

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

B Check if applicable: <input 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			D Employer identification number 95-1644609	
	Doing Business As			E Telephone number (424) 283-3600	
	Number and street (or P.O. box if mail is not delivered to street address) 1900 AVENUE OF THE STARS		Room/suite 1400		
	City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90067				
F Name and address of principal officer: ED RADA 1900 AVENUE OF THE STARS #1400 LOS ANGELES, CA 90067			G Gross receipts \$ 71,027,085.		
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			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
J Website: WWW.EIFFOUNDATION.ORG			H(c) Group exemption number ▶		
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: TO COORDINATE THE PHILANTHROPY OF THE ENTERTAINMENT INDUSTRY.	
	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 10.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 10.
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 74.
	6 Total number of volunteers (estimate if necessary)	6 150.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 78,417,044. Current Year 60,073,641.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	149,656. 211,500.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	144,894. 13,765.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,711,594. 60,298,906.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
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)		8,561,946. 6,971,470.
16a Professional fundraising fees (Part IX, column (A), line 11e)		1,604,750. 1,565,177.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,546,653.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,177,175. 10,211,409.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		65,376,882. 61,723,094.
19 Revenue less expenses. Subtract line 18 from line 12	13,334,712. -1,424,188.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 96,102,334. End of Year 91,139,241.
	21 Total liabilities (Part X, line 26)	20,351,859. 16,635,065.
	22 Net assets or fund balances. Subtract line 21 from line 20.	75,750,475. 74,504,176.

COPY FOR PUBLIC INSPECTION

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		Date 08/14/2017	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name ROSEMARIE BROWN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01278077
	Firm's name ▶ GRANT THORNTON LLP		Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 515 S. FLOWER STREET, 7TH FLOOR LOS ANGELES, CA 90071		Phone no. 213-627-1717	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

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

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

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

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

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. ENTERTAINMENT INDUSTRY FOUNDATION	Employer identification number (EIN) or 95-1644609
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1900 AVENUE OF THE STARS 1400	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90067	

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

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

DEBORAH MORRISON

- The books are in the care of ▶ 1900 AVENUE OF THE STARS, STE 1400 LOS ANGELES CA 90067

Telephone No. ▶ 424 283-3610 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2016 or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

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

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 38,576,718. including grants of \$ 33,855,563.) (Revenue \$)

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

4b (Code:) (Expenses \$ 2,581,109. including grants of \$ 1,878,887.) (Revenue \$)

ATTACHMENT 2

4c (Code:) (Expenses \$ 6,333,072. including grants of \$ 5,584,549.) (Revenue \$)

CHILDHOOD HUNGER INITIATIVE: THE ENTERTAINMENT INDUSTRY FOUNDATION, ALONG WITH ACADEMY AWARD NOMINATED ACTRESS VIOLA DAVIS AND THE SAFEWAY FOUNDATION, LAUNCHED THE "HUNGER IS" INITIATIVE, A JOINT CHARITABLE PROGRAM DESIGNED TO RAISE AWARENESS AND FUNDS TO FIGHT CHILDHOOD HUNGER IN THE UNITED STATES. FUNDS RAISED THROUGH THE INITIATIVE WILL GO TOWARD PROGRAMS FOCUSED ON ERADICATING CHILDHOOD HUNGER AND IMPROVING HEALTH RELATED OUTCOMES.

4d Other program services (Describe in Schedule O.) ATTACHMENT 3
(Expenses \$ 2,846,304. including grants of \$ 1,656,039.) (Revenue \$ 0.)

4e Total program service expenses ▶ 50,337,203.

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> (see instructions)?	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> (see instructions).	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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 700.

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 (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
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.
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, address, and telephone number of the person who possesses the organization's books and records:

DEBORAH MORRISON 1900 AVENUE OF THE STARS, STE 1400 LOS ANGELES, CA 90067 424-283-3610

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 dotted 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)LYNN HARRIS BOARD MEMBER	1.00 0.	X						0.	0.	0.
(2)MITCH METCALF BOARD MEMBER THROUGH 3/2016	1.00 0.	X						0.	0.	0.
(3)VANESSA MORRISON BOARD MEMBER THROUGH 2/2016	1.00 0.	X						0.	0.	0.
(4)CHRIS SILBERMANN BOARD CHAIR AS OF 12/2016	1.00 0.	X		X				0.	0.	0.
(5)JACK SUSSMAN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6)SHERRY LANSING BOARD CHAIR THROUGH 12/2016	1.00 0.	X		X				0.	0.	0.
(7)JEFF BADER BOARD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(8)PETER SEYMOUR TREASURER	1.00 0.	X		X				0.	0.	0.
(9)DAVID BEAUBAIRE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10)RICHARD LOVETT BOARD MEMBER	1.00 0.	X						0.	0.	0.
(11)DAN HARRISON SECRETARY	1.00 0.	X		X				0.	0.	0.
(12)LEWIS SHARPSTONE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13)LISA PAULSEN PRESIDENT/CEO	40.00 0.			X				478,133.	0.	22,449.
(14)ED RADA COO	40.00 0.			X				378,464.	0.	22,675.

