TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton Advisors LLC
Special Instructions	The return should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.
Application for Recognition of Exemption	Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, response is generally required within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently $1.00 for the first page and $0.15 for each additional page.
What if we post the Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

Docusign Envelope ID: 36765D97-3EE0-8A8F-826E-A1788F996315

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ENTERTAINMENT INDUSTRY FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10880 WILSHIRE BLVD. 1400

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES, CA 90024

D Employer identification number
95-1644609

E Telephone number
424-283-3600

G Gross receipts $ 54,292,073.

F Name and address of principal officer: NICOLE SEXTON
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.EIFOUNDATION.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1942

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO COORDINATE THE PHILANTHROPY OF THE ENTERTAINMENT INDUSTRY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	106
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	71,158,910.	51,539,269.
9	Program service revenue (Part VIII, line 2g)	291,510.	195,359.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,201,217.	1,385,679.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	298,112.	105,236.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	72,949,749.	53,225,543.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	54,286,840.	20,873,985.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,385,508.	13,484,667.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	977,740.	2,399,666.
b	Total fundraising expenses (Part IX, column (D), line 25) 5,549,175.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,790,273.	14,784,257.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,440,361.	51,542,575.
19	Revenue less expenses. Subtract line 18 from line 12	-13,490,612.	1,682,968.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	84,568,437.	83,124,671.
21	Total liabilities (Part X, line 26)	11,586,745.	7,240,236.
22	Net assets or fund balances. Subtract line 21 from line 20	72,981,692.	75,884,435.

Part II Signature Block

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

Sign Here

AJ Jawabreh — 11/13/2026
Signature of officer — Date
AJ JAWABREH, CFO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ERIN COUTURE	Erin Couture	11/13/2026	☐	P01390592

Firm's name GRANT THORNTON ADVISORS LLC — Firm's EIN 99-1856619
Firm's address 53 STATE STREET, SUITE 1600 BOSTON, MA 02109 — Phone no. (617) 723-7900

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

COPY

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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

OMB No. 1545-0047

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

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

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.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
ENTERTAINMENT INDUSTRY FOUNDATION	95-1644609

Number, street, and room or suite no. If a P.O. box, see instructions.
10880 WILSHIRE BLVD., 1400

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
LOS ANGELES, CA 90024

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of AJ JAWABREH
10880 WILSHIRE BLVD, SUITE 1400 - LOS ANGELES, CA 90024

Telephone No. 310-923-5394 Fax No. 424-283-3700

- 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, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 25 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

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:
FOUNDED IN 1942, THE ENTERTAINMENT INDUSTRY FOUNDATION ("EIF") IS A MULTIFACETED ORGANIZATION THAT OCCUPIES A UNIQUE PLACE IN THE WORLD OF PHILANTHROPY. (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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 22,180,694. including grants of $ 11,147,363.) (Revenue $ 0.)
CHARITABLE SERVICE FUNDS: EIF SERVES AS THE TRUSTED RESOURCE OF THE ENTERTAINMENT COMMUNITY BY OFFERING FISCAL SPONSORSHIP SERVICES TO CELEBRITIES, ATHLETES, AND ENTERTAINMENT COMPANIES SEEKING TO EXPAND THEIR PHILANTHROPIC FOOTPRINT AND LEVERAGE THEIR PLATFORMS FOR SOCIAL GOOD. CHARITABLE SERVICE FUNDS THRIVE WITHIN EIF'S REPUTABLE 501(C)(3) PUBLIC CHARITY STATUS.

4b (Code:) (Expenses $ 15,050,960. including grants of $ 9,314,479.) (Revenue $ 259,008.)
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.

4c (Code:) (Expenses $ 507,736. including grants of $ 367,271.) (Revenue $ 0.)
EIF CAREERS PROGRAM: THE ENTERTAINMENT INDUSTRY FOUNDATION (EIF) CAREERS PROGRAM IS INCREASING ACCESS TO ENTERTAINMENT CAREERS FOR HISTORICALLY EXCLUDED COMMUNITIES BY LEVERAGING DEEPLY ROOTED RELATIONSHIPS IN THE ENTERTAINMENT INDUSTRY AND AMONG COMMUNITY-BASED ORGANIZATIONS. DEFY DISASTER: BUILDING ON EIF'S HISTORIC COMMITMENT TO FURTHERING THE PHILANTHROPIC EFFORTS OF THE ENTERTAINMENT COMMUNITY, DEFY DISASTER ALLOWS FOR IMMEDIATE RESPONSE IN THE WAKE OF HUMANITARIAN CRISES.

4d Other program services (Describe on Schedule O.)
(Expenses $ 642,690. including grants of $ 44,872.) (Revenue $ 0.)

