ROAD SUITE A CHESTER, NJ 07930	22-2647316	501(C)(3)	40,000.	0.			GENERAL PROGRAM
CORPORATE ANGEL NETWORK 1 LOOP RD WEST HARRISON, NJ 10604	13-6143014	501(C)(3)	40,000.	0.			GENERAL PROGRAM
ST. BALDRICK'S FOUNDATION 1333 SOUTH MAYFLOWER AVENUE SUITE 4 MONROVIA, CA 91016	20-1173824	501(C)(3)	40,000.	0.			GENERAL PROGRAM
ARTS THEATRE OF CHARLESTON 356 SEEWEE CIR MT PLEASANT, SC 29464	85-3201509	501(C)(3)	37,254.	0.			GENERAL PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE FROM 12405 VENICE BLVD SUITE 422 LOS ANGELES, CA 90066	47-5033123	501(C)(3)	35,000.	0.			GENERAL PROGRAM
ARRAY ALLIANCE 180 GLENDALE BLVD LOS ANGELES, CA 90026	82-5268574	501(C)(3)	33,000.	0.			GENERAL PROGRAM
CANCER FREE GENERATION 8676 WILSHIRE BLVD SUITE 401 BEVERLY HILLS, CA 90211	95-4596354	501(C)(3)	30,000.	0.			GENERAL PROGRAM
100 SUITS 11159 128TH STREET S OZONE PARK, NY 11420	46-2971279	501(C)(3)	28,000.	0.			GENERAL PROGRAM
AMERICAN BALLET THEATRE 890 BROADWAY 3RF FLOOR NEW YORK, NY 10003	13-1882106	501(C)(3)	28,000.	0.			GENERAL PROGRAM
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST #1 TUCSON, AZ 85713	52-2094677	501(C)(3)	26,000.	0.			GENERAL PROGRAM
BLACK MILLENNIALS 4 FLINT 2125 DORCHESTER RD NORTH CHARLESTON, SC 29405	83-1920312	501(C)(3)	25,000.	0.			GENERAL PROGRAM
BLACK VETERANS FOR SOCIAL JUSTICE 665 WILLOUGHBY AVENUE BROOKLYN, NY 11206	11-2608983	501(C)(3)	25,000.	0.			GENERAL PROGRAM
BROAD INSTITUTE 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	25,000.	0.			GENERAL PROGRAM

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR ECONOMIC RESEARCH AND SOCIAL CHANGE INC - 800 W BUENA AVE - CHICAGO, IL 60613	36-4400754	501(C)(3)	25,000.	0.			GENERAL PROGRAM
CHATTANOOGANS IN ACTION FOR LOVE EQUALITY AND BENEVOLENCE - 3300 BRANNON AVE - CHATTANOOGA, TN 37407	81-4124279	501(C)(3)	25,000.	0.			GENERAL PROGRAM
CORAZON HEALDSBURG 1557 HEALDSBURG AVENUE ROOM 13 HEALDSBURG, CA 95448	27-3044487	501(C)(3)	25,000.	0.			GENERAL PROGRAM
EASTERN IOWA COMMUNITY BOND PROJECT (PRARIELANDS FREEDOM FUND) - 925 U.S. HWY 6 E #3174 - IOWA CITY, IA 52244	82-0931341	501(C)(3)	25,000.	0.			GENERAL PROGRAM
FAITH IN TEXAS 1111 W MOCKINGBIRD LN STE 260 DALLAS, TX 75247	47-3005234	501(C)(3)	25,000.	0.			GENERAL PROGRAM
FAMILY JUSTICE CENTER 701 LOYOLA AVENUE #201 NEW ORLEANS, LA 70113	26-2541029	501(C)(3)	25,000.	0.			GENERAL PROGRAM
FUSION PARTNERSHIPS 1601 GULLFORD AVENUE FLOOR 25 BALTIMORE, MD 21202	52-2148413	501(C)(3)	25,000.	0.			GENERAL PROGRAM
GIVE SOMETHING BACK 902 CARNEGIE CENTER SUITE 160 PRINCETON, NJ 08540	81-1504712	501(C)(3)	25,000.	0.			GENERAL PROGRAM
GLENDALE YWCA 735 EAST LEXINGTON DRIVE GLENDALE, CA 91206	95-1644057	501(C)(3)	25,000.	0.			GENERAL PROGRAM

