

**PUBLIC
DISCLOSURE
COPY**

Form **990**

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ENTERTAINMENT INDUSTRY FOUNDATION <hr/> Doing Business As <hr/> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1900 AVENUE OF THE STARS 1400 <hr/> City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90067 <hr/> F Name and address of principal officer: LISA PAULSEN SAME AS C ABOVE	D Employer identification number 95-1644609 <hr/> E Telephone number 424-283-3600 <hr/> G Gross receipts \$ 52,223,335. <hr/> H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) <hr/> H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.EIFFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1942 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO COORDINATE THE PHILANTHROPY OF THE ENTERTAINMENT INDUSTRY.</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 68 6 Total number of volunteers (estimate if necessary) 6 250 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">53,273,478.</td> <td style="text-align: right;">48,786,903.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">184,111.</td> <td style="text-align: right;">165,847.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">4,733.</td> <td style="text-align: right;">388,392.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">53,462,322.</td> <td style="text-align: right;">49,341,142.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	53,273,478.	48,786,903.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	184,111.	165,847.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,733.	388,392.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,462,322.	49,341,142.						
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	53,273,478.	48,786,903.																								
9 Program service revenue (Part VIII, line 2g)	0.	0.																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	184,111.	165,847.																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,733.	388,392.																								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,462,322.	49,341,142.																								
Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">32,455,865.</td> <td style="text-align: right;">29,736,920.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">5,200,534.</td> <td style="text-align: right;">6,815,659.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">1,872,500.</td> <td style="text-align: right;">1,726,567.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,519,199.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">10,009,977.</td> <td style="text-align: right;">9,177,093.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">49,538,876.</td> <td style="text-align: right;">47,456,239.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">3,923,446.</td> <td style="text-align: right;">1,884,903.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,455,865.	29,736,920.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,200,534.	6,815,659.	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,872,500.	1,726,567.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,519,199.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,009,977.	9,177,093.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	49,538,876.	47,456,239.	19 Revenue less expenses. Subtract line 18 from line 12	3,923,446.	1,884,903.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,455,865.	29,736,920.																								
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,200,534.	6,815,659.																								
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,872,500.	1,726,567.																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,519,199.																										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,009,977.	9,177,093.																								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	49,538,876.	47,456,239.																								
19 Revenue less expenses. Subtract line 18 from line 12	3,923,446.	1,884,903.																								
Net Assets or Fund Balances		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">49,526,814.</td> <td style="text-align: right;">49,396,407.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">12,740,799.</td> <td style="text-align: right;">10,134,683.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">36,786,015.</td> <td style="text-align: right;">39,261,724.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	49,526,814.	49,396,407.	21 Total liabilities (Part X, line 26)	12,740,799.	10,134,683.	22 Net assets or fund balances. Subtract line 21 from line 20	36,786,015.	39,261,724.												
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	49,526,814.	49,396,407.																								
21 Total liabilities (Part X, line 26)	12,740,799.	10,134,683.																								
22 Net assets or fund balances. Subtract line 21 from line 20	36,786,015.	39,261,724.																								

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 23,743,153. including grants of \$ 19,585,785.) (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 \$ 11,992,731. including grants of \$ 10,151,135.) (Revenue \$) CHARITABLE SERVICES PROGRAMS: EIF IS ABLE TO CHAMPION A WIDE VARIETY OF WORTHY CAUSES. EIF RAISES AWARENESS AND CRUCIAL FUNDS TO ADDRESS LEADING HEALTH AND SOCIAL ISSUES. EIF GRANTS FUNDS TO VARIOUS CHARITIES ALL ACROSS THE U.S.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 35,735,884.

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)? <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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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.		
a	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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <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
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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
b	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 or other assistance to any domestic organization or government 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 or 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 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. 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
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
26			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
27			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
28a			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
28b			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
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
29		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
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			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
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
33		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
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. 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
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AZ, AR, CT, FL, GA, HI, IL, KS, KY, LA, ME
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: STEPHAN J. CERYANEK - 424-283-3600 1900 AVENUE OF THE STARS, NO. 1400, LOS ANGELES, CA 90067