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 dotted 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			
(15) DEBORAH MORRISON CFO	40.00 0.			X				260,822.	0.	22,010.
(16) KATHLEEN LOBB SVP/COMMUN. EAST COAST	40.00 0.				X			234,536.	0.	19,203.
(17) SUNG-AH POBLETE PRESIDENT/CEO - SU2C	40.00 0.				X			304,311.	0.	19,719.
(18) CATHERINE OETGEN SVP/LEGAL AFFAIRS	40.00 0.				X			187,193.	0.	19,032.
(19) SHAWN BURKE VP/CONTROLLER	40.00 0.				X			162,461.	0.	21,235.
(20) SUSAN FRANK ADVISOR TO COO	40.00 0.					X		272,216.	0.	19,073.
(21) JANE RUBINSTEIN VP/COMMUNICATIONS	40.00 0.					X		188,660.	0.	23,129.
(22) MAURINE SLUTZKY VP/COMMUNICATIONS	40.00 0.					X		196,570.	0.	21,989.
(23) JENNIFER KUNTZ VP OF OPERATIONS	40.00 0.					X		164,740.	0.	26,497.
(24) LINDA MAC MASTER SENIOR VP BUS DEVELOPMENT	40.00 0.					X		167,556.	0.	19,128.
1b Sub-total								856,597.	0.	45,124.
c Total from continuation sheets to Part VII, Section A								2,139,065.	0.	211,015.
d Total (add lines 1b and 1c)								2,995,662.	0.	256,139.

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 **▶** 20

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 15

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	35,904,743.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	24,168,898.				
	g Noncash contributions included in lines 1a-1f: \$		359,024.				
	h Total. Add lines 1a-1f ▶			60,073,641.			
Program Service Revenue			Business Code				
	2a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			211,500.			211,500.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			13,765.			13,765.
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			0.			
	8a Gross income from fundraising events (not including \$ <u>35,904,743.</u> of contributions reported on line 1c). See Part IV, line 18 a			10,728,179.			
	b Less: direct expenses b			10,728,179.			
	c Net income or (loss) from fundraising events. ▶			0.			
9a Gross income from gaming activities. See Part IV, line 19 a			0.				
b Less: direct expenses b			0.				
c Net income or (loss) from gaming activities. ▶			0.				
10a Gross sales of inventory, less returns and allowances a			0.				
b Less: cost of goods sold b			0.				
c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			0.				
12 Total revenue. See instructions. ▶			60,298,906.			225,265.	

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 domestic organizations and domestic governments. See Part IV, line 21	42,970,038.	42,970,038.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,000.	5,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,152,238.	389,919.	1,261,737.	500,582.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	291,288.		291,288.	
7 Other salaries and wages	3,355,923.	2,029,749.	819,092.	507,082.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	195,319.	108,687.	60,732.	25,900.
9 Other employee benefits	568,905.	308,431.	188,889.	71,585.
10 Payroll taxes	407,797.	200,131.	146,071.	61,595.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	483,085.	3,072.	480,013.	
c Accounting	87,300.		87,300.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	1,565,177.			1,565,177.
f Investment management fees	47,341.		47,341.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,778,775.	1,930,449.	811,866.	2,036,460.
12 Advertising and promotion	1,375.			1,375.
13 Office expenses	601,333.	374,756.	186,869.	39,708.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,060,321.	62,704.	996,207.	1,410.
17 Travel	775,465.	539,532.	91,646.	144,287.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	87,893.	243.	86,651.	999.
23 Insurance	183,339.	12,475.	170,295.	569.
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 SUBSCRIPTIONS & PERMITS	725,693.	691,181.		34,512.
b ELECTRONIC MEDIA	702,243.	572,128.	70,683.	59,432.
c PUBLIC RELATIONS & PUBLICITY	139,837.	124,869.	11,886.	3,082.
d EQUIPMENT RENTAL	34,639.	8,193.	23,339.	3,107.
e All other expenses	502,770.	5,646.	7,333.	489,791.
25 Total functional expenses. Add lines 1 through 24e	61,723,094.	50,337,203.	5,839,238.	5,546,653.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	21,867,515.	1	25,486,283.
	2 Savings and temporary cash investments	26,082,135.	2	32,047,786.
	3 Pledges and grants receivable, net	39,857,085.	3	24,588,397.
	4 Accounts receivable, net	7,774.	4	1,293,763.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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 instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	478,895.	9	520,263.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,291,979.		
	b Less: accumulated depreciation	10b 745,447.	588,377.	10c 546,532.
	11 Investments - publicly traded securities	6,405,501.	11	6,656,217.
	12 Investments - other securities. See Part IV, line 11	792,443.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	22,609.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	96,102,334.	16	91,139,241.	
Liabilities	17 Accounts payable and accrued expenses	4,956,886.	17	2,665,201.
	18 Grants payable	14,486,905.	18	13,050,228.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	908,068.	25	919,636.
	26 Total liabilities. Add lines 17 through 25	20,351,859.	26	16,635,065.
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	853,040.	27	521,825.
	28 Temporarily restricted net assets	74,897,435.	28	73,982,351.
	29 Permanently restricted net assets	0.	29	0.
	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	75,750,475.	33	74,504,176.	
34 Total liabilities and net assets/fund balances	96,102,334.	34	91,139,241.	