4e Total program service expenses 38,382,080.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	211		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 106			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

AJ JAWABREH - 310-923-5394

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 X

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICOLE SEXTON	40.00									
CEO	0.00			X				384,142.	0.	29,492.
(2) DANA LIPMAN	20.00									
SVP HR & LABOR RELATIONS	20.00				X			257,247.	0.	32,070.
(3) KAREN WILLIAMS	40.00									
VP OF PROGRAMMING, ROYBAL	0.00					X		209,700.	0.	28,205.
(4) JORDAN M JACUZZI	40.00									
SVP OPS/COMMS/GOVERNANCE	0.00					X		191,761.	0.	33,277.
(5) BRIAN GOTT	40.00									
CHIEF INNOVATION OFFICER	0.00				X			192,292.	0.	28,778.
(6) JEFFREY THACKER	40.00									
VICE PRESIDENT, DIGITAL KYRC	0.00					X		156,193.	0.	26,750.
(7) MICHELLE YABLANS	40.00									
EXECUTIVE DIRECTOR (THRU 12/25)	0.00					X		141,488.	0.	29,732.
(8) AIDA MORROW	40.00									
EXECUTIVE DIRECTOR, SCFU	0.00					X		136,705.	0.	34,047.
(9) BRIAN HENRY GIESELER	20.00									
CFO (THRU 12/25)	20.00			X				145,248.	0.	14,897.
(10) SHAWN BURKE	20.00									
CFO (THRU 04/25)	20.00			X				125,851.	0.	9,985.
(11) CHRIS SILBERMANN	1.00									
BOARD CHAIR	0.00	X		X				0.	0.	0.
(12) JEFF BADER	1.00									
BOARD VICE CHAIR	0.00	X		X				0.	0.	0.
(13) PETER SEYMOUR	1.00									
TREASURER	0.00	X		X				0.	0.	0.
(14) DAN HARRISON	1.00									
SECRETARY	0.00	X		X				0.	0.	0.
(15) LYNN HARRIS	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(16) KATHY JOHNSON	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(17) RENE JONES	1.00									
BOARD MEMBER	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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NORIKO KELLEY	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(19) ANDY KUBITZ	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(20) SHERRY LANSING	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(21) JACK SUSSMAN	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(22) NATALIE TRAN	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
(23) DANICE WOODLEY	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
1b Subtotal								1,940,627.	0.	267,233.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,940,627.	0.	267,233.

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 27

		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
DONE AND DUSTED ELECTRONIC, INC, 2644 30TH STREET, SUITE 100, SANTA MONICA, CA 90405	PRODUCTION SERVICES	2,850,000.
MOORE, A SERIES LLC, 4200 PARLIAMENT PLACE, 3RD FLOOR, LANHAM, MD 20706	FUNDRAISING CONSULTING	1,868,175.
ROBERTSON SCHWARTZ AGENCY, 1250 6TH STREET, SUITE 201, SANTA MONICA, CA 90401	FUNDRAISING/MARKETING SERVICES	1,226,630.
REGINA MILLER GROUP INC 724 ALTA AVENUE, SANTA MONICA, CA 90402	CONSULTING SERVICES	704,435.
VENABLE LLP, 600 MASSACHUSETTS AVE, NW, WASHINGTON, DC 20001	LEGAL SERVICES	600,528.

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 21

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	27,690,600.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,848,669.			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f			51,539,269.		
Program Service Revenue			Business Code				
	2a	MEDIA DEVELOPMENT	516210	195,359.	195,359.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		195,359.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,263,321.			1,263,321.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		41,587.			41,587.
			(i) Real / (ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	1,188,888.				
	b	Less: cost or other basis and sales expenses 7b	1,066,530.				
	c	Gain or (loss) 7c	122,358.				
	d	Net gain or (loss)		122,358.			122,358.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a	GRANT REFUND		63,649.	63,649.		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		63,649.			
	12	**Total revenue.** See instructions		53,225,543.	259,008.	0.	1,427,266.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,589,658.	17,589,658.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,284,327.	3,284,327.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,220,002.	221,070.	585,298.	413,634.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,487,027.	5,658,111.	2,662,354.	1,166,562.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	398,022.	235,674.	122,666.	39,682.
9 Other employee benefits	1,601,920.	940,231.	501,277.	160,412.
10 Payroll taxes	777,696.	435,218.	243,243.	99,235.
11 Fees for services (nonemployees):				
a Management				
b Legal	645,870.		645,870.	
c Accounting	152,981.		152,981.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,399,666.			2,399,666.
f Investment management fees	65,599.		65,599.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	9,111,039.	7,199,436.	817,229.	1,094,374.
12 Advertising and promotion	2,962.	2,962.		
13 Office expenses	553,737.	423,135.	96,708.	33,894.
14 Information technology				
15 Royalties				
16 Occupancy	758,558.	27,031.	731,527.	
17 Travel	774,028.	653,466.	70,475.	50,087.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	214,522.	214,522.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	298,022.	27,741.	270,281.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS & PERMITS	958,404.	384,222.	555,496.	18,686.
b PUBLIC RELATIONS & PUBL	641,817.	641,353.	464.	
c SPECIAL EVENT SPACE REN	275,891.	275,591.		300.
d EQUIPMENT RENTAL	220,482.	151,118.	69,364.	
e All other expenses	110,345.	17,214.	20,488.	72,643.
25 **Total functional expenses.** Add lines 1 through 24e	51,542,575.	38,382,080.	7,611,320.	5,549,175.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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
Assets	1	Cash - non-interest-bearing		25,278,077.	1	27,023,197.
	2	Savings and temporary cash investments		7,103,075.	2	4,766,513.
	3	Pledges and grants receivable, net		7,388,117.	3	4,877,340.
	4	Accounts receivable, net		100,957.	4	44,448.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		693,228.	9	571,976.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,754,882.			
	b	Less: accumulated depreciation	10b 1,736,038.	16,691.	10c	18,844.
	11	Investments - publicly traded securities		41,226,154.	11	43,628,391.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,762,138.	15	2,193,962.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		84,568,437.	16	83,124,671.
Liabilities	17	Accounts payable and accrued expenses		2,781,036.	17	2,462,359.
	18	Grants payable		6,043,572.	18	2,583,915.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		2,762,137.	25	2,193,962.
	26	**Total liabilities.** Add lines 17 through 25		11,586,745.	26	7,240,236.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		175,618.	27	300,783.
	28	Net assets with donor restrictions		72,806,074.	28	75,583,652.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		72,981,692.	32	75,884,435.
	33	Total liabilities and net assets/fund balances		84,568,437.	33	83,124,671.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,225,543.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,542,575.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,682,968.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	72,981,692.
5	Net unrealized gains (losses) on investments	5	1,503,858.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-284,083.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	75,884,435.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ 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?	2c	X	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
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	3b		