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID BEAUBAIRE BOARD MEMBER	1.00	X						0.	0.	0.
(2) PRESTON BECKMAN BOARD MEMBER	1.00	X						0.	0.	0.
(3) LYNN HARRIS BOARD MEMBER	1.00	X						0.	0.	0.
(4) MITCH METCALF BOARD MEMBER	1.00	X						0.	0.	0.
(5) VANESSA MORRISON BOARD MEMBER	1.00	X						0.	0.	0.
(6) PETER SEYMOUR BOARD MEMBER	1.00	X						0.	0.	0.
(7) CHRIS SILBERMAN BOARD MEMBER	1.00	X						0.	0.	0.
(8) JACK SUSSMAN BOARD MEMBER	1.00	X						0.	0.	0.
(9) SHERRY LANSING BOARD CHAIR	1.00	X		X				0.	0.	0.
(10) JAY SURES VICE CHAIR	1.00	X		X				0.	0.	0.
(11) JEFF BADER SECRETARY	1.00	X		X				0.	0.	0.
(12) ED RADA TREASURER	1.00	X		X				0.	0.	0.
(13) LISA PAULSEN PRESIDENT/CEO	40.00			X			512,079.	0.	39,608.	
(14) SUSAN FRANK COO	40.00			X			316,726.	0.	16,861.	
(15) DEBORAH MORRISON (AS OF 8/2013) CFO	40.00			X			83,982.	0.	6,639.	
(16) MERRILY NEWTON CFO	40.00			X			233,170.	0.	17,436.	
(17) SUNG-AH POBLETE PRESIDENT/CEO - SU2C	40.00				X		217,915.	0.	17,436.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHLEEN LOBB VP/COMMUN. EAST COAST	40.00				X			213,847.	0.	16,966.
(19) THOMAS CHIODO SVP/DEVELOPMENT	40.00					X		199,948.	0.	17,100.
(20) CATHY JAMES VP/DEVELOPMENT	40.00					X		193,139.	0.	16,296.
(21) CAROL RAMSEY VP/PHILANTHROPIC SVCS.	40.00					X		157,734.	0.	17,033.
(22) STEPHAN CERYANEK VP/CONTROLLER	40.00					X		148,139.	0.	17,033.
(23) MAURINE SLUTZKY VP/COMMUNICATIONS	40.00					X		145,370.	0.	16,765.
1b Sub-total								2,422,049.	0.	199,173.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,422,049.	0.	199,173.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 16