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GRAHAM WINDHAM ONE PIERREPONT PLAZA SUITE 901 BROOKLYN, NY 11201	13-2926426	501(C)(3)	25,000.	0.			GENERAL PROGRAM
GREAT KANSAS CITY COMMUNITY BAIL FUND - 31 W. 31ST ST - KANSAS CITY, MO 64108	43-1152398	501(C)(3)	25,000.	0.			GENERAL PROGRAM
HOLLYWOOD CINEMA PRODUCTIONS RESOURCES - 9700 S SEPULVEDA BLVD - LOS ANGELES, CA 90045	95-4667926	501(C)(3)	25,000.	0.			GENERAL PROGRAM
JENESSEE CENTER PO BOX 8476 LOS ANGELES, CA 90008	95-3652529	501(C)(3)	25,000.	0.			GENERAL PROGRAM
LGBTQ FREEDOM FUND 213 SW 2ND ST SUITE J FORT LAUDERDALE, FL 33301	82-2069282	501(C)(3)	25,000.	0.			GENERAL PROGRAM
MANIFESTWORKS 823 SEWARD ST LOS ANGELES, CA 90038	47-5485332	501(C)(3)	25,000.	0.			GENERAL PROGRAM
MANO AMIGA 174 S GUADALUPE STREET STE 205 SAN MARCOS, TX 78666	83-2030465	501(C)(3)	25,000.	0.			GENERAL PROGRAM
MASSACHUSETTS BAIL FUND INC 2161 MASSACHUSETTS AVE CAMBRIDGE, MA 02140	82-4924766	501(C)(3)	25,000.	0.			GENERAL PROGRAM
MAYORS FUND FOR LOS ANGELES 200 N SPRING STREET ROOM 3058 LOS ANGELES, CA 90012	47-1084641	501(C)(3)	25,000.	0.			GENERAL PROGRAM

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MITCHELL KAPOR FOUNDATION 2148 BROADWAY OAKLAND, CA 94612	94-3330604	501(C)(3)	25,000.	0.			GENERAL PROGRAM
MOVEMENT ALLIANCE PROJECT (FISCAL SPONSOR FOR PHILADELPHIA COMMUNITY BAIL FUND) - 924 CHERRY ST 5TH FLOOR - PHILADELPHIA, PA 19107	23-0307123	501(C)(3)	25,000.	0.			GENERAL PROGRAM
NORCAL RESIST 2121 BROADWAY SACRAMENTO, CA 95818-8331	83-1003248	501(C)(3)	25,000.	0.			GENERAL PROGRAM
NORTHWEST ALLIANCE FOR ALTERNATIVE MEDIA AND EDUCATION - PO BOX 42671 - PORTLAND, OR 97242	93-1009519	501(C)(3)	25,000.	0.			GENERAL PROGRAM
PHILADELPHIA BAIL FUND 2210 CHRISTIAN STREET PHILADELPHIA, PA 19146	82-1360589	501(C)(3)	25,000.	0.			GENERAL PROGRAM
PODER IN ACTION 5882 W INDIAN SCHOOL RD PHOENIX, AZ 85031	46-2284158	501(C)(3)	25,000.	0.			GENERAL PROGRAM
PROJECT KNUCKLEHEAD 7625 S CENTRAL AVENUE LOS ANGELES, CA 90001	46-1012536	501(C)(3)	25,000.	0.			GENERAL PROGRAM
RAINBOW SERVICES 453 WEST 7TH STREET SAN PEDRO, CA 90731	95-3855705	501(C)(3)	25,000.	0.			GENERAL PROGRAM
RE:IMAGINE/ATL 100 FLAT SHOALS AVE ATLANTA, GA 30316	46-5278779	501(C)(3)	25,000.	0.			GENERAL PROGRAM