SCHEDULE A
(Form 990)

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

2025

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).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63,726,845.	56,004,400.	99,298,481.	71,158,910.	51,539,269.	341,727,905.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	63,726,845.	56,004,400.	99,298,481.	71,158,910.	51,539,269.	341,727,905.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19,798,973.
6 **Public support.** Subtract line 5 from line 4.						321,928,932.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	63,726,845.	56,004,400.	99,298,481.	71,158,910.	51,539,269.	341,727,905.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,094,370.	1,358,660.	2,275,529.	1,497,613.	1,304,908.	7,531,080.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						349,258,985.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 92.17 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 90.06 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** 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 **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for 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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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.*	**1**	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *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.*	**2**	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	**1**	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its upported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	**2b**	
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**	

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

[ ] 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

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

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

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

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

Name of organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

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		$ 27,690,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 1,249,560.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 1,150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

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

Name of organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
ENTERTAINMENT INDUSTRY FOUNDATION	95-1644609

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 EINs 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-.

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	0.
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	0.
c Total lobbying expenditures (add lines 1a and 1b)	0.	0.
d Other exempt purpose expenditures	51,206,323.	0.
e Total exempt purpose expenditures (add lines 1c and 1d)	51,206,323.	0.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	0.
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	0.
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

IF the amount on line 1e, column (a) or (b), is:	THEN 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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2022	(b) 2023	(c) 2024	(d) 2025	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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) Yes	(a) No	(b) Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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."

1	Dues, assessments, and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid):**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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 expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

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.

SCHEDULE D (Form 990)
(Rev. December 2024)
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

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	38	
2	Aggregate value of contributions to (during year)	22,279,426.	
3	Aggregate value of grants from (during year)	11,157,058.	
4	Aggregate value at end of year	30,667,513.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

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

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

Complete if the organization answered "Yes" 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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				
c Leasehold improvements		571,004.	568,750.	2,254.
d Equipment		639,600.	638,267.	1,333.
e Other		544,278.	529,021.	15,257.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				18,844.

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

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) LEASE LIABILITY	2,193,962.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	2,193,962.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	253,413,910.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,503,858.		
b	Donated services and use of facilities	2b	198,813,757.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	200,317,615.
3	Subtract line 2e from line 1			3	53,096,295.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65,599.		
b	Other (Describe in Part XIII.)	4b	63,649.		
c	Add lines 4a and 4b			4c	129,248.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	53,225,543.

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

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

1	Total expenses and losses per audited financial statements			1	250,227,084.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	198,813,757.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-63,649.		
e	Add lines 2a through 2d			2e	198,750,108.
3	Subtract line 2e from line 1			3	51,476,976.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65,599.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	65,599.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	51,542,575.

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 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 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 TO 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 HAD 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 XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

GRANT REFUND

PART XII, LINE 2D - OTHER ADJUSTMENTS:
GRANT REFUND

SCHEDULE D, PART XI AND PART XII:
EIF IS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS WITH ITS SUPPORTING ORGANIZATION, STAND UP TO CANCER, AND STAND UP TO CANCER MUSIC, LLC, A DISREGARDED ENTITY FOR FEDERAL TAX PURPOSES FOR WHICH IT IS THE SOLE OWNER. THE RECONCILIATION OF REVENUES AND EXPENSES PER THE AUDITED FINANCIAL STATEMENTS WITH THE FORM 990 REFLECT SIGNIFICANT CONTRIBUTIONS OF DONATED BROADCAST PUBLIC SERVICE ANNOUNCEMENTS, WHICH WERE INCLUDED IN CONTRIBUTED INCOME AND EXPENSES FOR FINANCIAL STATEMENT PURPOSES, BUT ARE CORRECTLY EXCLUDED FROM REVENUES AND EXPENSES ON FORM 990, PART VIII AND FORM 990, PART IX.

SCHEDULE F (Form 990)
(Rev. December 2024)
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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **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? ..... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 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
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,196,000.
RUSSIA AND NEIGHBORING STATES	0	1	GRANTMAKING		1,132,177.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		848,053.
NORTH AMERICA	0	0	GRANTMAKING		108,097.
SUB-SAHARAN AFRICA	0	5	PROGRAM SERVICES	SEE PART V	44,122.
3 a Subtotal	0	6			3,328,449.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	6			3,328,449.