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	60,298,906.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,723,094.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,424,188.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,750,475.
5	Net unrealized gains (losses) on investments	5	177,889.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	74,504,176.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

2016

Open to Public Inspection

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	53,273,478.	48,786,903.	77,197,807.	78,547,096.	60,073,641.	317,878,925.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	53,273,478.	48,786,903.	77,197,807.	78,547,096.	60,073,641.	317,878,925.
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).						105,760,317.
6 Public support. Subtract line 5 from line 4.						212,118,608.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	53,273,478.	48,786,903.	77,197,807.	78,547,096.	60,073,641.	317,878,925.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	194,080.	554,393.	180,162.	150,561.	225,265.	1,304,461.
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 VI.)						0.
11 Total support. Add lines 7 through 10						319,185,495.
12 Gross receipts from related activities, etc. (see instructions)					12	451,418.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	66.46 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	68.59 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <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"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.)						
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 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

Schedule of Contributors

2016

▶ **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.

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number
95-1644609

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		\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 7,378,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,077,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 4,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 4,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	_____	\$ 5,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 2,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 4,173,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 1,875,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____	\$ 7,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____	\$ 1,357,812.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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
13	_____	\$ 1,280,922.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	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
12	AIRLINE MILES _____ _____ _____	\$ 357,812.	VAR
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number
95-1644609

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization 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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures		60,110,576.	
e Total exempt purpose expenditures (add lines 1c and 1d)		60,110,576.	
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.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(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 campaign activity expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year.	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

ENTERTAINMENT INDUSTRY FOUNDATION

95-1644609

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2016

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
 - b** Permanent endowment _____%
 - c** Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		578,325.	196,747.	381,578.
d Equipment		713,654.	548,700.	164,954.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				546,532.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	919,636.	
(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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	263,892,338.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	177,889.	
b	Donated services and use of facilities	2b	203,462,885.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	203,640,774.
3	Subtract line 2e from line 1		3	60,251,564.
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	47,342.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	47,342.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	60,298,906.

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

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

1	Total expenses and losses per audited financial statements		1	265,138,637.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	203,462,885.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	203,462,885.
3	Subtract line 2e from line 1		3	61,675,752.
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	47,342.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	47,342.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	61,723,094.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2:

THE FOUNDATION FOLLOWS AUTHORITATIVE GUIDANCE WHICH REQUIRES THE FOUNDATION TO EVALUATE ITS TAX POSITION FOR ANY UNCERTAINTIES BASED ON THE TECHNICAL MERITS OF THE POSITION TAKEN. THE FOUNDATION RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE UPHELD UPON EXAMINATION BY TAXING AUTHORITIES. AS OF DECEMBER 31, 2016, THE FOUNDATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS. THE FOUNDATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE FOUNDATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED. THE FOUNDATION BELIEVES IT IS NOT SUBJECT TO U.S. FEDERAL, STATE OR LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO FISCAL YEAR 2013. HOWEVER, THE FOUNDATION IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2013 FORWARD. NO INTEREST OR PENALTIES HAVE BEEN RECORDED IN THE FINANCIAL STATEMENTS RELATED TO ANY UNCERTAIN TAX POSITIONS.

SCHEDULE D, PARTS XI AND XII:

EIF IS INCLUDED IN CONSOLIDATED FINANCIAL STATEMENTS WITH STAND UP TO CANCER MUSIC, LLC, A DISREGARDED ENTITY FOR FEDERAL TAX PURPOSES FOR WHICH IT IS THE SOLE OWNER. THE RECONCILIATION OF REVENUES AND EXPENSES PER THE AUDITED FINANCIAL STATEMENTS WITH THE FORM 990 REFLECT SIGNIFICANT CONTRIBUTIONS OF DONATED BROADCAST PUBLIC SERVICE ANNOUNCEMENTS, WHICH WERE INCLUDED IN CONTRIBUTED INCOME AND EXPENSES FOR

Part XIII Supplemental Information *(continued)*

FINANCIAL STATEMENT PURPOSES, BUT ARE CORRECTLY EXCLUDED FROM REVENUES
AND EXPENSES ON FORM 990, PART VIII AND FORM 990, PART IX.

**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" on 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

2016

**Open to Public
Inspection**

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

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

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

- a 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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				26,803,546.	1,565,177.	25,238,369.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		SU2C TELECAST (event type)	SU2C NEW YORK (event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	45,152,514.	1,480,408.	46,632,922.	
	2	Less: Contributions	35,904,743.		35,904,743.	
	3	Gross income (line 1 minus line 2)	9,247,771.	1,480,408.	10,728,179.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	160,550.	438,276.	598,826.	
	7	Food and beverages	15,361.	1,421.	16,782.	
	8	Entertainment	5,229,126.	731,562.	5,960,688.	
	9	Other direct expenses	3,746,056.	405,827.	4,151,883.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				10,728,179.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
ROBERTSON SCHWARTZ AGENCY 1250 6TH ST., STE 201 SANTA MONICA CA 90401	SU2C		X	22,603,546.	1,355,177.	21,248,369.
CIVIC ENTERTAINMENT GROUP 470 PARK AVENUE SOUTH, 16TH FLOOR, NEW YORK NY 10016	TIU		X	3,200,000.	160,000.	3,040,000.
FRED SIEGEL PARTNERS 210 OCEAN AVE 804B SANTA MONICA CA 90402	TIU		X	1,000,000.	50,000.	950,000.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

