

**PUBLIC  
DISCLOSURE  
COPY**

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning and ending**


|   |   |   |   |
|---|---|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>ENTERTAINMENT INDUSTRY FOUNDATION<br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>1201 WEST 5TH ST T-700<br>City, town, or post office, state, and ZIP code<br>LOS ANGELES, CA 90017<br><b>F Name and address of principal officer:</b> LISA PAULSEN<br>SAME AS C ABOVE | <b>D Employer identification number</b><br>95-1644609   | <b>E Telephone number</b><br>213-240-3900 |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   | <b>G Gross receipts \$</b> 62,214,883.  |   |
| <b>J Website:</b> WWW.EIFFOUNDATION.ORG   |   | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |   |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other   |   | <b>L Year of formation:</b> 1942 <b>M State of legal domicile:</b> CA   |   |

**Part I Summary**

|  |   |  |                    |
|--|---|--|--------------------|
|  | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO COORDINATE THE PHILANTHROPY OF THE ENTERTAINMENT INDUSTRY.</u> |  |                    |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.          |  |                    |
| Activities & Governance  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | 8                  |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | 8                  |
|  | <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)   | <b>5</b>   | 63                 |
|  | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>   | 1500               |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | 4,733.             |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34   | <b>7b</b>  | 3,733.             |
|  | Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h) | <b>Prior Year</b>  |
| <b>9</b> Program service revenue (Part VIII, line 2g)  |   | 41,245,872.  | 53,273,478.        |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      |   | 0.   | 0.                 |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           |   | 243,955.   | 184,111.           |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |   | -85,090.   | 4,733.             |
| Expenses   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 41,404,737.  | 53,462,322.        |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 43,323,904.  | 32,455,865.        |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 0.   | 0.                 |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 5,479,219.   | 5,200,534.         |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  | 1,363,980.   | 1,872,500.         |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 8,582,463.   | 9,686,002.         |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 9,686,002.   | 10,009,977.        |
| Net Assets or Fund Balances  | <b>19</b> Revenue less expenses. Subtract line 18 from line 12  | 59,853,105.  | 49,538,876.        |
|  | <b>20</b> Total assets (Part X, line 16)  | -18,448,368.   | 3,923,446.         |
|  | <b>21</b> Total liabilities (Part X, line 26)   | <b>Beginning of Current Year</b>                       | <b>End of Year</b> |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 53,176,013.  | 49,526,814.        |
|  |   | 20,572,024.  | 12,740,799.        |
|  |   | 32,603,989.  | 36,786,015.        |

**Part II Signature Block**

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

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

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ENTERTAINMENT INDUSTRY FOUNDATION, AS THE LEADING CHARITABLE ORGANIZATION OF THE ENTERTAINMENT INDUSTRY, HARNESSSES THE COLLECTIVE POWER OF THE ENTIRE INDUSTRY TO RAISE AWARENESS AND FUNDS FOR CRITICAL HEALTH, EDUCATIONAL AND SOCIAL ISSUES IN ORDER TO MAKE A POSITIVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] 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 \$ 26,106,635. including grants of \$ 23,353,170. ) (Revenue \$ ) STAND UP TO CANCER INITIATIVE (SU2C)

SU2C IS DESIGNED TO RAISE FUNDS TO ACCELERATE GROUND-BREAKING CANCER RESEARCH AND BRING NEW THERAPIES TO PATIENTS SOONER TO SAVE LIVES. SU2C UTILIZES THE ENTERTAINMENT INDUSTRY TO BUILD BROAD PUBLIC SUPPORT AND TO ENHANCE AWARENESS OF THE DEVASTATING IMPACT CANCER HAS IN THIS COUNTRY. SU2C'S GOAL IS TO BRING TOGETHER THE BEST AND BRIGHTEST IN THE CANCER COMMUNITY ENCOURAGING COLLABORATION INSTEAD OF COMPETITION.

4b (Code: ) (Expenses \$ 7,708,635. including grants of \$ 5,639,195. ) (Revenue \$ ) OTHER COMMUNITY SUPPORT:

EIF IS ABLE TO CHAMPION A WIDE VARIETY OF WORTHY CAUSES. EIF RAISES AWARENESS AND CRUCIAL FUNDS TO ADDRESS LEADING HEALTH AND SOCIAL ISSUES. EIF GRANTS FUNDS TO VARIOUS CHARITIES ALL ACCROSS THE U.S.

4c (Code: ) (Expenses \$ 5,030,749. including grants of \$ 3,463,500. ) (Revenue \$ ) WOMEN'S CANCER PROGRAM INITIATIVE (WCP)

THE FOCUS OF THIS INITIATIVE IS TO SAVE LIVES BY RAISING AWARENESS ABOUT THE IMPORTANCE OF EARLY DETECTION OF BREAST AND REPRODUCTIVE CANCERS, TO FUND RESEARCH FOR EARLY DETECTION METHODS, TO SUPPORT COMMUNITY PROGRAMS THAT ASSIST WOMEN AT RISK OF OR AFFECTED BY CANCER, AS WELL AS TO CONSOLIDATE EIF'S EFFORTS TO SUPPORT THE FIGHT AGAINST WOMEN'S CANCER THAT ARE NOT ADDRESSED BY ITS OTHER INITIATIVES. CREATED IN 1994, THROUGH THE COMMITTED AND COLLECTIVE EFFORTS, THE REVLON RUN/WALK FOR WOMEN HAS GROWN TO BECOME ONE OF THE NATION'S LARGEST SINGLE-DAY FUNDRAISING EVENT. TO DATE, THE RUN/WALKS (IN LOS ANGELES AND NEW YORK) HAVE DISTRIBUTED MILLIONS OF DOLLARS FOR CANCER

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 38,846,019.

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

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

|     |  | Yes | No |
|-----|--|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | X   |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....                             |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....                                       |     | X  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  | X   |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....   | X   |    |



Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form body containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a through 16b regarding local chapters, policies, conflict of interest, whistleblower, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AZ, AR, AL, CT, FL, GA, HI, IL, KS, KY, LA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: STEPHAN J. CERYANEK - (213)240-3900

SEE SCHEDULE O FOR FULL LIST OF STATES Form 990 (2012)

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

| (A)<br>Name and Title                                   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (1) DAVID BEAUBAIRE<br>BOARD MEMBER                     | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (2) PRESTON BECKMAN<br>BOARD MEMBER                     | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (3) LYNN HARRIS<br>BOARD MEMBER                         | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (4) MITCH METCALF<br>BOARD MEMBER                       | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (5) CHRIS SILBERMANN<br>BOARD MEMBER                    | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (6) PAMELA ADBY<br>BOARD MEMBER (THROUGH 10/2012)       | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (7) ORIN AVIV<br>BOARD MEMBER (THROUGH 10/2012)         | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (8) KEVIN BERG<br>BOARD MEMBER (THROUGH 10/2012)        | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (9) DYLAN CLARK<br>BOARD MEMBER (THROUGH 10/2012)       | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (10) KEVIN HUVANE<br>BOARD MEMBER (THROUGH 10/2012)     | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (11) ADAM ISAACS<br>BOARD MEMBER (THROUGH 10/2012)      | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (12) DAVID LONNER<br>BOARD MEMBER (THROUGH 10/2012)     | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (13) VANESSA MORRISON<br>BOARD MEMBER (THROUGH 10/2012) | 1.00  | X   |                       |         |              |                              |          | 0.   | 0.  | 0.  |
| (14) SHERRY LANSING<br>BOARD CHAIR                      | 1.00  | X   |                       | X       |              |                              |          | 0.   | 0.  | 0.  |
| (15) JEFF BADER<br>SECRETARY                            | 1.00  | X   |                       | X       |              |                              |          | 0.   | 0.  | 0.  |
| (16) JAY SURES<br>TREASURER                             | 1.00  | X   |                       | X       |              |                              |          | 0.   | 0.  | 0.  |
| (17) LISA PAULSEN<br>PRESIDENT/CEO                      | 40.00   |   |                       | X       |              |                              | 447,301. | 0.   | 32,644.   |   |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) SUSAN FRANK<br>COO  | 40.00   |   |                       | X       |              |                              |        | 288,959.   | 0.  | 15,644.   |
| (19) MERRILY NEWTON<br>CFO                                     | 40.00   |   |                       | X       |              |                              |        | 211,929.   | 0.  | 15,644.   |
| (20) KATHLEEN LOBB<br>VP/COMMUN. EAST COAST                    | 40.00   |   |                       |         | X            |                              |        | 206,619.   | 0.  | 15,644.   |
| (21) SUNG-AH POBLETE<br>PRESIDENT/CEO - SU2C                   | 40.00   |   |                       | X       |              |                              |        | 200,000.   | 0.  | 15,644.   |
| (22) THOMAS CHIODO<br>SVP/DEVELOPMENT                          | 40.00   |   |                       |         |              | X                            |        | 188,040.   | 0.  | 15,644.   |
| (23) CATHY JAMES<br>VP/DEVELOPMENT                             | 40.00   |   |                       |         |              | X                            |        | 185,883.   | 0.  | 15,644.   |
| (24) CAROL RAMSEY<br>VP PHILANTHROPIC SVCS.                    | 40.00   |   |                       |         |              | X                            |        | 160,126.   | 0.  | 15,644.   |
| (25) MAURINE SLUTZKY<br>VP COMMUNICATIONS                      | 40.00   |   |                       |         |              | X                            |        | 146,700.   | 0.  | 15,644.   |
| (26) STEPHAN CERYANEK<br>VP/CONTROLLER                         | 40.00   |   |                       |         |              | X                            |        | 136,508.   | 0.  | 15,644.   |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 2,172,065.   | 0.  | 173,440.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 2,172,065.   | 0.  | 173,440.  |