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)
		RUSSIA AND NEIGHBORING STATES	GENERAL PROGRAM	537,607.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	315,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	250,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	171,220.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	160,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	GENERAL PROGRAM	131,660.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	110,000.	WIRE	0.		
		NORTH AMERICA	GENERAL PROGRAM	108,097.	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 35

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

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	105,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	85,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	GENERAL PROGRAM	81,900.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	GENERAL PROGRAM	76,610.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	GENERAL PROGRAM	75,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	65,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	64,150.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	GENERAL PROGRAM	62,505.	WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	GENERAL PROGRAM	62,410.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	61,000.	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	55,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	GENERAL PROGRAM	54,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	50,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	50,000.	WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	50,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	50,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	45,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	40,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	GENERAL PROGRAM	32,425.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL PROGRAM	30,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	GENERAL PROGRAM	10,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL PROGRAM	7,683.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	GENERAL PROGRAM	7,560.	WIRE	0.		

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

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

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 the 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 the 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 the 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 the 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 the 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 the 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 2:
AS PART OF THE DUE DILIGENCE PROCESS AND BEFORE MAKING GRANTS TO ORGANIZATIONS OUTSIDE THE U.S., EIF VERIFIES THAT THE CAUSES TO WHICH FUNDING IS DESIGNATED ARE IN FACT CHARITABLE OR THAT MONEY DONATED FOR CHARITABLE CAUSES IS UNLIKELY TO BE DIVERTED TO NON-CHARITABLE PURPOSES. IN COMPLIANCE WITH IRS GUIDELINES, EIF CONDUCTS REVIEWS TO DETERMINE IF POTENTIAL GRANTEES ARE THE FOREIGN EQUIVALENTS OF A US CHARITY. IF SO, AT LEAST ONE REPORT IS REQUIRED EACH YEAR. THESE REPORTS INCLUDE DETAILS ON THE PROGRESS TOWARD PROGRAM GOALS, AN ASSESSMENT OF THE AGENCY'S PERFORMANCE, AND AN ACCOUNTING OF ALL EXPENDITURES. IF NO EQUIVALENCY CAN BE ESTABLISHED, EIF ASSUMES EXPENDITURE RESPONSIBILITY FOR GRANTS MADE. AS PER IRS GUIDELINES, GRANTEES ARE REQUIRED TO HOLD THE MONEY IN A DEDICATED ACCOUNT AND REPORT IN WRITING AT LEAST ONCE A YEAR.

PART I, LINE 3:
THE ACCRUAL BASIS OF ACCOUNTING IS THE METHOD USED TO ACCOUNT FOR EXPENDITURES.

PART I, LINE 3, COLUMN (E):
REGION: SUB-SAHARAN AFRICA
CTAOP HOSTED 2 REGIONAL PROGRAM PARTNER SUMMITS IN KWAZULU-NATAL AND CAPE TOWN SOUTH AFRICA, INCLUDING VENUES, TRANSPORTATION, PHOTOGRAPHY, AND A DEPOSIT FOR THE 2026 NATIONAL PARTNER SUMMIT.

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of nongovernment grants
- **f** [ ] Solicitation of government grants
- **g** [X] 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? [X] **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? Yes	No	**(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
ROBERTSON SCHWARTZ AGENCY - 22287 MULHOLLAND HIGHWAY, STE	FUNDRAISING AND DONOR SERVICES		X	15,713,683.	583,333.	15,130,350.
MOORE, A SERIES LLC - 4200 PARLIAMENT PLACE 3RD FL,	DIRECT RESPONSE FUNDRAISING		X	1,385,517.	1,793,176.	-407,659.
MOORE RESPONSE MANAGEMENT GROUP INC - 100 JAMISON	DONATION RESPONSE PROCESSING		X	0.	23,157.	-23,157.
Total				17,099,200.	2,399,666.	14,699,534.

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,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,MO,NV,NH,NJ,NM,NY
NC,ND,OH,OR,OK,PA,RI,SC,TN,VA,WA,WV,WI

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ 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 the 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:
22287 MULHOLLAND HIGHWAY, STE 181, CALABASAS, CA 91302

(I) NAME OF FUNDRAISER: MOORE, A SERIES LLC
(I) ADDRESS OF FUNDRAISER: 4200 PARLIAMENT PLACE 3RD FL, LANHAM, MD 20706

(I) NAME OF FUNDRAISER: MOORE RESPONSE MANAGEMENT GROUP INC
(I) ADDRESS OF FUNDRAISER: 100 JAMISON COURT, HAGERSTOWN, MD 21740