Part I General Information on Grants and Assistance

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACM LIFTING LIVES 5500 BALBOA BLVD ENCINO, CA 91316	84-1638671	501(C)(3)	300,000.				GENERAL PROGRAM SUPPORT
(2) AMADOR TUOLUMNE COMMUNITY RESOURCES 935 S STATE HWY 49 JACKSON, CA 95642	94-3136027	501(C)(3)	15,000.				GENERAL PROGRAM SUPPORT
(3) AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESTNUT ST #17 PHILADELPHIA, PA 16106	23-6251648	501(C)(3)	27,193,929.				GENERAL PROGRAM SUPPORT
(4) AMERICANS FOR CURES FOUNDATION 550 S. CALIF. AVE #330 PALO ALTO, CA 94306	20-1824931	501(C)(3)		792,443.	FMV	PARTNERSHIP INTEREST	GENERAL PROGRAM SUPPORT
(5) AMERICANS FOR CURES FOUNDATION 550 S. CALIF. AVE #330 PALO ALTO, CA 94306	20-1824931	501(C)(3)	510,000.				GENERAL PROGRAM SUPPORT
(6) ARIZONA BRAINFOOD PO BOX 242 MESA, AZ 85211	26-3946158	501(C)(3)	25,000.				GENERAL PROGRAM SUPPORT
(7) ASSISTANCE IN HEALTHCARE ZION 2520 ELISHA AVE ZION, IL 60099	36-3231571	501(C)(3)	10,000.				GENERAL PROGRAM SUPPORT
(8) BAYLOR UNIVERSITY ONE BEAR PLACE #97120 WACO, TX 76708	74-1159753	501(C)(3)	95,847.				GENERAL PROGRAM SUPPORT
(9) BAYLOR UNIVERSITY ONE BEAR PLACE #97120 WACO, TX 76708	74-1613878	501(C)(3)		28,750.	BOOK	RESEARCH EQUIPMENT	GENERAL PROGRAM SUPPORT
(10) BECKMAN RESEARCH INSTITUTE OF THE CITY OF H 5 SHAMROCK AVENUE MONROVIA, CA 91016	95-3432210	501(C)(3)	666,666.				GENERAL PROGRAM SUPPORT
(11) BREAST CANCER RESEARCH FOUNDATION 60 E. 56TH ST #8 NEW YORK, NY 10022	13-3727250	501(C)(3)	5,500.				GENERAL PROGRAM SUPPORT
(12) CCF FBO JAMIE FOXX FOUNDATION 221 S. FIGUEROA ST #400	95-3510055	501(C)(3)	50,000.				GENERAL PROGRAM SUPPORT

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CENTRAL TEXAS FOOD BANK INC 6500 METROPOLIS DR AUSTIN, TX 78744	74-2217350	501(C)(3)	40,000.				GENERAL PROGRAM SUPPORT
(2) CHILDRENS HOSPITAL OF PHILIDELPHIA 3401 CIVIC CENTER PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	9,105.				GENERAL PROGRAM SUPPORT
(3) CHRISTOPHER'S HAVEN 1 EMERSON PLACE #2N BOSTON, MA 02114	04-3582395	501(C)(3)		10,000.	BOOK	RESEARCH EQUIPMNENT	GENERAL PROGRAM SUPPORT
(4) COMMUNITIES IN SCHOOLS LOS ANGELES 2000 AVE OF THE STARS LOS ANGELES, CA 90067	26-0404220	501(C)(3)	10,000.				GENERAL PROGRAM SUPPORT
(5) COMMUNITY FOOD BANK INC P O BOX 26727 TUCSON, AZ 85726	51-0192519	501(C)(3)	30,000.				GENERAL PROGRAM SUPPORT
(6) COMMUNITY INITIATIVES FBO SFUSD FUTURE DINI 841 ELLIS STREET SAN FRANCISCO, CA 94109	94-3255070	501(C)(3)	50,000.				GENERAL PROGRAM SUPPORT
(7) DESERT MISSION INC 9229 N. 4TH STREET PHOENIX, AZ 85020	86-0096941	501(C)(3)	30,000.				GENERAL PROGRAM SUPPORT
(8) DONORSCHOOSE.ORG 134 W. 37TH ST #11 NEW YORK, NY 10018	13-4129457	501(C)(3)	1,537,000.				GENERAL PROGRAM SUPPORT
(9) DREXEL UNIVERSITY - CENTER FOR HUNGER FREE 3600 MARKET ST #7 PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	50,000.				GENERAL PROGRAM SUPPORT
(10) EL PASOANS FIGHTING HUNGER FOOD BANK 9541 PLAZA CIRCLE EL PASO, TX 79927	45-2893839	501(C)(3)	50,000.				GENERAL PROGRAM SUPPORT
(11) EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE 3318 92ND SOUTH LAKEWOOD, WA 98499	94-3131776	501(C)(3)	65,000.				GENERAL PROGRAM SUPPORT
(12) EPHESIAN COMMUNITY FOOD SHARE 2762 79TH AVENUE OAKLAND, CA 94605	81-0832154	501(C)(3)	6,000.				GENERAL PROGRAM SUPPORT