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 **12**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual                                       |     | X  |
| 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)<br>Name and business address   | (B)<br>Description of services        | (C)<br>Compensation |
|--|---------------------------------------|---------------------|
| ROBERTSON SCHWARTZ AGENCY<br>2326 TOPANGA CYN BLVD., TOPANGA, CA 90290   | MARKETING/PUBLIC REL./PROF. FUNDRAISE | 2,715,577.          |
| PATRIOT COMMUNICATIONS, LLC<br>P.O. BOX 92899, LOS ANGELES, CA 90009     | WEB SITE MANAGEMENT                   | 1,081,137.          |
| THE DAVIS GROUP, 400 CONTINENTAL BLVD.,<br>STE 275, EL SEGUNDO, CA 90245 | PROFESSIONAL FUNDRAISER               | 506,230.            |
| SACKS PRODUCTIONS, 23622 CALABASAS RD.,<br>STE. 351, CALABASAS, CA 91302 | EVENT MANAGEMENT                      | 345,000.            |
| FARM LEAGUE, LLC<br>2520 18TH STREET, SANTA MONICA, CA 90405             | PRODUCTION                            | 219,460.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

|  |   |  | (A)  | (B)  | (C)                        | (D)   |  |  |
|--|---|--|--|--|----------------------------|---|--|--|
|  |   |  | Total revenue                                | Related or exempt function revenue           | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |  |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>  | Federated campaigns  | <b>1a</b>                                    |  |                            |   |  |  |
|  | <b>b</b>  | Membership dues  | <b>1b</b>                                    |  |                            |   |  |  |
|  | <b>c</b>  | Fundraising events   | <b>1c</b>                                    | 22,885,512.                                  |                            |   |  |  |
|  | <b>d</b>  | Related organizations  | <b>1d</b>                                    |  |                            |   |  |  |
|  | <b>e</b>  | Government grants (contributions)  | <b>1e</b>                                    |  |                            |   |  |  |
|  | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>                                    | 30,387,966.                                  |                            |   |  |  |
|  | <b>g</b>  | Noncash contributions included in lines 1a-1f: \$  |  | 1,187,778.                                   |                            |   |  |  |
|  | <b>h</b>  | <b>Total.</b> Add lines 1a-1f  |  | 53,273,478.                                  |                            |   |  |  |
|  | Program Service Revenue                                   | <b>2 a</b>   | Business Code                                |  |                            |   |  |  |
| <b>b</b>   |   |  |  |  |                            |   |  |  |
| <b>c</b>   |   |  |  |  |                            |   |  |  |
| <b>d</b>   |   |  |  |  |                            |   |  |  |
| <b>e</b>   |   |  |  |  |                            |   |  |  |
| <b>f</b>   |   | All other program service revenue  |  |  |                            |   |  |  |
| <b>g</b>   |   | <b>Total.</b> Add lines 2a-2f  |  |  |                            |   |  |  |
| Other Revenue  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts)   |  | 194,080.                                     |                            | 194,080.  |  |  |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds   |  |  |                            |   |  |  |
|  | <b>5</b>  | Royalties  |  |  |                            |   |  |  |
|  | <b>6 a</b>  | Gross rents  | (i) Real                                     |  |                            |   |  |  |
|  |   |  | (ii) Personal                                |  |                            |   |  |  |
|  |   |  | <b>b</b>                                     | Less: rental expenses                        |                            |   |  |  |
|  |   |  | <b>c</b>                                     | Rental income or (loss)                      |                            |   |  |  |
|  | <b>d</b>  | Net rental income or (loss)  |  |  |                            |   |  |  |
|  | <b>7 a</b>  | Gross amount from sales of assets other than inventory   | (i) Securities                               |  |                            |   |  |  |
|  |   |  | (ii) Other                                   |  |                            |   |  |  |
|  |   |  | <b>b</b>                                     | Less: cost or other basis and sales expenses |                            | 9,969.  |  |  |
|  |   |  | <b>c</b>                                     | Gain or (loss)                               |                            | -9,969.   |  |  |
|  | <b>d</b>  | Net gain or (loss)   |  | -9,969.                                      |                            | -9,969.   |  |  |
|  | <b>8 a</b>  | Gross income from fundraising events (not including \$ 22,885,512. of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>                                     | 8,742,592.                                   |                            |   |  |  |
|  |   |  | <b>b</b>                                     | Less: direct expenses                        | 8,742,592.                 |   |  |  |
| <b>c</b>   |   |  | Net income or (loss) from fundraising events |  | 0.                         |   |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 | <b>a</b>   |  |  |                            |   |  |  |
|  |   | <b>b</b>   | Less: direct expenses                        |  |                            |   |  |  |
|  |   | <b>c</b>   | Net income or (loss) from gaming activities  |  |                            |   |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances     | <b>a</b>   |  |  |                            |   |  |  |
|  |   | <b>b</b>   | Less: cost of goods sold                     |  |                            |   |  |  |
|  |   | <b>c</b>   | Net income or (loss) from sales of inventory |  |                            |   |  |  |
| Miscellaneous Revenue                                  |   | Business Code  |  |  |                            |   |  |  |
| <b>11 a</b>  | INCOME FROM PARTNERSHIP                                   | 900000   | 4,733.                                       |  | 4,733.                     |   |  |  |
| <b>b</b>   |   |  |  |  |                            |   |  |  |
| <b>c</b>   |   |  |  |  |                            |   |  |  |
| <b>d</b>   | All other revenue   |  |  |  |                            |   |  |  |
| <b>e</b>   | <b>Total.</b> Add lines 11a-11d                           |  | 4,733.                                       |  |                            |   |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions.                   |  | 53,462,322.                                  | 0.   | 4,733.                     | 184,111.  |  |  |