SCHEDULE G
THE FOUNDATION PAYS CERTAIN EXPENSES ON BEHALF OF ITS SUPPORTING ORGANIZATION, STAND UP TO CANCER IN CONNECTION WITH FUNDRAISING ACTIVITIES. THESE PAYMENTS ARE INCLUDED ON THE FOUNDATION'S FORM 990, SCHEDULE G.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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? [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITY ORGANIZED RELIEF EFFORT 6464 SUNSET BLVD SUITE 530 LOS ANGELES, CA 90028	27-1703237	501(C)(3)	3,334,321.	0.			GENERAL PROGRAM
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST. 17TH FL. - PHILADELPHIA, PA 19106	23-6251648	501(C)(3)	2,195,707.	0.			GENERAL PROGRAM
LOS ANGELES UNIFIED SCHOOL DIST. EDUCATION FDN. - 333 S BEAUDRY AVE FL 24 - LOS ANGELES, CA 90017	68-0503221	501(C)(3)	1,917,802.	0.			GENERAL PROGRAM
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST. BOSTON, MA 02114	04-1564655	501(C)(3)	1,550,000.	0.			GENERAL PROGRAM
BROAD INSTITUTE 415 MAIN ST. CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	1,080,000.	0.			GENERAL PROGRAM
MEMORIAL SLOAN KETTERING CANCER CENTER - OFFICE OF DEVP. 885 SECOND AVE 7TH FL. - NEW YORK, NY 10017	13-1924236	501(C)(3)	1,050,000.	0.			GENERAL PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 78.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH ST. STE. 3200 RICHMOND, VA 23298-0568	54-6001758	501(C)(3)	1,050,000.	0.			GENERAL PROGRAM
COLUMBIA UNIVERSITY 305 DODGE HALL, MC 1803 2960 BROADW NEW YORK, NY 10027	13-5598093	501(C)(3)	857,142.	0.			GENERAL PROGRAM
ROYBAL FILM AND TELEVISION MAGNET 1200 COLTON STREET LOS ANGELES, CA 90026	95-6001908	501(C)(3)	635,000.	0.			GENERAL PROGRAM
NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	04-3236982	501(C)(3)	500,000.	0.			GENERAL PROGRAM
JOHNS HOPKINS UNIVERSITY 733 N BROADWAY STE. 117 BALTIMORE, MD 21205	52-0595110	501(C)(3)	269,066.	0.			GENERAL PROGRAM
FRED HUTCHINSON CANCER CENTER 1000 FAIRVIEW AVE., J6-500PO BOX 19 SEATTLE, WA 98109-1024	91-1935159	501(C)(3)	228,572.	0.			GENERAL PROGRAM
BRIC FOUNDATION 5735 LEMP AVE NORTH HOLLYWOOD, CA 91601	83-1408476	501(C)(3)	130,500.	0.			GENERAL PROGRAM
SOUTHERN CALIFORNIA GRANTMAKERS 1000 N ALAMEDA ST STE 230 LOS ANGELES, CA 90012	95-2831058	501(C)(3)	130,000.	0.			GENERAL PROGRAM
THE FRESH AIR FUND 633 THIRD AVENUE, 14TH FLOOR NEW YORK, NY 10017	13-1656653	501(C)(3)	110,000.	0.			GENERAL PROGRAM

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPEN CANCER CONFERENCE 419 MEADOW COURT BASALT, CO 81621	52-1746776	501(C)(3)	100,000.	0.			GENERAL PROGRAM
BROWN UNIVERSITY 225 DYER STREET #661 PROVIDENCE, RI 02903	05-0258809	501(C)(3)	100,000.	0.			GENERAL PROGRAM
NYU GROSSMAN SCHOOL OF MEDICINE ONE PARK AVE. 6TH FL. NEW YORK, NY 10016	13-5562308	501(C)(3)	100,000.	0.			GENERAL PROGRAM
TRUSTEES OF PRINCETON UNIVERSITY 87 PROSPECT AVE. 2ND FL. PRINCETON, NJ 08544	21-0634501	501(C)(3)	100,000.	0.			GENERAL PROGRAM
AFRICAN PARKS FOUNDATION OF AMERICA - 21 WEST 46TH STREET - NEW YORK, NY 10036	30-0241094	501(C)(3)	100,000.	0.			GENERAL PROGRAM
MALAMA KULA PO BOX 1134 KULA, HI 96790	93-4177423	501(C)(3)	100,000.	0.			GENERAL PROGRAM
ALLIES IN ARTS PO BOX 39875 LOS ANGELES, CA 90039-0875	47-5376594	501(C)(3)	100,000.	0.			GENERAL PROGRAM
PACIFIC BIRTH COLLECTIVE 2580A ALA OLU PLACE HAIKU, HI 96708	84-2562504	501(C)(3)	100,000.	0.			GENERAL PROGRAM
BIG BROTHERS BIG SISTERS OF GREATER LOS ANGELES - 333 WILSHIRE BLVD STE 103 - LOS ANGELES, CA 90010	95-1904857	501(C)(3)	98,958.	0.			GENERAL PROGRAM

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 1 GUSTAVE L LEVY PLACE BOX 1049 - NEW YORK, NY 10029	13-6171197	501(C)(3)	78,749.	0.			GENERAL PROGRAM
SUNDANCE INSTITUTE PO BOX 684429 PARK CITY, UT 84068	87-0361394	501(C)(3)	75,000.	0.			GENERAL PROGRAM
THE GRAY MATTER EXPERIENCE 222 N CANAL ST. CHICAGO, IL 60606	81-1936438	501(C)(3)	60,000.	0.			GENERAL PROGRAM
ALL STAR CODE 276 5TH AVE., STE. 704 #734 NEW YORK, NY 10001	90-0954778	501(C)(3)	60,000.	0.			GENERAL PROGRAM
JUST KEEP LIVIN FOUNDATION 1107 GLENDON AVE. LOS ANGELES, CA 90024	20-3921057	501(C)(3)	60,000.	0.			GENERAL PROGRAM
COLUMBIA UNIVERSITY 305 DODGE HALL, MC 1803 2960 BROADW NEW YORK, NY 10027	13-5598093	501(C)(3)	55,000.	0.			GENERAL PROGRAM
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 13 APPIAN WAY - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	50,000.	0.			GENERAL PROGRAM
HANDY FOUNDATION CORPORATION 3425 CAHUENGA BOULEVARD WEST LOS ANGELES, CA 90068	85-1588573	501(C)(3)	50,000.	0.			GENERAL PROGRAM
MUSICARES FOUNDATION 3030 OLYMPIC BLVD SANTA MONICA, CA 90404	95-4470909	501(C)(3)	50,000.	0.			GENERAL PROGRAM