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SAFE HORIZON 2 LAFAYETTE STREET 3RD FLOOR NEW YORK, NY 10007	13-2946970	501(C)(3)	25,000.	0.			GENERAL PROGRAM
SOCIAL JUSTICE CENTER (FISCAL SPONSOR FOR FREE THE 350 BAIL FUND) - 1202 WILLIAMSON STREET SUTIE 1 - MADISON, WI 53703	39-1979881	501(C)(3)	25,000.	0.			GENERAL PROGRAM
STEP UP WOMENS NETWORK 510 SOUTH HEWITT STREET #111 LOS ANGELES, CA 90013	95-4701468	501(C)(3)	25,000.	0.			GENERAL PROGRAM
THE PEOPLE'S CONCERN SOJOURN WOMEN'S SHELTER - 2116 ARLINGTON AVE SUITE 100 - LOS ANGELES, CA 90018	95-6143865	501(C)(3)	25,000.	0.			GENERAL PROGRAM
THE UCLA FOUNDATION 10889 WILSHIRE BOULEVARD SUITE 1100 LOS ANGELES, CA 90024	95-2250801	501(C)(3)	25,000.	0.			GENERAL PROGRAM
TOGETHER WE RISE 580 W. LAMBERT RD SUITE A BREA, CA 92821	26-3043727	501(C)(3)	25,000.	0.			GENERAL PROGRAM
CARE (COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE) - 151 ELLIS STREET, NE - ATLANTA, GA 30303	13-1685039	501(C)(3)	22,500.	0.			GENERAL PROGRAM
WORLD WILDLIFE FUND 1250 TWENTY-FOURTH STREET NW WASHINGTON, DC 20090-7180	52-1693387	501(C)(3)	20,845.	0.			GENERAL PROGRAM
CAMPAIGN AGAINST HUNGER 2010 FULTON STREET BROOKLYN, NY 11233	20-0934854	501(C)(3)	20,000.	0.			GENERAL PROGRAM

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CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVE EVANSTON, IL 60201-3051	36-3346917	501(C)(3)	20,000.	0.			GENERAL PROGRAM
FAMILY RESCUE 8811 S STONY ISLAND AVE P O BOX 175 CHICAGO, IL 60617	36-3170408	501(C)(3)	20,000.	0.			GENERAL PROGRAM
FIRST STEP 44567 PINETREE DRIVE PLYMOUTH, MI 48170	38-2208980	501(C)(3)	20,000.	0.			GENERAL PROGRAM
FRIENDS OF ISLAND ACADEMY 127 W 127TH SUITE 125 NEW YORK, NY 10027	13-3576756	501(C)(3)	20,000.	0.			GENERAL PROGRAM
GLOBAL FUND FOR WOMEN 800 MARKET STREET 7TH FLOOR SAN FRANCISCO, CA 94102	77-0155782	501(C)(3)	20,000.	0.			GENERAL PROGRAM
HELPING OPPRESSED MOTHERS ENDURE 2121 DEWEY AVE EVANSTON, IL 60201-3057	47-2952129	501(C)(3)	20,000.	0.			GENERAL PROGRAM
NEW BEGINNINGS PO BOX 75127 SEATTLE, WA 98175	91-1005916	501(C)(3)	20,000.	0.			GENERAL PROGRAM
PARTNERSHIP AGAINST DOMESTIC VIOLENCE - P O BOX 170225 - ATLANTA, GA 30317	58-1314556	501(C)(3)	20,000.	0.			GENERAL PROGRAM
SAN FRANCISCO BALLET 455 FRANKLIN STREET SAN FRANCISCO, CA 94102	94-1415298	501(C)(3)	20,000.	0.			GENERAL PROGRAM

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SANCTUARY FOR FAMILIES PO BOX 1406 WALL STREET STATION NEW YORK, NY 10268	13-3193119	501(C)(3)	20,000.	0.			GENERAL PROGRAM
TEENS EXERCISING EXTRAORDINARY SUCCESS - 1201 NW 3RD AVENUE, STE 300 - MIAMI, FL 33136	45-2288445	501(C)(3)	20,000.	0.			GENERAL PROGRAM
TEXAS ADVOCACY PROJECT 1524 S IH-35 SUITE #350 AUSTIN, TX 78704	74-2237306	501(C)(3)	20,000.	0.			GENERAL PROGRAM
VICTIM RESPONSE 1444 BISCAYNE BOULEVARD SUITE 203 MIAMI, FL 33132	27-0077139	501(C)(3)	20,000.	0.			GENERAL PROGRAM
TAKE ACTION EDUCATION FUND 705 RAYMOND AVENUE SAINT PAUL, MN 55114	41-1635130	501(C)(3)	16,000.	0.			GENERAL PROGRAM
A PLACE CALLED HOME 2830 S CENTRAL AVE LOS ANGELES, CA 90011	95-4427291	501(C)(3)	15,000.	0.			GENERAL PROGRAM
HOLLYROD FOUNDATION 2934 1/2 NORTH BEVERLY GLEN CIRCLE LOS ANGELES, CA 90077	95-4642588	501(C)(3)	15,000.	0.			GENERAL PROGRAM
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-2917999	501(C)(3)	15,000.	0.			GENERAL PROGRAM
NAACP LEGAL DEFENSE FUND 40 RECTOR STREET 5TH FLOOR NEW YORK, NY 10006	13-1655255	501(C)(3)	15,000.	0.			GENERAL PROGRAM