	Yes	No
3 Did the organization list any former 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) Name and business address	(B) Description of services	(C) Compensation
ROBERTSON SCHWARTZ AGENCY, 1250 6TH ST., STE 201, SANTA MONICA, CA 90401	FUNDRAISING SVCS./ MARKETING/PUBLIC REL.	2,509,397.
PERLMAN & PERLMAN 41 MADISON AVE, FL. 40, NEW YORK, NY 10010	LEGAL SERVICES	754,171.
GLOBAL PHILANTHROPY GROUP, 9100 WILSHIRE BLVD, SUITE 400W, BEVERLY HILLS, CA 90212	PROFESSIONAL SERVICES	180,000.
SLATE 170 VARICK ST 2ND FLOOR, NEW YORK, NY 10013	PUBLIC RELATIONS	176,400.
THE DAVIS GROUP, 400 CONTINENTAL BLVD., STE 275, EL SEGUNDO, CA 90245	FUNDRAISING SERVICES	165,004.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	4,225,025.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	44,561,878.				
	g	Noncash contributions included in lines 1a-1f: \$		615,200.				
	h	Total. Add lines 1a-1f		48,786,903.				
	Program Service Revenue	2 a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		166,001.			166,001.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		372,552.			372,552.	
	6 a	Gross rents	(i) Real	15,840.				
			(ii) Personal	0.				
			Less: rental expenses	0.				
			Rental income or (loss)	15,840.				
	d	Net rental income or (loss)		15,840.			15,840.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	6,214.				
			(ii) Other					
			Less: cost or other basis and sales expenses	6,368.				
			Gain or (loss)	-154.				
	d	Net gain or (loss)		-154.			-154.	
	8 a	Gross income from fundraising events (not including \$ 4,225,025. of contributions reported on line 1c). See Part IV, line 18	a	2,875,825.				
			b	Less: direct expenses	2,875,825.			
c			Net income or (loss) from fundraising events		0.			
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a	_____							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions.		49,341,142.	0.	0.	554,239.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	29,052,158.	29,052,158.		
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	684,762.	684,762.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,692,665.	588,688.	644,415.	459,562.
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	3,722,473.	1,294,631.	1,417,183.	1,010,659.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	318,290.	110,698.	121,176.	86,416.
9 Other employee benefits	730,427.	254,033.	278,081.	198,313.
10 Payroll taxes	351,804.	122,354.	133,935.	95,515.
11 Fees for services (non-employees):				
a Management				
b Legal	1,046,414.	236,358.	102,642.	707,414.
c Accounting	56,726.		56,726.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,726,567.			1,726,567.
f Investment management fees	39,322.		39,322.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,643,308.	999,857.	377,475.	1,265,976.
12 Advertising and promotion	25,815.	20,627.	2,552.	2,636.
13 Office expenses	1,239,451.	503,236.	217,821.	518,394.
14 Information technology				
15 Royalties				
16 Occupancy	1,035,645.	390,461.	347,588.	297,596.
17 Travel	984,987.	399,238.	118,761.	466,988.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,276.	20,302.	21,095.	17,879.
23 Insurance	185,008.	47,971.	68,503.	68,534.
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 PUBLIC RELATIONS	863,458.	430,309.	92,230.	340,919.
b SUBS. AND PERMITS	439,513.	243,777.	94,577.	101,159.
c REPAIRS AND MAINT.	219,255.	146,439.	39,715.	33,101.
d ELECT. MEDIA PROD.	156,980.	121,358.	24,555.	11,067.
e All other expenses	181,935.	68,627.	2,804.	110,504.
25 Total functional expenses. Add lines 1 through 24e	47,456,239.	35,735,884.	4,201,156.	7,519,199.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	3,281,050.	1	9,992,564.
	2 Savings and temporary cash investments	18,372,391.	2	13,841,142.
	3 Pledges and grants receivable, net	20,549,388.	3	17,972,418.
	4 Accounts receivable, net	291,549.	4	380,781.
	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	531,788.	9	549,088.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 562,874.		
	b Less: accumulated depreciation	10b 441,412.	176,809.	10c 121,462.
	11 Investments - publicly traded securities	5,252,346.	11	5,956,188.
	12 Investments - other securities. See Part IV, line 11	1,000,000.	12	500,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	71,493.	15	82,764.
16 Total assets. Add lines 1 through 15 (must equal line 34)	49,526,814.	16	49,396,407.	
Liabilities	17 Accounts payable and accrued expenses	1,294,564.	17	1,657,906.
	18 Grants payable	11,062,294.	18	8,238,266.
	19 Deferred revenue	106,141.	19	238,511.
	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	277,800.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	12,740,799.	26	10,134,683.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,082,571.	27	3,404,483.
	28 Temporarily restricted net assets	27,675,944.	28	35,829,741.
	29 Permanently restricted net assets	27,500.	29	27,500.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	36,786,015.	33	39,261,724.	
34 Total liabilities and net assets/fund balances	49,526,814.	34	49,396,407.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,341,142.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,456,239.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,884,903.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,786,015.
5	Net unrealized gains (losses) on investments	5	472,982.
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	117,824.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	39,261,724.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2013)

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.

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

OMB No. 1545-0047

2013

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	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76,514,519.	128,110,563.	41,245,872.	53,273,478.	48,786,903.	347,931,335.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	76,514,519.	128,110,563.	41,245,872.	53,273,478.	48,786,903.	347,931,335.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						51,499,298.
6 Public support. Subtract line 5 from line 4.						296,432,037.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	76,514,519.	128,110,563.	41,245,872.	53,273,478.	48,786,903.	347,931,335.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	493,963.	258,770.	273,650.	194,080.	554,393.	1,774,856.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				2,109.		2,109.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						349,708,300.
12 Gross receipts from related activities, etc. (see instructions)					12	24,322,067.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	84.77 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	86.17 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and**
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>8,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>5,140,340.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>4,300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>3,837,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>2,150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,875,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,676,539.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>1,494,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>1,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) 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 ENTERTAINMENT INDUSTRY FOUNDATION	Employer identification number 95-1644609
--	---

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

LHA

332041
11-08-13

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0.	
c Total lobbying expenditures (add lines 1a and 1b)		0.	
d Other exempt purpose expenditures		47,456,239.	
e Total exempt purpose expenditures (add lines 1c and 1d)		47,456,239.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures		20,000.	5,542.		25,542.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures		20,000.	5,542.		25,542.

Schedule C (Form 990 or 990-EZ) 2013

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, acreage restricted, number of easements, and monitoring requirements.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		70,978.	54,914.	16,064.
d Equipment		491,896.	386,498.	105,398.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				121,462.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	129,888,138.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	472,982.
b	Donated services and use of facilities	2b	80,113,336.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	80,586,318.
3	Subtract line 2e from line 1	3	49,301,820.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,322.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	39,322.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	49,341,142.