**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 to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 32,199,881.           | 32,199,881.                     |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  | 255,984.              | 255,984.                        |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 1,450,028.            | 777,872.                        | 297,065.                               | 375,091.                    |
| 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  | 2,817,687.            | 1,511,558.                      | 577,256.                               | 728,873.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 151,825.              | 81,447.                         | 31,104.                                | 39,274.                     |
| 9 Other employee benefits   | 504,921.              | 270,866.                        | 103,442.                               | 130,613.                    |
| 10 Payroll taxes  | 276,073.              | 148,101.                        | 56,559.                                | 71,413.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 784,917.              | 166,261.                        | 39,375.                                | 579,281.                    |
| c Accounting  | 52,820.               |                                 | 52,820.                                |                             |
| d Lobbying  | 5,542.                | 5,542.                          |  |                             |
| e Professional fundraising services. See Part IV, line 17   | 1,872,500.            |                                 |  | 1,872,500.                  |
| f Investment management fees  | 35,483.               |                                 | 35,483.                                |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 4,170,345.            | 1,286,815.                      | 253,244.                               | 2,630,286.                  |
| 12 Advertising and promotion  | 17,080.               | 11,956.                         | 2,904.                                 | 2,220.                      |
| 13 Office expenses  | 853,863.              | 336,346.                        | 121,489.                               | 396,028.                    |
| 14 Information technology   | 842,526.              | 374,677.                        | 54,938.                                | 412,911.                    |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 839,984.              | 409,674.                        | 178,031.                               | 252,279.                    |
| 17 Travel   | 859,381.              | 283,020.                        | 117,959.                               | 458,402.                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 124,047.              | 40,852.                         | 17,027.                                | 66,168.                     |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 54,126.               | 28,194.                         | 10,439.                                | 15,493.                     |
| 23 Insurance  | 207,942.              | 112,728.                        | 39,710.                                | 55,504.                     |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>PUBLIC RELATIONS</b>   | 744,163.              | 476,617.                        | 99,883.                                | 167,663.                    |
| b <b>BANK AND MERCHANT FEES</b>   | 198,292.              | 7,547.                          | 2,562.                                 | 188,183.                    |
| c <b>SUBS. AND PERMITS</b>  | 110,486.              | 48,033.                         | 17,488.                                | 44,965.                     |
| d <b>EQUIPMENT RENTAL</b>   | 79,112.               | 8,368.                          | 388.                                   | 70,356.                     |
| e All other expenses  | 29,868.               | 3,680.                          | 1,228.                                 | 24,960.                     |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 49,538,876.           | 38,846,019.                     | 2,110,394.                             | 8,582,463.                  |
| 26 <b>Joint costs.</b> 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 to any question in this Part X

|                             |  | (A)   |              | (B)         |             |
|-----------------------------|--|---|--------------|-------------|-------------|
|                             |  | Beginning of year   |              | End of year |             |
| Assets                      | 1  | Cash - non-interest-bearing .....   | 12,280,228.  | 1           | 3,281,050.  |
|                             | 2  | Savings and temporary cash investments .....  | 17,588,490.  | 2           | 18,372,391. |
|                             | 3  | Pledges and grants receivable, net .....  | 17,538,441.  | 3           | 20,549,388. |
|                             | 4  | Accounts receivable, net .....  | 171,691.     | 4           | 291,549.    |
|                             | 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |              | 5           |             |
|                             | 6  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |              | 6           |             |
|                             | 7  | Notes and loans receivable, net .....   |              | 7           |             |
|                             | 8  | Inventories for sale or use .....   |              | 8           |             |
|                             | 9  | Prepaid expenses and deferred charges .....   | 529,433.     | 9           | 531,788.    |
|                             | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 565,194. |             |             |
|                             | 10b  | Less: accumulated depreciation .....  | 10b 388,385. |             |             |
|                             |  |   | 116,404.     | 10c         | 176,809.    |
|                             | 11   | Investments - publicly traded securities .....  | 4,898,319.   | 11          |             |
|                             | 12   | Investments - other securities. See Part IV, line 11 .....  |              | 12          | 6,252,346.  |
|                             | 13   | Investments - program-related. See Part IV, line 11 .....   |              | 13          |             |
|                             | 14   | Intangible assets .....   |              | 14          |             |
| 15                          | Other assets. See Part IV, line 11 .....   | 53,007.   | 15           | 71,493.     |             |
| 16                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....   | 53,176,013.   | 16           | 49,526,814. |             |
| Liabilities                 | 17   | Accounts payable and accrued expenses .....   | 1,115,139.   | 17          | 1,294,564.  |
|                             | 18   | Grants payable .....  | 19,334,705.  | 18          | 11,062,294. |
|                             | 19   | Deferred revenue .....  | 122,180.     | 19          | 106,141.    |
|                             | 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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....  |              | 22          |             |
|                             | 23   | Secured mortgages and notes payable to unrelated third parties .....  |              | 23          |             |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties .....  |              | 24          | 277,800.    |
|                             | 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 .....   |              | 25          |             |
|                             | 26   | <b>Total liabilities.</b> Add lines 17 through 25 .....   | 20,572,024.  | 26          | 12,740,799. |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |              |             |             |
|                             | 27   | Unrestricted net assets .....   | 9,433,294.   | 27          | 9,082,571.  |
|                             | 28   | Temporarily restricted net assets .....   | 23,143,195.  | 28          | 27,675,944. |
|                             | 29   | Permanently restricted net assets .....   | 27,500.      | 29          | 27,500.     |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |              |             |             |
|                             | 30   | Capital stock or trust principal, or current funds .....  |              | 30          |             |
|                             | 31   | Paid-in or capital surplus, or land, building, or equipment fund .....  |              | 31          |             |
|                             | 32   | Retained earnings, endowment, accumulated income, or other funds .....  |              | 32          |             |
| 33                          | <b>Total net assets or fund balances</b> .....   | 32,603,989.   | 33           | 36,786,015. |             |
| 34                          | <b>Total liabilities and net assets/fund balances</b> .....  | 53,176,013.   | 34           | 49,526,814. |             |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 53,462,322. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 49,538,876. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 3,923,446.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 32,603,989. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 263,313.    |
| 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 in Schedule O)   | 9  | -4,733.     |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 36,786,015. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2012)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... |     |    |
| (ii) A family member of a person described in (i) above? .....   |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  |     |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
|                                    |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

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

Schedule A (Form 990 or 990-EZ) 2012

232021  
12-04-12

**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) 2008  | (b) 2009  | (c) 2010  | (d) 2011  | (e) 2012  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 171281177 | 76514519. | 128110563 | 41245872. | 53273478. | 470425609 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 171281177 | 76514519. | 128110563 | 41245872. | 53273478. | 470425609 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |           |           |           |           |           | 63675172. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 406750437 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2008                 | (b) 2009  | (c) 2010  | (d) 2011  | (e) 2012  | (f) Total   |
|--|--------------------------|-----------|-----------|-----------|-----------|-------------|
| <b>7</b> Amounts from line 4 .....   | 171281177                | 76514519. | 128110563 | 41245872. | 53273478. | 470425609   |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 368,471.                 | 493,963.  | 258,770.  | 273,650.  | 194,080.  | 1588934.    |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |                          |           |           |           |           |             |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |                          |           |           |           |           |             |
| <b>11 Total support.</b> Add lines 7 through 10  |                          |           |           |           |           | 472014543   |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |                          |           |           |           | 12        | 24,410,470. |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... | <input type="checkbox"/> |           |           |           |           |             |

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

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 86.17 % |
| <b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 90.06 % |
| <b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  |          |          |          |          |          |           |

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

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

Employer identification number

ENTERTAINMENT INDUSTRY FOUNDATION

95-1644609

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

|  |   |
|--|---|
| Name of organization<br><b>ENTERTAINMENT INDUSTRY FOUNDATION</b> | Employer identification number<br><b>95-1644609</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>7,100,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| <u>2</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>7,000,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| <u>3</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>5,455,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| <u>4</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>5,137,654.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| <u>5</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>5,000,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| <u>6</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>4,437,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |



|  |   |
|--|---|
| Name of organization<br><b>ENTERTAINMENT INDUSTRY FOUNDATION</b> | Employer identification number<br><b>95-1644609</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 7          | <hr/> <hr/> <hr/> <hr/>           | \$ <u>2,585,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          | <hr/> <hr/> <hr/> <hr/>           | \$ <u>1,305,937.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            | <hr/> <hr/> <hr/> <hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Name of organization

Employer identification number

**ENTERTAINMENT INDUSTRY FOUNDATION**

**95-1644609**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

|  |   |
|--|---|
| Name of organization<br><b>ENTERTAINMENT INDUSTRY FOUNDATION</b> | Employer identification number<br><b>95-1644609</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
 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 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

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

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

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

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

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

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

|  |   |
|--|---|
| Name of organization<br><b>ENTERTAINMENT INDUSTRY FOUNDATION</b> | Employer identification number<br><b>95-1644609</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |  | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  | 5,542.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  | 5,542.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  | 49,533,334.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  | 49,538,876.                                     |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  | 1,000,000.                                      |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |  | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                 |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.                      |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000. |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.                                       |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  | 250,000.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  | 0.  |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |   |  |   |  |  |   |                   |              |  |  |

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

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |            |            |            |            |            |
|---|------------|------------|------------|------------|------------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2009   | (b) 2010   | (c) 2011   | (d) 2012   | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |            |            |            |            | 6,000,000. |
| <b>c</b> Total lobbying expenditures                                | 0.         | 0.         | 20,000.    | 5,542.     | 25,542.    |
| <b>d</b> Grassroots nontaxable amount                               | 250,000.   | 250,000.   | 250,000.   | 250,000.   | 1,000,000. |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |            |            |            |            | 1,500,000. |
| <b>f</b> Grassroots lobbying expenditures                           | 0.         | 0.         | 20,000.    | 5,542.     | 25,542.    |