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NEW YORK CITY BALLET 20 LINCOLN CENTER NEW YORK, NY 10023	13-2947386	501(C)(3)	15,000.	0.			GENERAL PROGRAM
ORPHAN FOUNDATION OF AMERICAN - FOSTER CARE TO SUCCESS - 23811 CHAGRIN BLVD SUITE 210 - CLEVELAND, OH 22122	52-1238437	501(C)(3)	15,000.	0.			GENERAL PROGRAM
THE BAIL PROJECT 3107 WASHINGTON BLVD MARINA DEL REY, CA 90292	81-4985512	501(C)(3)	15,000.	0.			GENERAL PROGRAM
THOUSAND CURRENTS 1330 BROADWAY STE 301 OAKLAND, CA 94612	77-0071852	501(C)(3)	15,000.	0.			GENERAL PROGRAM
UNITED FRIENDS OF THE CHILDREN 1055 WILSHIRE BLVD STE 1955 LOS ANGELES, CA 90017	95-3665186	501(C)(3)	15,000.	0.			GENERAL PROGRAM
AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF NORTHERN AMERICA - 39 DRUMM STREET - SAN FRANCISCO, CA 94111	94-0279770	501(C)(3)	14,435.	0.			GENERAL PROGRAM
OBAMA FOUNDATION FOR MY BROTHER'S KEEPER - 5235 S HARPER COURT SUITE 1140 - CHICAGO, IL 60615	46-4950751	501(C)(3)	14,435.	0.			GENERAL PROGRAM
WE THE PROTESTERS 10 LIBERTY ST APT 38D NEW YORK, NY 10005	81-3764408	501(C)(3)	14,435.	0.			GENERAL PROGRAM
BOSTON BALLET 19 CLARENDON STREET BOSTON, MA 02116	04-2312734	501(C)(3)	13,000.	0.			GENERAL PROGRAM

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CUBAN ARTISTS FUND 10 PARK AVENUE SUITE 12A NEW YORK, NY 10016	13-4005473	501(C)(3)	13,000.	0.			GENERAL PROGRAM
HOUSTON BALLET FOUNDATION 601 PRESTON STREET HOUSTON, TX 77002	74-1394920	501(C)(3)	13,000.	0.			GENERAL PROGRAM
MIAMI CITY BALLET INC 2200 LIBERTY AVE MIAMI BEACH, FL 33139	59-2578534	501(C)(3)	13,000.	0.			GENERAL PROGRAM
PACIFIC NORTHWEST BALLET 301 MERCER ST SEATTLE, WA 98109	91-0897129	501(C)(3)	13,000.	0.			GENERAL PROGRAM
AMERICAN FRIENDS OF COVENT GARDEN THE ROYAL OPERA THE ROYAL BALLET (ROYAL BALLET - 610 FIFTH AVENUE #5155 - NEW YORK, NY 10185	23-7039510	501(C)(3)	12,000.	0.			GENERAL PROGRAM
100 BLACK MEN OF CHICAGO 3473 S MARTIN LUTHER KING DR SUITE CHICAGO, IL 60616	36-4104895	501(C)(3)	10,000.	0.			GENERAL PROGRAM
ACCESS BOOKS PO BOX 64951 LOS ANGELES, CA 90064	31-1655018	501(C)(3)	10,000.	0.			GENERAL PROGRAM
ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BLVD #550 LOS ANGELES, CA 90010	95-4358213	501(C)(3)	10,000.	0.			GENERAL PROGRAM
AMERICAN FRIENDS OF THE NATIONAL BALLET OF CANADA - 20 DELWARE AVE SUITE 900 - BUFFALO, NY 14202	46-3400443	501(C)(3)	10,000.	0.			GENERAL PROGRAM