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EXPEDITIONARY LEARNING OUTWARD BOUND, INC. 247 W. 35TH ST #8 NEW YORK, NY 10001	06-1576405	501(C)(3)	64,887.				GENERAL PROGRAM SUPPORT
(2) FEEDING AMERICA 35 E. WACKER DR #2000 CHICAGO, IL 60601	36-3673599	501(C)(3)	1,473,000.				GENERAL PROGRAM SUPPORT
(3) FOOD FOR LANE COUNTY 770 BAILEY HILL ROAD EUGENE, OR 97402	93-0888347	501(C)(3)	10,000.				GENERAL PROGRAM SUPPORT
(4) FOOD RESEARCH AND ACTION CENTER 1200 18TH ST NW #400 WASHINGTON, DC 20036	23-7200739	501(C)(3)	1,318,128.				GENERAL PROGRAM SUPPORT
(5) FOOD BANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	36,000.				GENERAL PROGRAM SUPPORT
(6) FRIENDS OF CANCER RESEARCH 1800 M. ST NW #1050 WASHINGTON, DC 20016	52-1983273	501(C)(3)	10,000.				GENERAL PROGRAM SUPPORT
(7) GALLOPING GRACE YOUTH RANCH PO BOX 44186 RIO RANCH, NM 87174	26-1164672	501(C)(3)	30,000.				GENERAL PROGRAM SUPPORT
(8) HAWAII FOODBANK INC 2611 KILIHOU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	46,000.				GENERAL PROGRAM SUPPORT
(9) HUNGER FREE AMERICA 50 BROAD STREET NEW YORK, NY 10004	13-3471350	501(C)(3)	185,000.				GENERAL PROGRAM SUPPORT
(10) HUNGER FREE VERMONT 38 EASTWOOD DR S. BURLINGTON, VT 05403	03-0336357	501(C)(3)	45,000.				GENERAL PROGRAM SUPPORT
(11) INJURED MARINE SEMPER FI FUND 825 COLLAGE BLVD #102 OCEANSIDE, CA 92057	26-0086305	501(C)(3)	10,000.				GENERAL PROGRAM SUPPORT
(12) INSTITUTE FOR ADVANCED STUDY EINSTEIN DRIVE PRINCETON, NJ 08540	21-0634988	501(C)(3)	46,598.				GENERAL PROGRAM SUPPORT

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JACOBS AND CUSHMAN SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121	20-4374795	501(C)(3)	210,000.				GENERAL PROGRAM SUPPORT
(2) JEFFCO ACTION CENTER, INC 8755 W. 14TH AVENUE LAKEWOOD, CO 80215	23-7019679	501(C)(3)	8,000.				GENERAL PROGRAM SUPPORT
(3) JENESSE CENTER PO BOX 8476 LOS ANGELES, CA 90008	95-3652529	501(C)(3)	165,000.				GENERAL PROGRAM SUPPORT
(4) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CTR DR CHICAGO, IL 60693	90-0329755	501(C)(3)	650,000.				GENERAL PROGRAM SUPPORT
(5) KANSAS CONCERNS OF POLICE SURVIVORS 2844 SW CANNOCK CHASE RD TOPEKA, KS 66614	48-1244210	501(C)(3)	10,000.				GENERAL PROGRAM SUPPORT
(6) KANSAS STATE UNIVERSITY FOUNDATION 2323 ANDERSON AVE #500 MANHATTAN, KS 66502	48-0667209	501(C)(3)	50,000.				GENERAL PROGRAM SUPPORT
(7) KIDS' KITCHEN PO BOX 102048 ANCHORAGE, AK 99510	91-1848270	501(C)(3)	24,000.				GENERAL PROGRAM SUPPORT
(8) KITCHEN ON THE STREET 2650 E. MOHAWK LN #168 PHOENIX, AZ 85050	20-5723799	501(C)(3)	10,000.				GENERAL PROGRAM SUPPORT
(9) K-STATE ATHLETICS 1800 COLLEGE AVE MANHATTAN, KS 66502	48-6098838	501(C)(3)	40,000.				GENERAL PROGRAM SUPPORT
(10) LOS ANGELES REGIONAL FOOD BANK 1734 E. 41ST STREET LOS ANGELES, CA 90058	95-3135649	501(C)(3)	225,000.				GENERAL PROGRAM SUPPORT
(11) MARC LUSTGARTEN PANCREATIC CANCER FOUNDATIO 1111 STEWART AVENUE BETHPAGE, NY 11714	31-1611837	501(C)(3)	10,000.				GENERAL PROGRAM SUPPORT
(12) MEDICAL UNIVERSITY OF SOUTH CAROLINA 96 JONATHAN LUCAS ST CHARLESTON, SC 29425	57-6000722	501(C)(3)	52,856.				GENERAL PROGRAM SUPPORT