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

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

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

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

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

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

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

**Part IV** Supplemental Information

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

---



---



---



---



---



---



---



---

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

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" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts  |
|---|-------------------------|---|
| 1 Total number at end of year .....   | 1                       |   |
| 2 Aggregate contributions to (during year) .....  | 1,000,000.              |   |
| 3 Aggregate grants from (during year) .....   |                         |   |
| 4 Aggregate value at end of year .....  | 1,000,000.              |   |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

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

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

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

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

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

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

|   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

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

**Part VI Land, Buildings, and Equipment.** 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   |                                      | 70,978.                         | 46,370.                      | 24,608.        |
| d Equipment  |                                      | 494,216.                        | 342,015.                     | 152,201.       |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 176,809.       |

**Part VII Investments - Other Securities.** 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) PUBLICLY TRADED   |                   |   |
| (B) SECURITIES  | 5,252,346.        | END-OF-YEAR MARKET VALUE                                  |
| (C) PARTNERSHIP INTEREST  | 1,000,000.        | END-OF-YEAR MARKET VALUE                                  |
| (D)   |                   |   |
| (E)   |                   |   |
| (F)   |                   |   |
| (G)   |                   |   |
| (H)   |                   |   |
| (I)   |                   |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | <b>6,252,346.</b> |   |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

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

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

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

| <b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> |  |                       |                       |
|---|--|-----------------------|-----------------------|
| <b>1</b>  | Total revenue, gains, and other support per audited financial statements                       |                       | <b>1</b> 80,943,326.  |
| <b>2</b>  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |                       |                       |
| <b>a</b>  | Net unrealized gains on investments  | <b>2a</b> 263,313.    |                       |
| <b>b</b>  | Donated services and use of facilities   | <b>2b</b> 27,247,938. |                       |
| <b>c</b>  | Recoveries of prior year grants  | <b>2c</b>             |                       |
| <b>d</b>  | Other (Describe in Part XIII.)   | <b>2d</b> 9,969.      |                       |
| <b>e</b>  | Add lines <b>2a</b> through <b>2d</b>  |                       | <b>2e</b> 27,521,220. |
| <b>3</b>  | Subtract line <b>2e</b> from line <b>1</b>   |                       | <b>3</b> 53,422,106.  |
| <b>4</b>  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |                       |                       |
| <b>a</b>  | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> 35,483.     |                       |
| <b>b</b>  | Other (Describe in Part XIII.)   | <b>4b</b> 4,733.      |                       |
| <b>c</b>  | Add lines <b>4a</b> and <b>4b</b>  |                       | <b>4c</b> 40,216.     |
| <b>5</b>  | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |                       | <b>5</b> 53,462,322.  |

| <b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b> |   |                       |                       |
|--|---|-----------------------|-----------------------|
| <b>1</b>   | Total expenses and losses per audited financial statements                                      |                       | <b>1</b> 76,761,300.  |
| <b>2</b>   | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |                       |                       |
| <b>a</b>   | Donated services and use of facilities  | <b>2a</b> 27,247,938. |                       |
| <b>b</b>   | Prior year adjustments  | <b>2b</b>             |                       |
| <b>c</b>   | Other losses  | <b>2c</b>             |                       |
| <b>d</b>   | Other (Describe in Part XIII.)  | <b>2d</b> 9,969.      |                       |
| <b>e</b>   | Add lines <b>2a</b> through <b>2d</b>   |                       | <b>2e</b> 27,257,907. |
| <b>3</b>   | Subtract line <b>2e</b> from line <b>1</b>  |                       | <b>3</b> 49,503,393.  |
| <b>4</b>   | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |                       |                       |
| <b>a</b>   | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> 35,483.     |                       |
| <b>b</b>   | Other (Describe in Part XIII.)  | <b>4b</b>             |                       |
| <b>c</b>   | Add lines <b>4a</b> and <b>4b</b>   |                       | <b>4c</b> 35,483.     |
| <b>5</b>   | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |                       | <b>5</b> 49,538,876.  |

**Part XIII Supplemental Information**

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

**PART V, LINE 4: FUNDS ARE IDENTIFIED AS SCHOLARSHIP FUNDS.**

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

RECLASS LOSS ON DISPOSAL OF ASSET 9,969.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

UNRELATED BUSINESS INCOME 4,733.

**Part XIII** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS LOSS ON DISPOSAL OF ASSET 9,969.

SCHEDULE D, PARTS XI AND XII:

EIF IS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS. THESE STATEMENTS REFLECT SIGNIFICANT CONTRIBUTIONS OF DONATED BROADCAST PUBLIC SERVICE ANNOUNCEMENTS IN CONTRIBUTED INCOME AND EXPENSE. THESE AMOUNTS ARE CORRECTLY NOT INCLUDED IN INCOME AND EXPENSE ON PARTS VIII AND IX OF FORM 990.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

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" to 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? .....  **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 region | (d) Activities conducted in region (by type) (e.g., 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 region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| NORTH AMERICA   | 0                                   | 0  | PROGRAM SERVICES  | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS   | 250,000.   |
| SOUTH AFRICA  | 0                                   | 0  | PROGRAM SERVICES  | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS   | 5,984.   |
| EUROPE (INCLUDING ICELAND & GREENLAND)                  | 0                                   | 0  | OTHER SERVICES  |  | 219,517.   |
| RUSSIA & THE NEWLY INDEPENDENT STATES                   | 0                                   | 0  | OTHER SERVICES  |  | 45,459.  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
| <b>3 a</b> Sub-total .....                              | 0                                   | 0  |   |  | 520,960.   |
| <b>b</b> Total from continuation sheets to Part I ..... | 0                                   | 0  |   |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 0                                   | 0  |   |  | 520,960.   |

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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<br>(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) |
|-------------------------------|--|---------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | NORTH AMERICA | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS | 250,000.                 | WIRE TRANSFER                   | 0.                                | N/A                                    |   |
|                               |  | SOUTH AFRICA  | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS | 5,984.                   | WIRE TRANSFER                   | 0.                                | N/A                                    |   |
|                               |  |               |  |                          |                                 |                                   |  |   |
|                               |  |               |  |                          |                                 |                                   |  |   |
|                               |  |               |  |                          |                                 |                                   |  |   |
|                               |  |               |  |                          |                                 |                                   |  |   |
|                               |  |               |  |                          |                                 |                                   |  |   |
|                               |  |               |  |                          |                                 |                                   |  |   |

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

3 Enter total number of other organizations or entities ..... **0**

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance | (g) Description of non-cash 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 Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2012

**Part V Supplemental Information**

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: AS PART OF THE DUE DILIGENCE PROCESS AND BEFORE MAKING GRANTS TO ORGANIZATIONS OUTSIDE THE US, 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 GRANTEEES ARE THE FOREIGN EQUIVALENTS OF A US CHARITY. IF SO, AT LEAST ONE REPORT IS REQUIRED EACH YEAR. THESE REPORTS INCLUDE DETAILS ON PROGRESS TOWARD PROGRAM GOALS, AN ASSESSMENT OF THE AGENCY'S PERFORMANCE AND AN ACCOUNTING OF ALL EXPENDITURES. IF NO EQUIVALENCY CAN BE ESTABLISHED, EIF ASSUMES EXPENDITURE RESPONSIBILITY FOR GRANTS MADE. AS PER IRS GUIDELINES, GRANTEEES ARE REQUIRED TO HOLD THE MONEY IN A DEDICATED ACCOUNT AND REPORT IN WRITING AT LEAST ONCE A YEAR.