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ASSOCIATION ON AMERICAN INDIAN AFFAIRS - 966 HUNGERFORD DRIVE SUITE 30-A - ROCKVILLE, MD 20850	13-1623902	501(C)(3)	10,000.	0.			GENERAL PROGRAM
BEST FRIENDS ANIMAL SOCIETY 15321 BRAND BLVD MISSION HILLS, CA 91345	23-7147797	501(C)(3)	10,000.	0.			GENERAL PROGRAM
BROADWAY CARES/EQUITY FIGHTS AIDS 165 WEST 46TH STREET SUITE 1300 NEW YORK, NY 10036	13-3458820	501(C)(3)	10,000.	0.			GENERAL PROGRAM
CASA OF LOS ANGELES 201 CENTRE PLAZA DR ROOM 100 MONTEREY PARK, CA 91754	95-3890446	501(C)(3)	10,000.	0.			GENERAL PROGRAM
CHAI LIFELINE 151 WEST 30TH ST NEW YORK, NY 10001	11-2940331	501(C)(3)	10,000.	0.			GENERAL PROGRAM
COMMUNITY SUCCESS INITATIVE INC 1830-B TILLERY PLACE RALEIGH, NC 27604	16-1702165	501(C)(3)	10,000.	0.			GENERAL PROGRAM
CORNERSTONE MISSIONARY BAPTIST CHURCH - 6190 THIRD STREET - SAN FRANCISCO, CA 94124	91-2059425	501(C)(3)	10,000.	0.			GENERAL PROGRAM
DANCE THEATRE OF HARLEM 466 W. 152ND STREET NEW YORK, NY 10031	13-2642091	501(C)(3)	10,000.	0.			GENERAL PROGRAM
FIRST NATIONS DEVELOPMENT INSTITUTE - 2432 MAIN STREET 2ND FLOOR - LONGMONT, CO 80501	54-1254491	501(C)(3)	10,000.	0.			GENERAL PROGRAM

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FIRST STAR 2049 CENTURY PARK EAST #4320 LOS ANGELES, CA 90067	31-1719436	501(C)(3)	10,000.	0.			GENERAL PROGRAM
FOOD BANK OF NYC 39 BROADWAY 10TH FLOOR NEW YORK, NY 10006	13-3179546	501(C)(3)	10,000.	0.			GENERAL PROGRAM
FOSTER CARE COUNTS (FOSTERNATION) 11150 SANTA MONICA BLVD SUITE 1500 LOS ANGELES, CA 90025	45-4619493	501(C)(3)	10,000.	0.			GENERAL PROGRAM
FRIENDS OF THE CHILDREN - LOS ANGELES - 672 SOUTH LA FAYETTE PARK PL #33 - LOS ANGELES, CA 90057	82-3166229	501(C)(3)	10,000.	0.			GENERAL PROGRAM
IFOSTER 2828 EAST FOOTHILL BLVD SUITE 204 PASADENA, CA 91107	80-0627614	501(C)(3)	10,000.	0.			GENERAL PROGRAM
ISLAH REPARATIONS 1377 CAMPUS DE BERKELEY, CA 94708	46-2544409	501(C)(3)	10,000.	0.			GENERAL PROGRAM
JUST CITY 240 MADISON AVENUE SUITE 104 MEMPHIS, TN 38103	47-2650826	501(C)(3)	10,000.	0.			GENERAL PROGRAM
KIDS IN THE SPOTLIGHT 303 N GLENOAKS BLVD STE 200 BURBANK, CA 91502	35-2364726	501(C)(3)	10,000.	0.			GENERAL PROGRAM
MARK TWAIN LIBRARY IN REDDING 439 REDDING ROAD REDDING, CT 06896	06-0776655	501(C)(3)	10,000.	0.			GENERAL PROGRAM

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MASSAI WILDERNESS CONSERVATION TRUST - 2938 TORITO RD - SANTA BARBARA, CA 93108	66-0627488	501(C)(3)	10,000.	0.			GENERAL PROGRAM
MCKNIGHT, CONNOR 318 JEFFERSON ST APT 4R BROOKLYN, NY 11237	85-3630045	501(C)(3)	10,000.	0.			GENERAL PROGRAM
MNI WICONI HEALTH CLINIC 3904 LILLIAN CT MANDAN, ND 58554	81-4411144	501(C)(3)	10,000.	0.			GENERAL PROGRAM
MOTHERING JUSTICE (FISCAL SPONSOR FOR MICHIGAN LIBERATION EDUCATION FUND) - 3159 HELEN ST - DETROIT, MI 48207	45-3740989	501(C)(3)	10,000.	0.			GENERAL PROGRAM
NASHVILLE BAIL FUND 1623 HAYNES MEADE CIRCLE NASHVILLE, TN 37207	82-0976867	501(C)(3)	10,000.	0.			GENERAL PROGRAM
NATIVE WELLNESS INSTITUTE 2830 SE CLEVELAND DRIVE GRESHAM, OR 97080	20-2570037	501(C)(3)	10,000.	0.			GENERAL PROGRAM
NEW HAMPSHIRE COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE - PO BOX 353 - CONCORD, NH 03302-0353	02-0360151	501(C)(3)	10,000.	0.			GENERAL PROGRAM
O.D. AID - FISCAL SPONSOR TO UNITED FORTH WORTH COMMUNITY JUSTICE CENTER - 2308 VAUGHN BLVD - FORTH WORTH, TX 76105	30-1168546	501(C)(3)	10,000.	0.			GENERAL PROGRAM
OPERATION RESTORATION (FISCAL SPONSOR FOR SAFTY AND FREEDOM FUND) - 1450 POYDRAS ST SUITE 2260 - NEW ORLEANS, LA 70122	61-1791941	501(C)(3)	10,000.	0.			GENERAL PROGRAM