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LARKIN STREET YOUTH SERVICES 134 GOLDEN GATE AVE. SAN FRANCISCO, CA 94102	94-2917999	501(C)(3)	50,000.	0.			GENERAL PROGRAM
HOLLYWOOD CINEMA PRODUCTIONS RESOURCES - 9700 S SEPULVEDA BLVD - LOS ANGELES, CA 90045	95-4667926	501(C)(3)	50,000.	0.			GENERAL PROGRAM
BRAVE GENERATION 320 WEST 76 ST. APT 1FG NEW YORK, NY 10023	85-0839183	501(C)(3)	50,000.	0.			GENERAL PROGRAM
UNIVERSITY OF SOUTHERN CALIFORNIA 1441 EASTLAKE AVE. STE. 3419 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	49,545.	0.			GENERAL PROGRAM
THE INST. FOR CANCER RESEARCH DBA THE RESEARC INST. OF FOX CHASE CANCER CTR. 333 COTTMAN AVE. - PHILADELPH	23-6296135	501(C)(3)	49,196.	0.			GENERAL PROGRAM
CRISIS TEXT LINE PO BOX 1144 NEW YORK, NY 10159	46-5039599	501(C)(3)	46,500.	0.			GENERAL PROGRAM
AGAHOZO-SHALOM YOUTH VILLAGE 510 FIFTH AVE., 3RD FL. NEW YORK, NY 10036	27-3530769	501(C)(3)	40,000.	0.			GENERAL PROGRAM
BOLD FOUNDATION INC 1624 MARKET ST. STE. 226, PMB 18696 DENVER, CO 80202-1559	84-2719715	501(C)(3)	40,000.	0.			GENERAL PROGRAM
EQUAL HOPE DBA METROPOLITAN CHICAGO BREAST CANCER TASK FORCE - 300 SOUTH ASHLAND AVE. - CHICAGO, IL 60607	26-2264895	501(C)(3)	32,000.	0.			GENERAL PROGRAM

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INGALLS DEVELOPMENT FOUNDATION ONE INGALLS DR. HARVEY, IL 60426	36-3189150	501(C)(3)	32,000.	0.			GENERAL PROGRAM
CANCER SUPPORT COMMUNITY NORTH TEXAS - PO BOX 12688 - DALLAS, TX 75225	75-2633654	501(C)(3)	28,465.	0.			GENERAL PROGRAM
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PARKWAY STE. 600 DOWNERS GROVE, IL 60515	36-3297360	501(C)(3)	27,468.	0.			GENERAL PROGRAM
BILL, HILLARY & CHELSEA CLINTON FOUNDATION - 1271 AVE. OF THE AMERICAS 42ND FL. - NEW YORK, NY 10020	31-1580204	501(C)(3)	25,000.	0.			GENERAL PROGRAM
SOCIAL & ENVIRONMENTAL ENTREPRENEURS FBO LONELY WHALE FDN. - 23564 CALABASAS RD. STE. 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	25,000.	0.			GENERAL PROGRAM
CENTER FOR ECONOMIC RESEARCH AND SOCIAL CHANGE INC - 800 W BUENA AVE - CHICAGO, IL 60613	36-4400754	501(C)(3)	24,375.	0.			GENERAL PROGRAM
FULFILLMENT FUND 1150 S OLIVE ST. STE. 2050 LOS ANGELES, CA 90015	95-3180934	501(C)(3)	21,750.	0.			GENERAL PROGRAM
PRAISE IS THE CURE 766 OLD YORK RD. JENKINTOWN, PA 19046	47-2440768	501(C)(3)	21,150.	0.			GENERAL PROGRAM
PASADENA HUMANE SOCIETY 361 S RAYMOND AVE. PASADENA, CA 91105	95-1643344	501(C)(3)	20,000.	0.			GENERAL PROGRAM