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

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

Part I General Information on Grants and Assistance

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEMORIAL SLOAN KETTERING CANCER CTR 1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	501(C)(3)	466,666.				GENERAL PROGRAM SUPPORT
(2) MINNIE'S FOOD PANTRY INC 3033 W. PARKER RD #117 PLANO, TX 75023	27-2363211	501(C)(3)	40,000.				GENERAL PROGRAM SUPPORT
(3) MONTANA FOOD BANK NETWORK 5625 EXPRESSWAT MISSOULA, MT 59808	81-0421243	501(C)(3)	60,000.				GENERAL PROGRAM SUPPORT
(4) MOTION PICTURE & TELEVISION FUND 23388 MULHOLLAND WOODLAND HILLS, CA 91364	95-1652916	501(C)(3)	400,000.				GENERAL PROGRAM SUPPORT
(5) MOUNTAIN RESOURCE CENTER 11030 KITTY DRIVE CONIFER, CO 80433	84-1178699	501(C)(3)	8,000.				GENERAL PROGRAM SUPPORT
(6) NORTHWEST HARVEST PO BOX 12272 SEATTLE, WA 98102	91-0826037	501(C)(3)	100,000.				GENERAL PROGRAM SUPPORT
(7) OLIVE CREST 2130 E. FOURTH ST #200 SANTA ANA, CA 92705	95-2877102	501(C)(3)	20,000.				GENERAL PROGRAM SUPPORT
(8) OVERLAKE SERVICE LEAGUE DBA BELLEVUE LIFESP PO BOX 53203 BELLEVUE, WA 98015	91-0658331	501(C)(3)	25,000.				GENERAL PROGRAM SUPPORT
(9) SAG FOUNDATION 5757 WILSHIRE BLVD LOS ANGELES, CA 90036	95-3967876	501(C)(3)	200,000.				GENERAL PROGRAM SUPPORT
(10) SHARE OUR STRENGTH 1030 15TH ST NW #1100W WASHINGTON, DC 20005	52-1367538	501(C)(3)	516,429.				GENERAL PROGRAM SUPPORT
(11) SHARE OUR STRENGTH FBO COOKING MATTERS CO. 1824 LINCOLN STREET DENVER, CO 80203	52-1367538	501(C)(3)	50,000.				GENERAL PROGRAM SUPPORT
(12) SOCIAL IMPACT FUND 6380 WILSHIRE BLVD LOS ANGELES, CA 90048	46-1820448	501(C)(3)	275,000.				GENERAL PROGRAM SUPPORT

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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Department of the Treasury
Internal Revenue Service

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST. MARY'S FOOD BANK ALLIANCE 2831 N. 31ST AVENUE PHOENIX, AZ 85009	23-7353532	501(C)(3)	42,500.				GENERAL PROGRAM SUPPORT
(2) SUNSHINE DIVISION, INC 687 N THOMPSON STREET PORTLAND, OR 97227	93-0429354	501(C)(3)	179,972.				GENERAL PROGRAM SUPPORT
(3) TALLAHATCHIE RIVER FOUNDATION 230 W 41ST ST #1500 NEW YORK, NY 10036	64-0838346	501(C)(3)	125,000.				GENERAL PROGRAM SUPPORT
(4) THE EMERGENCY FEEDING PROGRAM OF SEATTLE AN 851 HOUSER WAY NORTH, #A RENTON, WA 98057	91-1902023	501(C)(3)	50,000.				GENERAL PROGRAM SUPPORT
(5) THE GO GREEN INITIATIVE ASSOCIATION 4307 VALLEY AVE #2 PLEASANTON, CA 94566	71-0958208	501(C)(3)	5,175.				GENERAL PROGRAM SUPPORT
(6) THE GREATER BOSTON FOOD BANK INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501(C)(3)	16,000.				GENERAL PROGRAM SUPPORT
(7) THE SALVATION ARMY 8787 STEMMONS FWY #800 DALLAS, TX 75247	58-0660607	501(C)(3)	150,000.				GENERAL PROGRAM SUPPORT
(8) THE SALVATION ARMY NATIONAL CAPTAL AREA COM 2626 PENNSYLVANIA AVE WASHINGTON, DC 20037	58-0660607	501(C)(3)	15,000.				GENERAL PROGRAM SUPPORT
(9) THREE SQUARE 4190 NORTH PECOS ROAD LAS VEGAS, NV 89115	30-0396918	501(C)(3)	40,000.				GENERAL PROGRAM SUPPORT
(10) THURGOOD MARSHALL COLLEGE FUND 901 F STREET NW 300 WASHINGTON, DC 20004	41-1750692	501(C)(3)	40,000.				GENERAL PROGRAM SUPPORT
(11) TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE	04-2103545	501(C)(3)	100,000.				GENERAL PROGRAM SUPPORT
(12) TRUSTEES OF COLUMBIA UNIVERSITY P.O. BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)(3)	333,333.				GENERAL PROGRAM SUPPORT

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

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

▶ Attach to Form 990.