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PARTNERSHIP WITH NATIVE AMERICANS 16415 ADDISON ROAD SUITE 200 ADDISON, TX 75001	47-3730147	501(C)(3)	10,000.	0.			GENERAL PROGRAM
READY TO SUCCEED 1514 17TH STREET #205 SANTA MONICA, CA 90404	83-2282113	501(C)(3)	10,000.	0.			GENERAL PROGRAM
REVERSE THE CYCLE OF INCARCERATION INCORPORATED - P.O. BOX 90338 - EAST POINT, GA 30364	27-1565752	501(C)(3)	10,000.	0.			GENERAL PROGRAM
SAFE CONNECTIONS 2165 HAMPTON AVE SAINT LOUIS, MO 63139	43-1077667	501(C)(3)	10,000.	0.			GENERAL PROGRAM
SEL4CA PO BOX 2177 VENTURA, CA 93002	82-1707760	501(C)(3)	10,000.	0.			GENERAL PROGRAM
SOJOURNER HOUSE 386 SMITH STREET PROVIDENCE, RI 02908	05-0370419	501(C)(3)	10,000.	0.			GENERAL PROGRAM
TEXAS ORGANIZING PROJECT EDUCATION FUND - PO BOX 120296 - SAN ANTONIO, TX 78212	27-1481855	501(C)(3)	10,000.	0.			GENERAL PROGRAM
YOUTH OUTREACH SERVICES 2411 W. CONGRESS PKWY CHICAGO, IL 60612	36-3297629	501(C)(3)	10,000.	0.			GENERAL PROGRAM
YWCA OF GREATER BATON ROUGE 11404 LAKE SHERWOOD AVENUE N SUITE BATON ROUGE, LA 70816	72-0650993	501(C)(3)	10,000.	0.			GENERAL PROGRAM

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COMMUNITIES UNITED FOR POLICE REFORM - 520 EIGHTH AVENUE - NEW YORK, NY 10018	13-2950801	501(C)(3)	8,000.	0.			GENERAL PROGRAM
COMMUNITY COALITION FOR SUBSTANCE ABUSE PREVENTION AND TREATMENT - 8101 S VERMONT AVE - LOS ANGELES, CA 90044	95-4298811	501(C)(3)	8,000.	0.			GENERAL PROGRAM
CRITICAL RESISTANCE 1904 FRANKLIN STREET SUITE 504 OAKLAND, CA 94612	20-4412916	501(C)(3)	8,000.	0.			GENERAL PROGRAM
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	63-1135091	501(C)(3)	8,000.	0.			GENERAL PROGRAM
NATIONAL BLACK JUSTICE COALITION 1990 K STREET NE STE 310 WASHINGTON, DC 20006	20-0667808	501(C)(3)	8,000.	0.			GENERAL PROGRAM
TEEN DIARIES FOUNDATION 2854 VIREO BND MARIETTA, GA 30062	46-2683964	501(C)(3)	7,000.	0.			GENERAL PROGRAM
SOAPBOX 106 SUFFOLK STREET 2A NEW YORK, NY 10002	46-4146072	501(C)(3)	5,021.	0.			GENERAL PROGRAM

**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
GRADUATE TOGETHER AWARDS	5	27,500.	0.		

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

**Part IV Supplemental Information**

FURTHERMORE, EIF AWARDED 5 STUDENTS THE GRADUATE TOGETHER STUDENT

SPEAKER AWARDS DURING 2020.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number  
95-1644609