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

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

**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" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity                           | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---|--|----|-----------------------------------|---|---|
|   |   | Yes  | No |                                   |   |   |
| ROBERTSON SCHWARTZ AGENCY -<br>1250 6TH ST., STE 201, SANTA | FUNDRAISING                             |  | X  | 26,400,000.                       | 1,320,000.  | 25,080,000.                                       |
| THE DAVIS GROUP - 400<br>CONTINENTAL BLVD. STE. 275,        | REVLON RUN WALK                         |  | X  | 6,990,772.                        | 500,000.  | 6,490,772.  |
| 5B EVENTS - 10536 CULVER<br>BLVD, STE 6, CULVER CITY, CA    | WCRF UNFORGETTABLE<br>EVENINGS CAMPAIGN |  | X  | 1,139,349.                        | 30,000.   | 1,109,349.  |
| FRED SIEGAL PARTNERS LLC -<br>1425 LOCUST ST., STE 16C,     | AARP PROJECT                            |  | X  | 225,000.                          | 22,500.   | 202,500.  |
|   |   |  |    |                                   |   |   |
|   |   |  |    |                                   |   |   |
|   |   |  |    |                                   |   |   |
|   |   |  |    |                                   |   |   |
|   |   |  |    |                                   |   |   |
|   |   |  |    |                                   |   |   |
|   |   |  |    |                                   |   |   |
|   |   |  |    |                                   |   |   |
|   |   |  |    |                                   |   |   |
| <b>Total</b>  |   |  |    | 34,755,121.                       | 1,872,500.  | 32,882,621.                                       |

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

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



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

|                 |    | (a) Event #1  | (b) Event #2           | (c) Other events    | (d) Total events                |
|-----------------|----|---|------------------------|---------------------|---------------------------------|
|                 |    | STAND UP TO CANCER TELECRUN/WALK FOR<br>(event type)        | REVLON<br>(event type) | 1<br>(total number) | (add col. (a) through col. (c)) |
| Revenue         | 1  | 23,286,546.   | 6,990,772.             | 1,350,786.          | 31,628,104.                     |
|                 | 2  | 17,842,730.   | 4,139,493.             | 903,289.            | 22,885,512.                     |
|                 | 3  | 5,443,816.  | 2,851,279.             | 447,497.            | 8,742,592.                      |
| Direct Expenses | 4  |   |                        |                     |                                 |
|                 | 5  |   | 61,124.                | 1,000.              | 62,124.                         |
|                 | 6  | 57,526.   | 195,445.               | 42,350.             | 295,321.                        |
|                 | 7  | 381,310.  | 28,663.                |                     | 409,973.                        |
|                 | 8  | 4,609.  | 8,526.                 | 429.                | 13,564.                         |
|                 | 9  | 5,000,371.  | 2,557,520.             | 403,719.            | 7,961,610.                      |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) |                        |                     | ( 8,742,592 )                   |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 |                        |                     | 0.                              |

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

|                 |   | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|---|---|---|--|
|                 |   | 1   |   |   |  |
| Direct Expenses | 2   |   |   |   |  |
|                 | 3   |   |   |   |  |
|                 | 4   |   |   |   |  |
|                 | 5   |   |   |   |  |
|                 | 6   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)     |   |   | ( _____ )   |  |
| 8               | Net gaming income summary. Combine line 1, column d, and line 7 |   |   |   |  |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate 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 operate 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 operated in:
 

|            |  |   |
|------------|--|---|
| <b>13a</b> |  | % |
| <b>13b</b> |  | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

**Part IV** **Supplemental Information.** Complete this part to 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 complete this part to provide any additional information (see instructions).

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

(I) NAME OF FUNDRAISER: ROBERTSON SCHWARTZ AGENCY

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

(I) NAME OF FUNDRAISER: THE DAVIS GROUP

(I) ADDRESS OF FUNDRAISER:

400 CONTINENTAL BLVD. STE. 275, EL SEGUNDO, CA 90245

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: 5B EVENTS

(I) ADDRESS OF FUNDRAISER: 10536 CULVER BLVD, STE 6, CULVER CITY, CA 90232

(I) NAME OF FUNDRAISER: FRED SIEGAL PARTNERS LLC

(I) ADDRESS OF FUNDRAISER:

1425 LOCUST ST., STE 16C, PHILADELPHIA, PA 19102

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

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

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

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

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| AMERICAN ASSOCIATION FOR CANCER RESEARCH (AACR) - 615 CHESTNUT STREET 17TH FLOOR - PHILADELPHIA, PA 19106         | 95-2242757 | 501(C)3                       | 21,216,671.              | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| REVLON/UCLA WOMEN'S CANCER RESEARCH PROGRAM - 10833 LE CONTE AVENUE FACTOR BLDG STE 8-950 - LOS ANGELES, CA 90095 | 95-2242757 | 501(C)3                       | 1,443,184.               | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| JONSSON COMPREHENSIVE CANCER CENTER/UCLA - 8-950 FACTOR BUILDING BOX 951780 - LOS ANGELES, CA 90095               | 20-0132719 | 501(C)3                       | 1,300,000.               | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| UNIVERSITY OF CHICAGO<br>5841 S. MARYLAND AVENUE, MC 2115<br>CHICAGO, IL 60637                                    | 36-2177139 | 501(C)3                       | 325,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| PATIENT SERVICES, INC. (PSI)<br>3104 EAST BOUNDARY COURT<br>MIDLOTHIAN, VA 23112                                  | 54-1596178 | 501(C)3                       | 310,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| BRUCE PALTROW ORAL CANCER FUND<br>3419 VIA LIDO # 205<br>NEWPORT BEACH, CA 92663                                  | 33-0969026 | 501(C)3                       | 300,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **136.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

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

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| JAY MONAHAN CENTER FOR GASTROINTESTINAL HEALTH - 1315 YORK AVENUE, FLOOR 1 - NEW YORK, NY 10021 | 13-3957095 | 501(C)3                       | 300,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| JOHNS HOPKINS UNIVERSITY<br>1650 ORLEANS STREET ROOM 589 CRB1<br>BALTIMORE, MD 21287            | 90-0329755 | 501(C)3                       | 300,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| JOYFUL HEART FOUNDATION<br>826 BROADWAY, 4TH FLOOR SUITE 415<br>NEW YORK, NY 10003              | 72-1519537 | 501(C)3                       | 300,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| PROVIDENCE SAINT JOSEPH FOUNDATION<br>501 SOUTH BUENA VISTA STREET<br>BURBANK, CA 91505         | 95-3544877 | 501(C)3                       | 250,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| CANCER SUPPORT COMMUNITY<br>1050 17TH STREET NW, SUITE 500<br>WASHINGTON, DC 20036              | 95-4163931 | 501(C)3                       | 200,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| STANFORD UNIVERSITY SCHOOL OF MEDICINE - 300 PASTEUR DRIVE - STANFORD, CA 94305                 | 94-1156365 | 501(C)3                       | 200,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| SAG FOUNDATION<br>5757 WILSHIRE BLVD., SUITE 124<br>LOS ANGELES, CA 90036                       | 95-3967876 | 501(C)3                       | 185,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| BAYLOR COLLEGE OF MEDICINE<br>ONE BAYLOR PLAZA<br>HOUSTON, TX 77030                             | 74-1613878 | 501(C)3                       | 175,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| HARVARD MEDICAL SCHOOL<br>240 LONGWOOD AVENUE<br>BOSTON, MA 07928                               | 04-2103580 | 501(C)3                       | 175,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |   |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
| VANDERBILT UNIVERSITY<br>2220 PIERCE AVENUE, 777 PRB<br>NASHVILLE, TN 37232   | 62-0476822 | 501(C)3                       | 175,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| ALLIANCE FOR CHILDREN'S RIGHTS,<br>THE - 3333 WILSHIRE BLVD., #550 -<br>LOS ANGELES, CA 90010   | 13-1624225 | 501(C)3                       | 150,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| MEMORIAL SLOAN-KETTERING CANCER<br>CENTER - 1275 YORK AVENUE - NEW<br>YORK, NY 10065  | 13-1924236 | 501(C)3                       | 150,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| ACTORS' FUND OF AMERICA<br>729 SEVENTH AVENUE, 10TH FLOOR<br>NEW YORK, NY 10019   | 95-4800932 | 501(C)3                       | 145,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| FISHER HOUSE FOUNDATION<br>111 ROCKVILLE PIKE, SUITE 420<br>ROCKVILLE, MD 20850   | 11-3158401 | 501(C)3                       | 130,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| HIRE HEROES USA<br>100 NORTH POINT CENTER EAST, SUITE<br>ALPHARETTA, GA 30022   | 43-1562688 | 501(C)3                       | 130,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| INTREPID FALLEN HEROES FUND<br>WEST 46TH STREET AND 12TH AVENUE<br>NEW YORK, NY 10036   | 20-0366717 | 501(C)3                       | 130,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| RED SOX FOUNDATION HOME BASE<br>PROGRAM - 4 YAWKEY WAY - BOSTON,<br>MA 02215  | 33-1007984 | 501(C)3                       | 130,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| UNITED SERVICE ORGANIZATIONS (USO)<br>PO BOX 96322<br>WASHINGTON, DC 20090  | 13-1610451 | 501(C)3                       | 130,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |