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

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

1	Total expenses and losses per audited financial statements	1	127,412,429.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	80,113,336.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-117,824.
e	Add lines 2a through 2d	2e	79,995,512.
3	Subtract line 2e from line 1	3	47,416,917.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,322.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	39,322.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	47,456,239.

Part XIII Supplemental Information.

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

PART V, LINE 4:

FUNDS ARE IDENTIFIED AS SCHOLARSHIP FUNDS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVERSAL OF GRANTS PAID -117,824.

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **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	672,200.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS	12,562.
3 a Sub-total	0	0			684,762.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			684,762.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS	500,000	WIRE TRANSFER	0	N/A	
		NORTH AMERICA	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS	172,200	WIRE TRANSFER	0	N/A	
		EAST ASIA AND THE PACIFIC	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS	12,562	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 3

3 Enter total number of other organizations or entities 0

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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) 2013

Part V Supplemental Information

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

PART I, LINE 2:

AS PART OF THE DUE DILIGENCE PROCESS AND BEFORE MAKING

GRANTS TO ORGANIZATIONS OUTSIDE THE U.S., EIF VERIFIES THAT THE CAUSES TO

WHICH FUNDING IS DESIGNATED ARE IN FACT CHARITABLE OR THAT MONEY DONATED

FOR CHARITABLE CAUSES IS UNLIKELY TO BE DIVERTED TO NON-CHARITABLE

PURPOSES. IN COMPLIANCE WITH IRS GUIDELINES, EIF CONDUCTS REVIEWS TO

DETERMINE IF POTENTIAL GRANTEES ARE THE FOREIGN EQUIVALENTS OF A U.S.

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

INCLUDE DETAILS ON PROGRESS TOWARD PROGRAM GOALS, AN ASSESSMENT OF THE

AGENCY'S PERFORMANCE AND AN ACCOUNTING OF ALL EXPENDITURES. IF NO

EQUIVALENCY CAN BE ESTABLISHED, EIF ASSUMES EXPENDITURE RESPONSIBILITY

FOR GRANTS MADE. AS PER IRS GUIDELINES, GRANTEES ARE REQUIRED TO HOLD

THE MONEY IN A DEDICATED ACCOUNT AND REPORT IN WRITING AT LEAST ONCE A

YEAR.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2013

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 - 1250 6TH ST., STE 201, SANTA	FUNDRAISING		X	17,525,025.	1,332,501.	16,192,524.
THE DAVIS GROUP - 400 CONTINENTAL BLVD. STE. 275,	REVLON RUN WALK		X	6,154,443.	350,000.	5,804,443.
5B EVENTS - 10536 CULVER BLVD, STE G, CULVER CITY, CA	WCRF UNFORGETTABLE EVENINGS CAMPAIGN		X	946,407.	30,000.	916,407.
THE GORMAN GROUP - 11766 WILSHIRE BLVD, 9TH FLOOR, LOS	HOLLYROD EVENTS		X	167,632.	14,066.	153,566.
Total				24,793,507.	1,726,567.	23,066,940.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		REVLON RUN/WALK FOR WOMEN LA (event type)	UNFORGETTABLE EVENING (event type)	NONE (total number)	
Revenue	1 Gross receipts	6,154,443.	946,407.		7,100,850.
	2 Less: Contributions	3,609,723.	615,302.		4,225,025.
	3 Gross income (line 1 minus line 2)	2,544,720.	331,105.		2,875,825.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	19,139.			19,139.
	6 Rent/facility costs	544,652.	21,347.		565,999.
	7 Food and beverages	11,845.	125,014.		136,859.
	8 Entertainment	16,786.	535.		17,321.
	9 Other direct expenses	1,952,297.	184,210.		2,136,507.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				2,875,825.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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

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

9 Enter the state(s) in which the organization 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:

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also 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 G, CULVER CITY, CA 90232

(I) NAME OF FUNDRAISER: THE GORMAN GROUP

(I) ADDRESS OF FUNDRAISER:

11766 WILSHIRE BLVD, 9TH FLOOR, LOS ANGELES, CA 90025

**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

2013

**Open to Public
Inspection**

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

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT STREET, 17TH FLOOR - PHILADELPHIA, PA 16106-4404	23-6251648	501(C)(3)	18,287,961.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
JONSSON CANCER CENTER FOUNDATION/UCLA - 8-950 FACTOR BUILDING, BOX 951780 - LOS ANGELES, CA 90095-1780	95-2242757	501(C)(3)	3,851,326.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
UNIVERSITY OF SOUTHERN CALIFORNIA 1441 EASTLAKE AVENUE; NOR 5411 LOS ANGELES, CA 90033	95-1642394	501(C)(3)	1,065,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NEW VENTURE FUND 1201 CONNECTICUT AVENUE, NW, SUITE WASHINGTON, DC 20036	20-5806345	501(C)(3)	596,517.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
STANFORD UNIVERSITY SCHOOL OF MEDICINE - P.O. BOX 44253 - SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	375,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PROVIDENCE HEALTH & SERVICES FOUNDATION - 501 SOUTH BUENA VISTA STREET - BURBANK, CA 91505	95-3544877	501(C)(3)	295,000.	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 **93.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2013)

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
CITY OF HOPE 1055 WILSHIRE BLVD. LOS ANGELES, CA 90017	95-3435919	501(C)(3)	275,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVENUE, MC 2115 CHICAGO, IL 60637	36-2177139	501(C)(3)	275,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PATHFINDERS PO BOX 11799 ASPEN, CO 81612	20-1710899	501(C)(3)	250,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NATIONAL BREAST CANCER COALITION 1101 17TH ST NW STE 1300 WASHINGTON, DC 20036	52-1782065	501(C)(3)	225,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
HOLLYROD FOUNDATION 9250 WILSHIRE BLVD., SUITE 300 BEVERLY HILLS, CA 90212	95-4642588	501(C)(3)	214,394.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NEW YORK-PRESBYTERIAN HOSPITAL 1315 YORK AVENUE, FLOOR 1 NEW YORK, NY 10021	13-3957095	501(C)(3)	200,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSON AVENUE, SUITE 500 MANHATTAN, KS 66502	48-0667209	501(C)(3)	175,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CANCER SUPPORT COMMUNITY 1990 SOUTH BUNDY DRIVE, SUITE 100 LOS ANGELES, CA 90025	33-0287070	501(C)(3)	170,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SHAKESPEARE CENTER LOS ANGELES 1238 W. 1ST STREET LOS ANGELES, CA 90025	13-3167013	501(C)(3)	150,000.	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
PATIENT SERVICES, INC. (PSI) 3104 EAST BOUNDARY COURT MIDLOTHIAN, VA 23112	54-1596178	501(C)(3)	110,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ACTORS' FUND OF AMERICA 729 SEVENTH AVENUE NEW YORK, NY 10019	13-1635251	501(C)(3)	107,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WILLIAM F. RYAN COMMUNITY HEALTH CENTER - 110 W. 97TH STREET - NEW YORK, NY 10025	13-2884976	501(C)(3)	105,500.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
OVARIAN CANCER NATIONAL ALLIANCE 901 E ST. NW SUITE 405 WASHINGTON, DC 20004	31-1581756	501(C)(3)	101,500.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GET LIT WORDS IGNITE 142 N HAYWORTH AVE LOS ANGELES, CA 90048	26-4644018	501(C)(3)	100,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1111 FRANKLIN STREET, 7TH FLOOR - OAKLAND, CA 94607	94-3067788	501(C)(3)	100,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
THE SAMUEL AND LATANYA R. JACKSON FOUNDATION - 11812 SAN VICENTE BLVD., 4TH FLOOR - LOS ANGELES, CA 90049	95-4774091	501(C)(3)	100,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CANCERCARE, INC. 275 SEVENTH AVENUE NEW YORK, NY 10001	13-1825919	501(C)(3)	99,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GILDA'S CLUB NYC 195 WEST HOUSTON STREET NYC, NY 10014	13-4046652	501(C)(3)	99,000.	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
ALBERT EINSTEIN CANCER CENTER 1300 MORRIS PARK AVENUE BELFER 13T BRONX, NY 10461	13-1624225	501(C)(3)	94,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10065	13-1924236	501(C)(3)	94,000.	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)	82,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
DOCTORS WITHOUT BORDERS USA 333 SEVENTH AVE, 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)(3)	71,922.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD., SUITE 2416 LOS ANGELES, CA 90048	95-1644600	501(C)(3)	70,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