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUNG-AH POBLETE PRESIDENT/CEO - SU2C	(i)	387,469.	63,177.	717.	6,341.	15,770.	473,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NICOLE SEXTON CEO	(i)	362,500.	0.	1,317.	6,219.	15,180.	385,216.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEBORAH MORRISON CFO	(i)	291,614.	0.	1,254.	6,341.	18,140.	317,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MAURINE SLUTZKY VP/COMMUNICATIONS	(i)	256,808.	0.	121.	6,316.	18,742.	281,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) FIONA MCROBERT SVP/COMMUN. WEST COAST	(i)	225,807.	0.	314.	6,219.	15,145.	247,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER KUNTZ SVP OF OPERATIONS	(i)	208,562.	0.	447.	6,292.	23,474.	238,775.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NANCY KIM BLACKWATER SVP/DIGITAL STRATEGY	(i)	209,208.	0.	165.	6,097.	15,348.	230,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JANE RUBINSTEIN VP/COMMUNICATIONS (THRU 8/31/20)	(i)	174,020.	0.	31,353.	2,723.	10,078.	218,174.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SHAWN BURKE VP/CONTROLLER	(i)	185,524.	7,500.	368.	6,024.	15,811.	215,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) RENEE NICHOLAS VP/ADVOCACY OF STRAT. COLLAB	(i)	169,674.	0.	217.	6,048.	16,613.	192,552.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ROOPWANT SUMAL SVP GOVERNANCE & COMMUNITY RELATIONS	(i)	160,180.	6,000.	297.	6,341.	14,504.	187,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

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 4A:

SEVERANCE IN THE AMOUNT OF \$31,146 WAS PAID TO JANE RUBINSTEIN FOR

SEPARATION OF EMPLOYMENT.

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, CAO 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.

DUE TO THE COVID-19 PANDEMIC, DISCRETIONARY BONUSES WERE GIVEN TO A

**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.

SELECT GROUP OF EMPLOYEES.

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

# Transactions With Interested Persons

OMB No. 1545-0047

**2020**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
**ENTERTAINMENT INDUSTRY FOUNDATION**

Employer identification number  
**95-1644609**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2020



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	30,665	230,271.	SELLING PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( TOYS )	X	2,107	15,401.	SELLING PRICE
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

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

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

SCHEDULE M, PART I, COLUMN (B):

ENTERTAINMENT INDUSTRY FOUNDATION IS REPORTING THE NUMBER OF ITEMS

RECEIVED

Multiple horizontal lines for data entry.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

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

FOUNDED IN 1942, THE ENTERTAINMENT INDUSTRY FOUNDATION ("EIF") IS A  
MULTIFACETED ORGANIZATION THAT OCCUPIES A UNIQUE PLACE IN THE WORLD OF  
PHILANTHROPY. BY MOBILIZING AND LEVERAGING THE POWERFUL VOICE AND  
CREATIVE TALENTS OF THE ENTIRE ENTERTAINMENT COMMUNITY, AS WELL AS  
CULTIVATING THE SUPPORT OF ORGANIZATIONS (PUBLIC AND PRIVATE) AND  
PHILANTHROPISTS COMMITTED TO SOCIAL RESPONSIBILITY, EIF BUILDS  
AWARENESS AND RAISES FUNDS, DEVELOPING AND ENHANCING PROGRAMS ON THE  
LOCAL, NATIONAL AND GLOBAL LEVEL THAT FACILITATE POSITIVE SOCIAL  
CHANGE. THE FOUNDATION ALSO SUPPORTS AND ENCOURAGES THE PHILANTHROPIC  
EFFORTS OF ALL MEMBERS OF THE ENTERTAINMENT COMMUNITY.

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

GENERAL FUND, HUNGER, EDUCATION AND INCLUSION  
EXPENSES \$ 3,523,230. INCLUDING GRANTS OF \$ 2,704,009. REVENUE \$ 0.

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

FORM 990 REVIEW PROCESS  
THE EIF AUDIT/TAX FIRM AND THE EIF FINANCE TEAM WORK TOGETHER TO GATHER  
THE REQUIRED INFORMATION NECESSARY TO COMPLETE THE FORM 990. THE TAX FIRM  
PREPARES AN INITIAL DRAFT FORM 990 AND REVIEWS THIS INITIAL DRAFT WITH  
THE FINANCE TEAM; ALL LINE ITEMS ARE REVIEWED 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 DISTRIBUTED TO THE FULL BOARD OF  
DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.



Name of the organization ENTERTAINMENT INDUSTRY FOUNDATION	Employer identification number 95-1644609
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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 REGULARLY ATTENDS THE ORGANIZATION

BOARD AND COMMITTEE MEETINGS. INDIVIDUALS MUST COMPLETE AND FILE A

CONFLICT OF INTEREST DISCLOSURE STATEMENT BEFORE SERVING ON THE

ORGANIZATION BOARD OR ANY COMMITTEE. OUTSIDE COUNCIL MONITORS THE

COMPLIANCE OF THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS WHO SERVE ON

OTHER BOARDS MUST RECUSE THEMSELVES IF A BOARD VOTE COMES UP TO APPROVE A

GRANT ON BEHALF OF ANOTHER BOARD OR AFFILIATION WHERE THEY SERVE.