Schedule I (Form 990)



| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |   |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
| VOLUNTEERS OF AMERICA<br>1660 DUKE STREET<br>ALEXANDRIA, VA 22314   | 13-1692595 | 501(C)3                       | 130,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| WELCOME BACK VETERANS<br>205 N. MICHIGAN AVE., SUITE 4300<br>CHICAGO, IL 60601  | 36-3689171 | 501(C)3                       | 130,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| SHAKESPEARE CENTER LOS ANGELES<br>1238 W. 1ST STREET<br>LOS ANGELES, CA 90026   | 13-3167013 | 501(C)3                       | 125,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| UNIVERSITY OF MARYLAND BALTIMORE<br>FOUNDATION - 655 WEST BALTIMORE<br>STREET - BALTIMORE, MD 21201   | 31-1678679 | 501(C)3                       | 125,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| DOCTORS WITHOUT BORDERS<br>333 SEVENTH AVE, 2ND FLOOR<br>NEW YORK, NY 10001   | 13-3433452 | 501(C)3                       | 110,770.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| BIG BROTHERS BIG SISTERS OF<br>GREATER LOS ANGELES - 800 S.<br>FIGUEROA STREET, SUITE 620 - LOS<br>ANGELES, CA 90007                        | 95-1904857 | 501(C)3                       | 100,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| CHILDREN'S INSTITUTE<br>2121 WEST TEMPLE STREET<br>LOS ANGELES, CA 90026  | 95-1641424 | 501(C)3                       | 100,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| COLD SPRING HARBOR LABORATORY<br>1 BUNGTOWN ROAD<br>COLD SPRING HARBOR, NY 11724  | 11-2013303 | 501(C)3                       | 100,000.                 | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| MOTION PICTURE & TELEVISION FUND<br>FOUNDATION - 23388 MULHOLLAND<br>DRIVE - WOODLAND HILLS, CA 91364                                       | 95-1652916 | 501(C)3                       | 90,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |   |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                          |
| CALIFORNIA STATE UNIVERSITY,<br>NORTHRIDGE (CSUN) - 18111 NORDHOFF<br>STREET - NORTHRIDGE, CA 91330   | 95-1992732 | 501(C)3                       | 79,850.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT<br>THE ORGANIZATION'S<br>PROGRAMS. |
| CANCER SUPPORT COMMUNITY -<br>BENJAMIN CENTER - 1990 SOUTH BUNDY<br>DRIVE, SUITE #100 - LOS ANGELES,<br>CA 90025                            | 33-0287070 | 501(C)3                       | 75,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT<br>THE ORGANIZATION'S<br>PROGRAMS. |
| NATIONAL BREAST CANCER COALITION<br>1101 17TH ST NW STE 1300<br>WASHINGTON, DC 20036  | 52-1782065 | 501(C)3                       | 75,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT<br>THE ORGANIZATION'S<br>PROGRAMS. |
| VOLUNTEERS OF THE BURBANK ANIMAL<br>SHELTER - 1150 NORTH VICTORY PLACE<br>- BURBANK, CA 91502   | 95-4469452 | 501(C)3                       | 64,254.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT<br>THE ORGANIZATION'S<br>PROGRAMS. |
| GILDA'S CLUB NYC<br>195 WEST HOUSTON STREET<br>NEW YORK, NY 10014   | 13-4046652 | 501(C)3                       | 55,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT<br>THE ORGANIZATION'S<br>PROGRAMS. |
| WILLIAM F. RYAN COMMUNITY HEALTH<br>CENTER - 110 WEST 97TH STREET -<br>NEW YORK, NY 10025   | 13-2884976 | 501(C)3                       | 55,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT<br>THE ORGANIZATION'S<br>PROGRAMS. |
| A PLACE CALLED HOME<br>2830 SOUTH CENTRAL AVENUE<br>LOS ANGELES, CA 90011   | 95-4427291 | 501(C)3                       | 53,025.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT<br>THE ORGANIZATION'S<br>PROGRAMS. |
| USC KECK SCHOOL OF MEDICINE -<br>NORRIS CANCER CENTER - 1441<br>EASTLAKE AVENUE NOR 5411A - LOS<br>ANGELES, CA 90033                        | 95-1642394 | 501(C)3                       | 53,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT<br>THE ORGANIZATION'S<br>PROGRAMS. |
| OVARIAN CANCER NATIONAL ALLIANCE<br>901 E STREET NW, SUITE 405<br>WASHINGTON, DC 20004  | 31-1581756 | 501(C)3                       | 51,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT<br>THE ORGANIZATION'S<br>PROGRAMS. |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |   |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
| UNITED FRIENDS OF THE CHILDREN<br>1055 WILSHIRE BLVD., SUITE 1955<br>LOS ANGELES, CA 90017  | 95-3665186 | 501(C)3                       | 50,612.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| ALBERT EINSTEIN CANCER CENTER -<br>PSYCHOSOCIAL ONCOLOGY PROGRAM -<br>1300 MORRIS PARK AVENUE BELFER<br>BUILDING 13TH FLOOR - BRONX, NY     | 13-1624225 | 501(C)3                       | 50,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| CANCERCARE, INC.<br>275 SEVENTH AVENUE<br>NEW YORK, NY 10001  | 13-1825919 | 501(C)3                       | 50,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| HARLEM VILLAGE ACADEMIES<br>15 PENN PLAZA #15<br>NEW YORK, NY 10001   | 13-4186070 | 501(C)3                       | 50,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| HOLY REDEEMER HOSPICE<br>12265 TOWNSEND ROAD #400<br>PHILADELPHIA, PA 19154   | 22-3166974 | 501(C)3                       | 50,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| LOS ANGELES FREE CLINIC DBA SABAN<br>FREE CLINIC - 8405 BEVERLY BLVD. -<br>LOS ANGELES, CA 90048  | 95-2539105 | 501(C)3                       | 50,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| PIVEN THEATRE WORKSHOP<br>927 NOYES STREET #1109<br>EVANSTON, IL 60201  | 36-3000868 | 501(C)3                       | 50,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| THE SAMUEL AND LATANYA R. JACKSON<br>FOUNDATION - 11812 SAN VICENTE<br>BLVD., 4TH FLOOR - LOS ANGELES,<br>CA 90049                          | 95-4774091 | 501(C)3                       | 50,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| WESPAK<br>13520 VENTURA BLVD.<br>SHERMAN OAKS, CA 91423   | 95-4785462 | 501(C)3                       | 50,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |   |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
| DAYS OF DIALOGUE<br>1000 N. ALAMEDA STREET SUITE 240<br>LOS ANGELES, CA 90012   | 95-4302067 | 501(C)3                       | 43,262.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| INNER-CITY ARTS<br>720 KOHLER STREET<br>LOS ANGELES, CA 90021   | 95-4239478 | 501(C)3                       | 42,811.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| WORLD WILDLIFE FUND<br>1250 TWENTY-FOURTH STREET NW<br>WASHINGTON, DC 20037   | 52-1693387 | 501(C)3                       | 41,633.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| GREATER HORIZONS<br>1055 BROADWAY, SUITE 130<br>KANSAS CITY, MO 64105   | 20-0849590 | 501(C)3                       | 40,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| TEAM SURVIVOR LOS ANGELES<br>1223 WILSHIRE BLVD. #570<br>SANTA MONICA, CA 90403   | 95-4742327 | 501(C)3                       | 35,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| HABITAT FOR HUMANITY INTERNATIONAL<br>121 HABITAT STREET<br>AMERICUS, GA 31709  | 91-1914868 | 501(C)3                       | 34,842.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| ACCELERATE BRAIN CANCER CURE<br>1717 RHODE ISLAND AVENUE, NW SUITE<br>WASHINGTON, DC 20036  | 52-2320756 | 501(C)3                       | 33,986.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| BURBANK TEMPORARY AID CENTER<br>1304 W. BURBANK BLVD.<br>BURBANK, CA 91506  | 95-3309130 | 501(C)3                       | 30,175.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| TEACH FOR AMERICA<br>315 WEST 36TH STREET 7TH FLOOR<br>NEW YORK, NY 10018   | 13-3541913 | 501(C)3                       | 30,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |