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUND FOR PUBLIC SCHOOL INC 52 CHAMBERS ST ROOM 305 NEW YORK, NY 10007	11-2656137	501(C)(3)	20,000.	0.			GENERAL PROGRAM
NAMI CHICAGO 1801 W WARNER STE 202 CHICAGO, IL 60618	36-3075407	501(C)(3)	20,000.	0.			GENERAL PROGRAM
TRIAGE CANCER 6348 N. MILWAUKEE AVE #136 CHICAGO, IL 60646	45-5132661	501(C)(3)	19,000.	0.			GENERAL PROGRAM
FORCA FOUNDATION 324 INDUSTRIAL PARK RD. FRANKLIN, NC 28734	56-1994763	501(C)(3)	16,325.	0.			GENERAL PROGRAM
BREATHING ROOM FOUNDATION 8310 BROOKSIDE RD. ELKINS PARK, PA 19027	23-2916337	501(C)(3)	16,000.	0.			GENERAL PROGRAM
FEONIX MOBILITY RISING 211 N 14TH ST. LINCOLN, NE 68508	82-4842980	501(C)(3)	16,000.	0.			GENERAL PROGRAM
ARTS MEDIA AND ENTERTAINMENT INSTITUTE INC - 2041 EAST ST PMB 288 - CONCORD, CA 94520	88-0905470	501(C)(3)	15,500.	0.			GENERAL PROGRAM
POWERPLAY NYC 4 W 43RD ST RM 313 NEW YORK, NY 10036	13-4045021	501(C)(3)	15,000.	0.			GENERAL PROGRAM
WORLD CENTRAL KITCHEN 1342 FLORIDA AVE NW WASHINGTON, DC 20009-4808	27-3521132	501(C)(3)	15,000.	0.			GENERAL PROGRAM

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES FIRE DEPARTMENT FOUNDATION - 1700 STADIUM WAY #100 - LOS ANGELES, CA 90012	27-2007326	501(C)(3)	15,000.	0.			GENERAL PROGRAM
PLAY LIKE A GIRL 4117 HILLSBORO PIKE STE 103-129 NASHVILLE, TN 37215	33-1149207	501(C)(3)	15,000.	0.			GENERAL PROGRAM
THE PLAY EQUITY FUND 2141 W ADAMS BLVD. LOS ANGELES, CA 90018	47-1295322	501(C)(3)	15,000.	0.			GENERAL PROGRAM
GIRLS IN THE GAME 1401 S SACRAMENTO DR. CHICAGO, IL 60623	36-4024533	501(C)(3)	15,000.	0.			GENERAL PROGRAM
FORGOTTEN DOG FOUNDATION 1112 MONTANA AVE STE 166 SANTA MONICA, CA 90403	27-0916948	501(C)(3)	15,000.	0.			GENERAL PROGRAM
WOMEN'S SPORTS FOUNDATION 1899 HEMPSTEAD TURNPIKE, STE. 400 EAST MEADOW, NY 11554	23-7380557	501(C)(3)	15,000.	0.			GENERAL PROGRAM
CANCER CAN ROCK 13800 COPPERMINE ROAD 1ST FL. HERNDON, VA 20171	46-1882194	501(C)(3)	15,000.	0.			GENERAL PROGRAM
WIDOWS, ORPHANS & DISABLED FIREFIGHTERS FUND - PO BOX 41903 - LOS ANGELES, CA 90041	95-6205446	501(C)(3)	15,000.	0.			GENERAL PROGRAM
GIRLS ON THE RUN GEORGIA 1904 MONROE DR. NE, STE 135 ATLANTA, GA 30324	58-2568371	501(C)(3)	15,000.	0.			GENERAL PROGRAM

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRING CHANGE TO MIND 155 SANSOME ST. STE. 530 SAN FRANCISCO, CA 94104	01-0974537	501(C)(3)	10,000.	0.			GENERAL PROGRAM
HOPE FOR PAWS 8950 W. OLYMPIC BLVD. #525 LOS ANGELES, CA 90211	26-2869386	501(C)(3)	10,000.	0.			GENERAL PROGRAM
GATEWAY CHARITABLE FOUNDATION 55 E JACKSON BLVD STE 1500 CHICAGO, IL 60604	36-4063660	501(C)(3)	10,000.	0.			GENERAL PROGRAM
NEW YORK UNIVERSITY 115 5TH AVENUE, 5TH FL. NEW YORK, NY 10003	13-5562308	501(C)(3)	10,000.	0.			GENERAL PROGRAM
MAUI FAMILY SUPPORT SERVICES INC 1844 WILL PA LOOP WAILUKU, HI 96793	99-0208152	501(C)(3)	10,000.	0.			GENERAL PROGRAM
MUSIC HEALTH ALLIANCE 29 MUSIC SQ E NASHVILLE, TN 37203-5826	46-0997164	501(C)(3)	10,000.	0.			GENERAL PROGRAM
WHITE HOUSE HISTORICAL ASSOCIATION PO BOX 27624 WASHINGTON, DC 20038	52-0749685	501(C)(3)	10,000.	0.			GENERAL PROGRAM
AMERICAN SOCIETY OF CLINICAL ONCOLOGY - 2318 MILL ROAD, SUITE 800 - ALEXANDRIA, VA 22314	13-6180380	501(C)(3)	10,000.	0.			GENERAL PROGRAM
YOUTH OUTREACH SERVICES 2411 W. CONGRESS PKWY CHICAGO, IL 60612	36-3297629	501(C)(3)	5,287.	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

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 THE FUNDS. EIF'S
OPERATIONS DEPARTMENT MANAGES THE PROCESS OF FOLLOW-UP TO ENSURE
REPORTS ARE RECEIVED, REVIEWED, AND REPORTABLE.