VOLUNTEERS OF THE BURBANK ANIMAL SHELTER - 1150 NORTH VICTORY PLACE - BURBANK, CA 91502	95-4469452	501(C)(3)	64,168.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CENTRAL FALLS SCHOOL DISTRICT 24 SUMMER STREET CENTRAL FALLS, RI 02863	05-0459947	501(C)(3)	60,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GREATER HORIZONS 1055 BROADWAY, SUITE 130 KANSAS CITY, MO 64105	20-0849590	501(C)(3)	56,700.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
EVA LONGORIA FOUNDATION 12400 WILSHIRE BLVD., SUITE 365 LOS ANGELES, CA 90025	45-4345954	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
FRIENDS OF CANCER RESEARCH 1800 M STREET NW, SUITE 1050 SOUTH WASHINGTON, DC 20036	52-1983273	501(C)(3)	50,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
TEACH FOR AMERICA 315 WEST 36TH STREET, 8TH FLOOR NEW YORK, NY 10018	13-3541913	501(C)(3)	50,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
V FOUNDATION FOR CANCER RESEARCH 106 TOWERVIEW COURT CARY, NC 27513	13-3705951	501(C)(3)	50,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
UNITED FRIENDS OF THE CHILDREN 1055 WILSHIRE BLVD., SUITE 1955 LOS ANGELES, CA 90017	95-3665186	501(C)(3)	49,712.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MILLENNIUM PROMISE ALLIANCE 475 RIVERSIDE DRIVE, SUITE 1040 NEW YORK, NY 10115	20-3042135	501(C)(3)	48,240.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
A PLACE CALLED HOME 2830 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90011	95-4427291	501(C)(3)	45,607.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WORLD WILDLIFE FUND 1250 TWENTY-FOURTH STREET NW WASHINGTON, DC 20090-7180	52-1693387	501(C)(3)	44,098.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
HABITAT FOR HUMANITY INTERNATIONAL 17700 SOUTH FIGUEROA STREET GARDENA, CA 90248	91-1914868	501(C)(3)	34,506.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MOTION PICTURE & TELEVISION FUND FOUNDATION - 23388 MULHOLLAND DRIVE - WOODLAND HILLS, CA 91364	95-1652916	501(C)(3)	30,100.	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
COWDEN STREET COLLABORATIVE 325 COWDEN STREET CENTRAL FALLS, RI 02863	26-4751210	501(C)(3)	30,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CHARITIES AID FOUNDATION AMERICA (CAFAMERICA) - KINGS ST STATION, 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.
9T8 FOUNDATION 2236 ENCINITAS BLVD., SUITE A ENCINITAS, CA 92024	33-0754276	501(C)(3)	25,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
THE ASPEN INSTITUTE INC ONE DUPONT CIRCLE, NW, SUITE 700 WASHINGTON, DC 20036-1133	84-0399006	501(C)(3)	25,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CITRUS VALLEY MEDICAL CENTER (CVMC) - 1115 S. SUNSET AVE. - WEST COVINA, CA 91790	95-6006469	501(C)(3)	25,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CITY YEAR LOS ANGELES 606 SOUTH OLIVE STREET, 2ND FLOOR LOS ANGELES, CA 90014	22-2882549	501(C)(3)	25,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
JOHN WAYNE CANCER INSTITUTE 2200 SANTA MONICA BOULEVARD SANTA MONICA, CA 90404	95-4291515	501(C)(3)	25,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MATTHEW SHEPARD FOUNDATION 1530 BLAKE ST., #200 DENVER, CO 80202	31-1640047	501(C)(3)	25,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
OCEAN PARK COMMUNITY CENTER 1453 16TH STREET SANTA MONICA, CA 90404	95-6143865	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
INNER-CITY ARTS 720 KOHLER STREET LOS ANGELES, CA 90021	95-4239478	501(C)(3)	22,507.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ANGELES CHAPTER FOUNDATION 3435 WILSHIRE BLVD #320 LOS ANGELES, CA 90010-1904	95-4112557	501(C)(3)	21,507.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NATIONAL COALITION FOR CANCER SURVIVORSHIP - 1010 WAYNE AVENUE, SUITE 770 - SILVER SPRING, MA 20912	85-0357897	501(C)(3)	20,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WOUNDED WARRIOR PROJECT 4899 BELFORD ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	18,992.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BURBANK TEMPORARY AID CENTER 1304 W. BURBANK BLVD. BURBANK, CA 91506	95-3309130	501(C)(3)	16,977.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CENTER THEATRE GROUP 601 W. TEMPLE STREET LOS ANGELES, CA 90012	95-2466183	501(C)(3)	15,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
STAND FOR CHILDREN LEADERSHIP CENTER - 77 RUMFORD AVE, SUITE 2 - WALTHAM, MA 02453	52-1957214	501(C)(3)	15,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CHRYSALIS 516 S. MAIN STREET LOS ANGELES, CA 90013	95-3972624	501(C)(3)	14,313.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB, UT 84741	23-7147797	501(C)(3)	13,955.	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
FRIENDS OF THE LOS ANGELES RIVER 570 W. AVE 26 #250 LOS ANGELES, CA 90065	95-4171497	501(C)(3)	12,913.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PROJECT ANGEL FOOD 922 VINE STREET LOS ANGELES, CA 90038	95-4115863	501(C)(3)	12,038.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