Schedule I (Form 990)

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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CHARITIES AID FOUNDATION AMERICA (CAFAMERICA) - 1800 DIAGONAL RD STE 150 - ALEXANDRIA, VA 22314  | 43-1634280 | 501(C)3                       | 27,174.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| HEAVEN ON EARTH SOCIETY FOR ANIMALS - P.O. BOX 8171 - VAN NUYS, CA 91409                         | 77-0538189 | 501(C)3                       | 27,022.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| KOBE & VANESSA BRYANT FAMILY FOUNDATION - 12400 WILSHIRE BLVD, SUITE 365 - LOS ANGELES, CA 90025 | 14-1970205 | 501(C)3                       | 27,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| CHRYSALIS<br>516 S. MAIN STREET<br>LOS ANGELES, CA 90013   | 95-3972624 | 501(C)3                       | 26,487.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| CENTER FOR HEALTH AND THE GLOBAL ENVIRONMENT - 2ND FLOOR EAST 401 PARK DRIVE - BOSTON, MA 02215  | 04-2103580 | 501(C)3                       | 25,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| CHILDREN'S ACTION NETWORK<br>10951 WEST PICO BOULEVARD, SUITE 333<br>LOS ANGELES, CA 90064       | 94-3213100 | 501(C)3                       | 25,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| CITY OF HOPE<br>1055 WILSHIRE BLVD.<br>LOS ANGELES, CA 90017                                     | 95-3435919 | 501(C)3                       | 25,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| EVA LONGORIA FOUNDATION<br>12400 WILSHIRE BLVD., SUITE 365<br>LOS ANGELES, CA 90025              | 45-4345954 | 501(C)3                       | 25,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| FRIENDS OF CANCER RESEARCH<br>1800 M STREET NW SUITE 1050 SOUTH<br>WASHINGTON, DC 20036          | 52-1983273 | 501(C)3                       | 25,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |   |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
| GILDA RADNER HEREDITARY CANCER PROGRAM AT CEDARS-SINAI MEDICAL CENTER - 8700 BEVERLY BOULEVARD SUITE 2416 - LOS ANGELES, CA 90048           | 95-1644600 | 501(C)3                       | 25,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| GRAND CANYON TRUST<br>2601 N. FORT VALLEY ROAD<br>FLAGSTAFF, AZ 86001   | 86-0512633 | 501(C)3                       | 25,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| PLAN!T NOW<br>3904 STATE STREET, #284<br>SANTA BARBARA, CA 93110  | 20-2691110 | 501(C)3                       | 25,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| WOMEN OF COLOR BREAST CANCER SURVIVORS' SUPPORT PROJECT - 301 N. PRAIRIE AVENUE, SUITE 420 - INGLEWOOD, CA 90301                            | 95-4455930 | 501(C)3                       | 25,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| FRIENDS OF THE LOS ANGELES RIVER<br>570 W. AVE 26 #250<br>LOS ANGELES, CA 90065   | 95-4171497 | 501(C)3                       | 23,092.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| ANGELES CHAPTER FOUNDATION<br>3435 WILSHIRE BLVD #320<br>LOS ANGELES, CA 90010  | 95-4112557 | 501(C)3                       | 23,031.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| LOS ANGELES CONSERVATION CORPS<br>605 W. OLYMPIC BLVD., SUITE 450<br>LOS ANGELES, CA 90640  | 95-4002138 | 501(C)3                       | 22,411.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| CITRUS VALLEY MEDICAL CENTER - CANCER RESOURCE CENTER - 1115 S. SUNSET AVE. - WEST COVINA, CA 91790   | 95-6006469 | 501(C)3                       | 20,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| NATIONAL COALITION FOR CANCER SURVIVORSHIP - 1010 WAYNE AVENUE, SUITE 770 - SILVER SPRING, MD 20910   | 85-0357897 | 501(C)3                       | 20,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |

Schedule I (Form 990)



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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| VIEWPOINT SCHOOL<br>23620 MULHOLLAND HWY<br>CALABASAS, CA 91302                                | 95-2242261 | 501(C)3                       | 20,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| DOWNTOWN WOMEN'S CENTER<br>442 S. SAN PEDRO STREET<br>LOS ANGELES, CA 90013                    | 31-1597223 | 501(C)3                       | 10,490.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| MIDNIGHT MISSION<br>601 SOUTH SAN STREET<br>LOS ANGELES, CA 90014                              | 95-1691293 | 501(C)3                       | 10,490.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| LITTLE COMPANY OF MARY HOSPITAL FOUNDATION - 4101 TORRANCE BLVD. - TORRANCE, CA 90503          | 51-0224944 | 501(C)3                       | 10,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| MELANOMA RESEARCH ALLIANCE FOUNDATION - 1101 NEW YORK AVE, NW SUITE 620 - WASHINGTON, DC 20005 | 26-1636099 | 501(C)3                       | 10,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| STAND FOR CHILDREN LEADERSHIP CENTER - 77 RUMFORD AVE, SUITE 2 - WALTHAM, MA 02453             | 52-1957214 | 501(C)3                       | 10,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| THE COLORADO PLATEAU FOUNDATION<br>2201 E. CAMELBACK ROAD, SUITE 405B<br>PHOENIX, AZ 85016     | 86-0348306 | 501(C)3                       | 10,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| THE HELP GROUP<br>13130 BURBANK BOULEVARD<br>SHERMAN OAKS, CA 91401                            | 95-3295132 | 501(C)3                       | 10,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| TURNAROUND FOR CHILDREN<br>25 WEST 45TH STREET, 6TH FLOOR<br>NEW YORK, NY 10036                | 06-1495529 | 501(C)3                       | 10,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |   |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
| V-DAY<br>303 PARK AVENUE SOUTH SUITE 1184<br>NEW YORK, NY 10010   | 94-3389430 | 501(C)3                       | 10,000.                  | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| A LONG WALK HOME<br>1658 N. MILWAUKEE AVE., SUITE 104<br>CHICAGO, IL 60647  | 30-0053613 | 501(C)3                       | 8,000.                   | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| GAY & LESBIAN ALLIANCE AGAINST DEFAMATION (GLAAD) - 5455 WILSHIRE BLVD., #1500 - LOS ANGELES, CA 90036                                      | 13-3384027 | 501(C)3                       | 7,242.                   | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| GAY-STRAIGHT ALLIANCE NETWORK<br>1550 BRYANT ST., SUITE 800<br>SAN FRANCISCO, CA 94103  | 20-5367752 | 501(C)3                       | 7,242.                   | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| HUMAN RIGHTS CAMPAIGN FOUNDATION<br>1640 RHODE ISLAND AVE N.W.<br>WASHINGTON, DC 20036  | 52-1481896 | 501(C)3                       | 7,242.                   | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| THE TREVOR PROJECT<br>8704 SANTA MONICA BLVD., SUITE 200<br>WEST HOLLYWOOD, CA 90069  | 95-4681287 | 501(C)3                       | 7,242.                   | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| COUNCIL ON FOUNDATIONS<br>PO BOX 75661<br>BALTIMORE, MD 21203   | 13-6068327 | 501(C)3                       | 6,360.                   | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| CALIFORNIA SPAY & NEUTER LICENSE PLATE FUND - PO BOX 1125 - LAGUNA BEACH, CA 92652  | 27-2591064 | 501(C)3                       | 5,000.                   | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| GATEWAY FOR CANCER RESEARCH<br>1336 BASSWOOD ROAD<br>SCHAUMBURG, IL 60173   | 73-1386920 | 501(C)3                       | 5,000.                   | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |

Schedule I (Form 990)

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) |            |                               |                          |                                   |   |  |   |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                    |
| MALIBU FOUNDATION FOR YOUTH AND FAMILIES - 30215 MORNING VIEW DRIVE - MALIBU, CA 90265  | 95-4774844 | 501(C)3                       | 5,000.                   | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| SPECIAL NEEDS NETWORK 3530 WILSHIRE BLVD STE 1670 LOS ANGELES, CA 90010   | 05-0617904 | 501(C)3                       | 5,000.                   | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
| WOMEN IN NEED 115 WEST 31ST STREET NEW YORK, NY 10025   | 13-3164477 | 501(C)3                       | 5,000.                   | 0.                                | FMV   | N/A                                    | GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS. |
|   |            |                               |                          |                                   |   |  |   |
|   |            |                               |                          |                                   |   |  |   |
|   |            |                               |                          |                                   |   |  |   |
|   |            |                               |                          |                                   |   |  |   |
|   |            |                               |                          |                                   |   |  |   |
|   |            |                               |                          |                                   |   |  |   |
|   |            |                               |                          |                                   |   |  |   |
|   |            |                               |                          |                                   |   |  |   |

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

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: EIF'S PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS CONSISTS OF REPORTING REQUIREMENTS THAT ARE WRITTEN INTO EACH GRANT AGREEMENT REQUIRING THE GRANTEE TO PROVIDE PERIODIC REPORTS ON THE USE OF FUNDS. THE FOUNDATION'S PROGRAM DEPARTMENT MANAGES THE PROCESS OF FOLLOW-UP TO ENSURE REPORTS ARE RECEIVED, REVIEWED AND SHARED WITH MANAGEMENT.