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Department of the Treasury
Internal Revenue Service

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

Part I General Information on Grants and Assistance

- 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
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TURNAROUND ARTS CALIFORNIA 12541 BEATRICE STREET LOS ANGELES, CA 90066	47-2446628	501(C)(3)	95,500.				GENERAL PROGRAM SUPPORT
(2) UCLA FOUNDATION 405 HILGARD AVE LOS ANGELES, CA 90095	95-2250801	501(C)(3)	25,000.				GENERAL PROGRAM SUPPORT
(3) UNITED FOOD BANK 245 SOUTH NINA DRIVE MESA, AZ 85210	86-0505273	501(C)(3)	35,000.				GENERAL PROGRAM SUPPORT
(4) UNITED LABOR AGENCY OF NEVADA 1201 N DECATUR BLVD LAS VEGAS, NV 89108	88-0344011	501(C)(3)	40,000.				GENERAL PROGRAM SUPPORT
(5) UNIVERISTY OF WISCONSIN 333 E. CAMPUS MALL #10501 MADISON, WI 53715	39-6006492	501(C)(3)		82,753.	BOOK	RESEARCH EQUIPMENT	GENERAL PROGRAM SUPPORT
(6) V FOUNDATION FOR CANCER RESEARCH 106 TOWERVIEW COURT CARY, NC 27513	13-3705951	501(C)(3)	1,527,500.				GENERAL PROGRAM SUPPORT
(7) WHITAKER PEACE & DEVELOPMENT INITIATIVE 1000 N ALAMEDA ST LOS ANGELES, CA 90012	45-4050957	501(C)(3)	25,000.				GENERAL PROGRAM SUPPORT
(8) WHYHUNGER 505 8TH AVE #2100 NEW YORK, NY 10018	13-2805575	501(C)(3)	165,260.				GENERAL PROGRAM SUPPORT
(9) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	466,666.				GENERAL PROGRAM SUPPORT
(10) TRUSTEES OF THE UNIV OF PENNSYLVANNIA 801 SPRUCE STREET PHILADELPHIA, PA 19107	23-1352685	501(C)(3)	900,000.				GENERAL PROGRAM SUPPORT
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 82.

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

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

Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEUDLE I, PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

95-1644609

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a	X	
2		X
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LISA PAULSEN PRESIDENT/CEO	(i)	470,913.	0.	7,220.	5,555.	16,894.	500,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ED RADA COO	(i)	371,657.	0.	6,807.	5,555.	17,120.	401,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SUSAN FRANK ADVISOR TO COO	(i)	255,261.	0.	16,955.	5,555.	13,518.	291,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DEBORAH MORRISON CFO	(i)	241,700.	12,500.	6,622.	5,555.	16,455.	282,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 KATHLEEN LOBB SVP/COMMUN. EAST COAST	(i)	215,270.	12,500.	6,766.	5,555.	13,648.	253,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 SUNG-AH POBLETE PRESIDENT/CEO - SU2C	(i)	272,933.	25,000.	6,378.	5,555.	14,164.	324,030.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 CATHERINE OETGEN SVP/LEGAL AFFAIRS	(i)	175,577.	7,000.	4,616.	5,555.	13,477.	206,225.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JANE RUBINSTEIN VP/COMMUNICATIONS	(i)	174,587.	7,500.	6,573.	5,555.	17,574.	211,789.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MAURINE SLUTZKY VP/COMMUNICATIONS	(i)	182,849.	7,500.	6,221.	5,555.	16,434.	218,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JENNIFER KUNTZ VP OF OPERATIONS	(i)	152,500.	6,000.	6,240.	5,555.	20,942.	191,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 SHAWN BURKE VP/CONTROLLER	(i)	150,236.	6,000.	6,225.	5,555.	15,680.	183,696.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 LINDA MAC MASTER SENIOR VP BUS DEVELOPMENT	(i)	164,540.	2,500.	516.	5,555.	13,573.	186,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

SCHEDULE J, PART I, LINE 1A:

SOME OF THE INDIVIDUALS LISTED ON FORM 990, PART VII RECEIVED A DISCRETIONARY SPENDING ACCOUNT IN THE FORM OF AN AUTO ALLOWANCE. THE ALLOWANCE WAS REFLECTED AS TAXABLE INCOME ON FORM W-2 AND REPORTED AS "OTHER REPORTABLE COMPENSATION" ON SCHEDULE J, PART II, COLUMN (B)(III).

SCHEDULE J, PART I, LINE 4A:

SUSAN FRANK RECEIVED A SEVERANCE OF \$10,000 IN THE 2016 CALENDAR YEAR, WHICH IS SHOWN AS OTHER REPORTABLE COMPENSATION REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III).

ADDITIONALLY, CERTAIN INDIVIDUALS LISTED ON SCHEDULE J, PART II HAVE A SEVERANCE ARRANGEMENT AS PART OF THEIR EMPLOYMENT AGREEMENT WHICH PROVIDES FOR A SEVERANCE PAYMENT UNDER CERTAIN CIRCUMSTANCES.

SCHEDULE J, 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. THE

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.