ADDITIONALLY, THE SU2C COUNCIL OF FOUNDERS AND ADVISORS WHO SERVE IN

COMPENSATED CAPACITIES MUST ALL HAVE AN INDEPENDENT REVIEW OF THE

REASONABLENESS OF THEIR COMPENSATION AND THOSE REVIEWS ARE APPROVED BY

THE CHAIR OF THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION OF OFFICERS & KEY EMPLOYEES

THE CHAIR OF THE EIF AUDIT COMMITTEE HIRES A PROFESSIONAL FIRM THAT

PERFORMS AN INDEPENDENT COMPENSATION ASSESSMENT ON BEHALF OF ALL EIF KEY

EMPLOYEES AND OFFICERS. THE RESULTS OF THAT 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

AND UNDERLYING REGULATIONS.

THE LAST INDEPENDENT ASSESSMENT WAS COMPLETED IN OCTOBER 2020.

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

Name of the organization ENTERTAINMENT INDUSTRY FOUNDATION	Employer identification number 95-1644609
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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.EIFFOUNDATION.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,

COMMERCIAL CO VENTURES DEVELOPMENT AND OVERSIGHT, CAUSE MARKETING

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:

PROFESSIONAL CONSULTING:

PROGRAM SERVICE EXPENSES 6,359,257.

MANAGEMENT AND GENERAL EXPENSES 852,365.

FUNDRAISING EXPENSES 2,575,910.

TOTAL EXPENSES 9,787,532.

Name of the organization ENTERTAINMENT INDUSTRY FOUNDATION	Employer identification number 95-1644609
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 9,787,532.

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

GRANT ACCRUAL REVERSAL 1,487,996.

FORM 990, SCHEDULE L, PART IV:

THE BOARD OF DIRECTORS OF THE FOUNDATION DELEGATED CERTAIN AUTHORITY AND RESPONSIBILITY REGARDING THE SU2C DIVISION TO THE CO-FOUNDERS OF STAND UP TO CANCER ("CO-FOUNDERS") THAT ACTIVELY PARTICIPATE IN STAND UP TO CANCER MATTERS ON A RECURRING OR WEEKLY BASIS. DURING 2020, THESE CO-FOUNDERS EXERCISED SUBSTANTIAL INFLUENCE OVER VARIOUS FOUNDATION MATTERS ALTHOUGH THEY DO NOT CONSTITUTE MEMBERS OF THE GOVERNING BODY AS PROVIDED IN THE FORM 990 INSTRUCTIONS NOR THEY ARE FOUNDATION OFFICERS OR KEY EMPLOYEES.

IN THE INTEREST OF TRANSPARENCY, THE FOUNDATION IS DISCLOSING BUSINESS TRANSACTIONS WITH THE CO-FOUNDERS AND THEIR COMPANIES EVEN THOUGH THE CO-FOUNDERS DO NOT MEET THE "INTERESTED PERSONS" DEFINITION FOR SCHEDULE L.

THE BELOW CO-FOUNDERS COMPENSATION DETAILS ARE LISTED AS FOLLOWS:

(1) SUE SCHWARTZ AND RUSTY ROBERTSON  
EACH ARE 50% OWNERS OF THE ROBERTSON SCHWARTZ AGENCY  
\$ 2,558,392.

(2) LISA PAULSEN  
OWNER OF MINDFUL MEDIA PARTNERS, LLC

Name of the organization ENTERTAINMENT INDUSTRY FOUNDATION	Employer identification number 95-1644609
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\$ 95,000.

(3) PAM WILLIAMS

OWNER OF SWEET PEA AND BUBBA PRODUCTIONS

\$ 95,000.

(4) ELLEN ZIFFREN

SU2C DIGITAL MEDIA CONSULTANT

\$ 95,000.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization <p style="text-align: center;">ENTERTAINMENT INDUSTRY FOUNDATION</p>	Employer identification number <p style="text-align: center;">95-1644609</p>
--	---

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
STAND UP TO CANCER MUSIC, LLC - 26-3299754 10880 WILSHIRE BLVD, SUITE 1400 LOS ANGELES, CA 90024	MUSIC RIGHTS	CALIFORNIA	16,445.	0.	EIF

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

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

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

Schedule R (Form 990) 2020

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

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

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

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

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

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

**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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