LOS ANGELES CONSERVATION CORPS 605 W. OLYMPIC BLVD., SUITE 450 LOS ANGELES, CA 90015	95-4002138	501(C)(3)	11,704.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
AUTISM SPEAKS 6330 SAN VICENTE BLVD, SUITE 401 LOS ANGELES, CA 90048	20-2329938	501(C)(3)	11,233.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ATHLETES VS CANCER 1401 N. BROADWAY, SUITE 210 WALNUT CREEK, CA 94596	26-3972380	501(C)(3)	10,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CATHOLIC CHARITIES COMMUNITY SERVICES ARCHDIOCESE OF NEW YORK - 1011 FIRST AVENUE, SUITE 1400 - NEW YORK, NY 10022	13-5562185	501(C)(3)	10,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GLOBAL VIRUS NETWORK 801 W. BALTIMORE STREET, SUITE 519 BALTIMORE, MD 21201	45-2734306	501(C)(3)	10,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GRAMMY MUSEUM FOUNDATION 800 W OLYMPIC BLVD STE A245 LOS ANGELES, CA 90015	26-1447714	501(C)(3)	10,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
HUMANE SOCIETY OF THE WHITE MOUNTAINS - PO BOX 909 - LAKESIDE, AZ 85929	86-0250431	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
MALIBU FOUNDATION FOR YOUTH AND FAMILIES - 30215 MORNING VIEW DRIVE - MALIBU, CA 90265	95-4774844	501(C)(3)	10,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MARC LUSTGARTEN PANCREATIC CANCER FOUNDATION - 1111 STEWART AVENUE - BETHPAGE, NY 11714	31-1611837	501(C)(3)	10,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
POPULATION SERVICES INTERNATIONAL (PSI) - 1120 NINETEENTH STREET, NW, SUITE 600 - WASHINGTON, DC 20036	56-0942853	501(C)(3)	10,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
RHODE ISLAND COLLEGE FOUNDATION 600 MOUNT PLEASANT AVENUE, CRAIG LEE HALL ROOM 110 - PROVIDENCE, RI 02908-19	05-6049721	501(C)(3)	10,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BOYS & GIRLS CLUB OF BURBANK/EAST VALLEY - 2244 NORTH BUENA VISTA STREET - BURBANK, CA 91504	95-4485745	501(C)(3)	9,633.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MEND (MEET EACH NEED WITH DIGNITY) 10641 N. SAN FERNANDO ROAD PACOIMA, CA 91331	23-7306337	501(C)(3)	9,490.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ASIAN PACIFIC COMMUNITY FUND 1145 WILSHIRE BLVD., SUITE 105 LOS ANGELES, CA 90017	95-4257997	501(C)(3)	9,178.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
A LONG WALK HOME 1658 N. MILWAUKEE AVE., SUITE 104 CHICAGO, IL 60647	30-0053613	501(C)(3)	8,500.	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)	8,017.	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
JOYFUL HEART FOUNDATION 32 WEST 22ND STREET, FLOOR 4 NEW YORK, NY 10010	72-1519537	501(C)(3)	7,500.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GLENDALE ASSOCIATION FOR THE RETARDED - 6512 SAN FERNANDO ROAD - GLENDALE, CA 91201	95-1976088	501(C)(3)	6,800.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GATEWAY FOR CANCER RESEARCH 1336 BASSWOOD ROAD SCHAUMBURG, IL 60173	73-1386920	501(C)(3)	6,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
AMERICAN NATIONAL RED CROSS 2025 E STREET, NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	5,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ANGELS AT RISK 115 BARRINGTON WALK LOS ANGELES, CA 90049	26-1100549	501(C)(3)	5,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CAMP KESEM 4116 LINCOLN AVENUE CULVER CITY, CA 90232	51-0454157	501(C)(3)	5,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
HEART OF LOS ANGELES YOUTH 2701 WILSHIRE BLVD., SUITE 100 LOS ANGELES, CA 90057	95-4397418	501(C)(3)	5,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
HILLSBOROUGH ASSOCIATION FOR RETARDED CITIZENS - 2714 W KIRBY ST - TAMPA, FL 33614	59-0895908	501(C)(3)	5,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
LA'S PROMISE 1035 S. GRAND AVE., 2ND FLOOR LOS ANGELES, CA 90015	20-4562686	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
NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS - 1029 N ROYAL ST STE 201 - ALEXANDRIA, VA 22314	54-1791197	501(C)(3)	5,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NEW ROADS SCHOOL 3131 OLYMPIC BLVD. SANTA MONICA, CA 90404	95-4823489	501(C)(3)	5,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PROGERIA RESEARCH FOUNDATION PO BOX 3453 PEABODY, MA 01961	04-3460220	501(C)(3)	5,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	5,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
THE DREAM FOUNDATION 1528 CHAPALA STREET, SUITE 304 SANTA BARBARA, CA 93101	77-0405779	501(C)(3)	5,000.	0.	FMV	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
AMATEUR ATHLETIC UNION OF THE UNITED STATES - 357 WEST 39TH STREET, SUITE 4 - NEW YORK, NY 10018	35-6057862	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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