**SCHEDULE J  
(Form 990)**

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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

**ENTERTAINMENT INDUSTRY FOUNDATION**

Employer identification number

**95-1644609**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2012

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

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

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

| (A) Name and Title                          |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) LISA PAULSEN<br>PRESIDENT/CEO           | (i)  | 441,301.   | 0.                                  | 6,000.                              | 17,000.  | 15,644.                 | 479,945.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) SUSAN FRANK<br>COO                      | (i)  | 269,709.   | 13,250.                             | 6,000.                              | 0.   | 15,644.                 | 304,603.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) MERRILY NEWTON<br>CFO                   | (i)  | 196,029.   | 9,900.                              | 6,000.                              | 0.   | 15,644.                 | 227,573.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) KATHLEEN LOBB<br>VP/COMMUN. EAST COAST  | (i)  | 190,919.   | 9,700.                              | 6,000.                              | 0.   | 15,644.                 | 222,263.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) SUNG-AH POBLETE<br>PRESIDENT/CEO - SU2C | (i)  | 194,000.   | 0.                                  | 6,000.                              | 0.   | 15,644.                 | 215,644.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) THOMAS CHIODO<br>SVP/DEVELOPMENT        | (i)  | 173,040.   | 9,000.                              | 6,000.                              | 0.   | 15,644.                 | 203,684.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) CATHY JAMES<br>VP/DEVELOPMENT           | (i)  | 171,133.   | 8,750.                              | 6,000.                              | 0.   | 15,644.                 | 201,527.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) CAROL RAMSEY<br>VP PHILANTHROPIC SVCS.  | (i)  | 146,776.   | 7,350.                              | 6,000.                              | 0.   | 15,644.                 | 175,770.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) MAURINE SLUTZKY<br>VP COMMUNICATIONS    | (i)  | 140,700.   | 0.                                  | 6,000.                              | 0.   | 15,644.                 | 162,344.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) STEPHAN CERYANEK<br>VP/CONTROLLER      | (i)  | 124,229.   | 6,279.                              | 6,000.                              | 0.   | 15,644.                 | 152,152.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

Complete this part to 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 7: BONUSES ARE BASED ON A FIXED PERCENTAGE OF THE  
 EMPLOYEE'S ANNUAL SALARY AND ARE AWARDED BASED UPON THE EMPLOYEE MEETING A  
 VARIETY OF PERFORMANCE METRICS. ANY DEVIATIONS ARE DETERMINED BY THE CEO,  
 COO, AND CFO.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

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

| Part I | Types of Property   | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1      | Art - Works of art .....  |                            |   |  |   |
| 2      | Art - Historical treasures .....                                |                            |   |  |   |
| 3      | Art - Fractional interests .....                                |                            |   |  |   |
| 4      | Books and publications .....                                    |                            |   |  |   |
| 5      | Clothing and household goods .....                              |                            |   |  |   |
| 6      | Cars and other vehicles .....                                   |                            |   |  |   |
| 7      | Boats and planes .....  |                            |   |  |   |
| 8      | Intellectual property .....                                     |                            |   |  |   |
| 9      | Securities - Publicly traded .....                              |                            |   |  |   |
| 10     | Securities - Closely held stock .....                           |                            |   |  |   |
| 11     | Securities - Partnership, LLC, or trust interests .....         | X                          | 1   | 1,000,000.   | FMV   |
| 12     | Securities - Miscellaneous .....                                |                            |   |  |   |
| 13     | Qualified conservation contribution - Historic structures ..... |                            |   |  |   |
| 14     | Qualified conservation contribution - Other .....               |                            |   |  |   |
| 15     | Real estate - Residential .....                                 |                            |   |  |   |
| 16     | Real estate - Commercial .....                                  |                            |   |  |   |
| 17     | Real estate - Other .....                                       |                            |   |  |   |
| 18     | Collectibles .....  |                            |   |  |   |
| 19     | Food inventory .....  |                            |   |  |   |
| 20     | Drugs and medical supplies .....                                |                            |   |  |   |
| 21     | Taxidermy .....   |                            |   |  |   |
| 22     | Historical artifacts .....                                      |                            |   |  |   |
| 23     | Scientific specimens .....                                      |                            |   |  |   |
| 24     | Archeological artifacts .....                                   |                            |   |  |   |
| 25     | Other ▶ ( AIRLINE TRAVE ) .....                                 | X                          | 1   | 187,778.   | FMV   |
| 26     | Other ▶ ( _____ ) .....   |                            |   |  |   |
| 27     | Other ▶ ( _____ ) .....   |                            |   |  |   |
| 28     | Other ▶ ( _____ ) .....   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **1**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)



**Part II**

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

SCHEDULE M, PART I, COLUMN (B): NON CASH DONATIONS ARE LISTED BY TOTAL  
NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for data entry.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number  
95-1644609

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

IMPACT IN OUR COMMUNITY AND THROUGHOUT THE NATION.

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

RESEARCH, TREATMENT, COUNSELING AND OUTREACH PROGRAMS. THANKS IN PART  
TO THESE FUNDS, NEW TREATMENTS ARE BEING DEVELOPED AND LIVES ARE BEING  
SAVED.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE AUDIT  
COMMITTEE OF THE BOARD OF DIRECTORS. THE 990 IS THEN PRESENTED TO THE BOARD  
FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: AN ANNUAL QUESTIONNAIRE IS  
DISTRIBUTED TO ALL THE BOARD MEMBERS TO SIGN. THE VP OF PHILANTHROPIC  
SERVICES MONITORS THE COMPLIANCE OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15: AN OUTSIDE FIRM IS HIRED TO CONDUCT  
A SALARY REVIEW OF EXECUTIVE DIRECTOR'S, OFFICERS AND KEY EMPLOYEES'  
COMPENSATION. THE REVIEW IS PRESENTED TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AZ, AR, AL, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, AK, CO

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING  
DOCUMENTS & POLICIES ARE AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED

|  |   |
|--|---|
| Name of the organization<br><b>ENTERTAINMENT INDUSTRY FOUNDATION</b> | Employer identification number<br><b>95-1644609</b> |
|--|---|

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
 INCOME FROM PARTNERSHIP -4,733.

FORM 990, PART XII, LINE 2C  
 FINANCIAL STATEMENTS AND REPORTING  
 NO CHANGES WERE MADE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR, AS COMPARED TO THE PRIOR TAX YEAR.

**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity                                   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity  |
|--|-------------------------|---|---------------------|---------------------------|--------------------------------------|
| STAND UP TO CANCER MUSIC LLC, - 26-3299754<br>1201 WEST 5TH STREET, SUITE T-700<br>LOS ANGELES, CA 90017 | MUSIC RIGHTS            | CALIFORNIA  | 51,549.             | 0.                        | ENTERTAINMENT INDUSTRY<br>FOUNDATION |
|  |                         |   |                     |                           |                                      |
|  |                         |   |                     |                           |                                      |
|  |                         |   |                     |                           |                                      |
|  |                         |   |                     |                           |                                      |
|  |                         |   |                     |                           |                                      |
|  |                         |   |                     |                           |                                      |
|  |                         |   |                     |                           |                                      |
|  |                         |   |                     |                           |                                      |

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

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

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

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

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
|  |                         |   |                                     |  |                                 |  |                                |   |    |

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

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

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

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

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

232164 12-10-12

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.