ONLY EXCEPTION IS THE CEO'S BONUS, WHICH IS DETERMINED BY THE BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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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	1.	1,212.	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 ▶ (AIRLINE MILES)	X	1.	357,812.	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) (2016)

JSA

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):

SCHEDULE M, PART I, COLUMN (B) REFLECTS THE TOTAL NUMBER OF CONTRIBUTORS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

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

2016

**Open to Public
Inspection**

Employer identification number

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

THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF
DIRECTORS. THE FORM 990 IS THEN DISTRIBUTED TO THE FULL BOARD OF
DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

AN ANNUAL QUESTIONNAIRE IS DISTRIBUTED TO ALL THE BOARD MEMBERS TO SIGN.
THE SVP OF LEGAL AFFAIRS 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 THE PRESIDENT &
CEO, OTHER OFFICERS, AND KEY EMPLOYEES' COMPENSATION. THE REVIEW IS
PRESENTED TO THE BOARD FOR APPROVAL.

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

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

FORM 990, PART VII, SECTION B:

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

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

ROBERTSON SCHWARTZ AGENCY: MARKETING, FUNDRAISING, STRATEGY DEVELOPMENT AND EXECUTION, DONOR CULTIVATION AND ACQUISITION, MERCHANDISE DEVELOPMENT AND OVERSIGHT, LICENSING DEVELOPMENT AND OVERSIGHT, COMMERCIAL CO VENTURES DEVELOPMENT AND OVERSIGHT, CAUSE MARKETING CAMPAIGN DEVELOPMENT AND OVERSIGHT, CREATIVE OVERSIGHT.

RACHEL RUBIN, LLC: BRAND DEVELOPMENT, DONOR MANAGEMENT, STYLE GUIDE DEVELOPMENT AND OVERSIGHT, PSA MANAGEMENT, COLLATERAL DEVELOPMENT, COMMUNITY OUTREACH DEVELOPMENT AND OVERSIGHT.

 ATTACHMENT 1

FORM 990, PART III, LINE 1 - 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 IMPACT IN OUR COMMUNITY AND THROUGHOUT THE NATION.

 ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

THINK IT UP (TIU) IS A PROGRAM CREATED IN 2015 TO BRING BROAD CULTURAL ATTENTION TO THE URGENCY OF IMPROVING THE LEARNING EXPERIENCE IN AMERICA. THIS SEEKS TO REFRAME THE PUBLIC DISCUSSION ABOUT EDUCATION, CREATE A CULTURE OF EXCITEMENT ABOUT LEARNING EVERYWHERE IN AMERICA, AND BUILD A SENSE OF OPTIMISM ABOUT THE POTENTIAL OF EDUCATION IN CLASSROOMS ACROSS THE COUNTRY. TIU INVITES PUBLIC MIDDLE AND HIGH SCHOOL STUDENTS TO WORK WITH

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

ATTACHMENT 2 (CONT'D)

THEIR TEACHERS TO DEVELOP PROJECTS THAT DRAW ON THEIR PASSIONS AND HELP PURSUE THEIR EDUCATIONAL GOALS. THE STUDENT-POWERED, TEACHER-LED PROJECTS ARE CROWDFUNDED BY CITIZEN DONORS. THE PROJECTS ENTAIL RIGOROUS SKILL DEVELOPMENT THAT PREPARES AMERICAN YOUTH FOR POST-HIGH SCHOOL LIFE, HELPING PAVE THE WAY FOR CAREER SUCCESS, REGARDLESS OF THE PATH.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER INITIATIVES	0.	51,419.	0.
NATIONAL COLORECTAL CANCER RESEARCH ALLIANCE	52,856.	99,879.	0.
CHARITABLE SERVICE FUNDS	1,397,933.	1,708,676.	0.
GENERAL FUND	205,250.	986,330.	0.
TOTALS	<u>1,656,039.</u>	<u>2,846,304.</u>	<u>0.</u>

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, 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,

ATTACHMENT 5

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

ATTACHMENT 5 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ROBERTSON SCHWARTZ AGENCY 1250 6TH STREET SUITE 201 SANTA MONICA, CA 90401	SEE SCHEDULE O	2,004,935.
NEXREP, LLC 465 CONGRESS ST., STE 100 PORTLAND, ME 04101	COMMUNICATIONS	483,542.
CIVIC ENTERTAINMENT GROUP LLC 470 PARK AVENUE SOUTH, 16TH FLOOR NEW YORK, NY 10016	FUNDRAISING SERVICES	585,000.
RACHEL RUBIN LLC 11766 WILSHIRE BLVD., FLOOR 9 LOS ANGELES, CA 90025	SEE SCHEDULE O	1,008,622.
DUESENBERG INVESTMENT CO 1800 AVENUE OF THE STARS LOS ANGELES, CA 90067	LANDLORD	1,063,335.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

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.

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

OMB No. 1545-0047

2016

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Inspection**

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
(1) STAND UP TO CANCER MUSIC, LLC 1900 AVENUE OF THE STARS #1400 LOS ANGELES, CA 90067 26-3299754	MUSIC RIGHTS	CA	13,766.	0.	EIF
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

JSA

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9770KM 700D

0193640.00003

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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
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 VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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