SCHEDULE I:
THE FOUNDATION RECEIVES FUNDS FROM ITS SUPPORTING ORGANIZATION, STAND
UP TO CANCER. THESE FUNDS ARE DIRECTED TO ORGANIZATIONS THAT SUPPORT
CANCER RESEARCH AND SUPPORT AND ARE INCLUDED AS GRANTS FROM THE
FOUNDATION ON SCHEDULE I.

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (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	**1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**	X	
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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(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) NICOLE SEXTON	(i)	384,142.	0.	0.	5,675.	23,817.	413,634.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANA LIPMAN	(i)	247,652.	9,595.	0.	6,087.	25,983.	289,317.	0.
SVP HR & LABOR RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAREN WILLIAMS	(i)	194,700.	15,000.	0.	5,960.	22,245.	237,905.	0.
VP OF PROGRAMMING, ROYBAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JORDAN M JACUZZI	(i)	184,261.	7,500.	0.	5,808.	27,469.	225,038.	0.
SVP OPS/COMMS/GOVERNANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRIAN GOTT	(i)	184,792.	7,500.	0.	6,039.	22,739.	221,070.	0.
CHIEF INNOVATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEFFREY THACKER	(i)	156,193.	0.	0.	5,593.	21,157.	182,943.	0.
VICE PRESIDENT, DIGITAL KYRC	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHELLE YABLANS	(i)	131,488.	10,000.	0.	6,242.	23,490.	171,220.	0.
EXECUTIVE DIRECTOR (THRU 12/25)	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AIDA MORROW	(i)	106,705.	30,000.	0.	6,485.	27,562.	170,752.	0.
EXECUTIVE DIRECTOR, SCFU	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BRIAN HENRY GIESELER	(i)	137,019.	0.	8,229.	2,833.	12,064.	160,145.	0.
CFO (THRU 12/25)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 7:

DESCRIPTION OF NON-FIXED PAYMENTS

DISCRETIONARY BONUSES ARE AWARDED BASED UPON THE EMPLOYEE MEETING A VARIETY OF PERFORMANCE METRICS. ALL BONUSES ARE REVIEWED BY THE CEO, SU2C CEO AND CFO. THE ONLY EXCEPTION IS THE CEO'S BONUS, WHICH IS DETERMINED BY THE BOARD OF DIRECTORS. ADDITIONALLY, THE PROPOSED BONUSES FOR ANY KEY EMPLOYEES AND OFFICERS ARE SUBMITTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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:
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 SUPPORTS AND ENCOURAGES THE PHILANTHROPIC EFFORTS OF ALL MEMBERS OF THE ENTERTAINMENT COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
WITH UNPARALLELED ACCESS TO ROADBLOCK TELEVISION, DONATED MEDIA, AND INDUSTRY-WIDE COLLABORATORS, EIF SUPPORTS GROUND-BREAKING PROGRAMS AND INITIATIVES THAT RAISE AWARENESS AND FUNDS FOR ISSUES AFFECTING MILLIONS OF PEOPLE AROUND THE WORLD.
EXPENSES $ 642,690. INCLUDING GRANTS OF $ 44,872. 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.

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 COUNSEL 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.

Name of the organization: ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number: 95-1644609

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AR,OR,CA,PA,RI,SC,FL,GA,HI,IL,KS,KY,TN,MD,MA,MI,MN,MS,VA,WV,WI,NH,NJ,NM
NY,NC

FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS MADE AVAILABLE TO THE PUBLIC:

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

FORM 990, PART VII, SECTION B:
COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS

THE FOLLOWING REFLECT THE FULL DESCRIPTION OF SERVICES PROVIDED BY THE RESPECTIVE INDEPENDENT SERVICE PROVIDERS REPORTED ON FORM 990, PART VII, SECTION B:

ROBERTSON SCHWARTZ AGENCY: MARKETING, FUNDRAISING, STRATEGY DEVELOPMENT AND EXECUTION, DONOR CULTIVATION AND ACQUISITION, MERCHANDISE DEVELOPMENT AND OVERSIGHT, LICENSING DEVELOPMENT AND OVERSIGHT, 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 SERVICES:

PROGRAM SERVICE EXPENSES	7,199,404.
MANAGEMENT AND GENERAL EXPENSES	775,087.
FUNDRAISING EXPENSES	863,944.
TOTAL EXPENSES	8,838,435.

BANK & MERCHANT FEES:

PROGRAM SERVICE EXPENSES	32.
MANAGEMENT AND GENERAL EXPENSES	42,142.
FUNDRAISING EXPENSES	230,430.
TOTAL EXPENSES	272,604.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	9,111,039.

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

OTHER CHANGE IN NET ASSETS	-284,083.

SCHEDULE R (Form 990)
(Rev. January 2025)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number
95-1644609

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
STAND UP TO CANCER MUSIC, LLC - 26-3299754 10880 WILSHIRE BLVD, SUITE 1400 LOS ANGELES, CA 90024	MUSIC RIGHTS	CALIFORNIA	0.	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	(g) Section 512(b)(13) controlled entity? No
STAND UP TO CANCER - 88-4115555 10880 WILSHIRE BLVD, SUITE 1400 LOS ANGELES, CA 90024	SUPPORTING CANCER RESEARCHERS AND INSTITUTIONS	CALIFORNIA	501(C)(3)	LINE 12A, I	EIF		X

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

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

			Yes	No
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	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	1o	X	
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

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

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

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) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.