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 PRESIDENT/CEO	(i)	465,479.	40,000.	6,600.	23,044.	16,564.	551,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN FRANK COO	(i)	310,726.	0.	6,000.	0.	16,861.	333,587.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MERRILY NEWTON CFO	(i)	227,170.	0.	6,000.	0.	17,436.	250,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUNG-AH POBLETE PRESIDENT/CEO - SU2C	(i)	211,915.	0.	6,000.	0.	17,436.	235,351.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHLEEN LOBB VP/COMMUN. EAST COAST	(i)	207,847.	0.	6,000.	0.	16,966.	230,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THOMAS CHIDO SVP/DEVELOPMENT	(i)	193,948.	0.	6,000.	0.	17,100.	217,048.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CATHY JAMES VP/DEVELOPMENT	(i)	187,139.	0.	6,000.	0.	16,296.	209,435.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CAROL RAMSEY VP/PHILANTHROPIC SVCS.	(i)	151,734.	0.	6,000.	0.	17,033.	174,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEPHAN CERYANEK VP/CONTROLLER	(i)	142,139.	0.	6,000.	0.	17,033.	165,172.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MAURINE SLUTZKY VP/COMMUNICATIONS	(i)	139,370.	0.	6,000.	0.	16,765.	162,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 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

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	8,964.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SCIENTIFIC EQ)	X	1	500,000.	FMV
26 Other ▶ (AIRLINE TRAVE)	X	1	106,236.	FMV
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 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) (2013)

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

SCHEDULE M, PART I, COLUMN (B):

NON CASH CONTRIBUTIONS ARE LISTED BY TOTAL NUMBER OF
CONTRIBUTORS.

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.

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

OMB No. 1545-0047

2013

**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 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 DIRECTORS', OFFICERS' AND KEY EMPLOYEES' COMPENSATION. THE REVIEW

IS PRESENTED TO THE BOARD FOR APPROVAL.

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

AL, AZ, AR, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK

OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, AK, CO

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

THE FOUNDATION'S GOVERNING DOCUMENTS & POLICIES ARE AVAILABLE

TO THE PUBLIC UPON REQUEST. AUDITED FINANCIALS AND THE PUBLIC DISCLOSURE

COPY OF THE 990 ARE POSTED ON THE FOUNDATION'S OFFICIAL WEBSITE

(WWW.EIFFOUNDATION.ORG) OR AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

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

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

REVERSAL OF GRANTS PAID 117,824.

FORM 990, PART XII, LINE 2C

NO CHANGES WERE MADE TO THE OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR, AS COMPARED TO THE PRIOR TAX YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
STAND UP TO CANCER MUSIC LLC, - 26-3299754 1201 WEST 5TH STREET, SUITE T-700 LOS ANGELES, CA 90017	MUSIC RIGHTS	CALIFORNIA	35,106.	0.	ENTERTAINMENT INDUSTRY FOUNDATION

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

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

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

Schedule R (Form 990) 2013

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for providing supplemental information.