

Form **990**

**Return of Organization Exempt From Income Tax**

**2009**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2009 calendar year, or tax year beginning and ending**

<b>B</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	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> ENTERTAINMENT INDUSTRY FOUNDATION Doing Business As		<b>D Employer identification number</b> 95-1644609
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1201 WEST 5TH ST T-700		<b>E Telephone number</b> 213-240-3900
		City or town, state or country, and ZIP + 4 LOS ANGELES, CA 90017		<b>G Gross receipts \$</b> 84,030,106.
		<b>F Name and address of principal officer:</b> LISA PAULSEN SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶

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

**J Website:** ▶ WWW.EIFFOUNDATION.ORG

**K Form of organization:**  Corporation  Trust  Association  Other ▶ **L Year of formation:** 1942 **M State of legal domicile:** CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO COORDINATE THE PHILANTHROPY OF THE ENTERTAINMENT INDUSTRY</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of employees (Part V, line 2a)	5	50
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	171,281,177.	76,514,519.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<237,221.>	366,609.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<2,243,549.>	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168,800,407.	76,881,128.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,867,808.	51,227,417.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,712,137.	4,473,622.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,373,566.	1,653,766.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,909,820.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	80,299,855.	53,575,310.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	101,253,366.	110,930,115.
19 Revenue less expenses. Subtract line 18 from line 12	67,547,041.	<34,048,987.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 83,493,312.	End of Year 69,112,106.
	21 Total liabilities (Part X, line 26)	2,741,035.	21,921,524.
	22 Net assets or fund balances. Subtract line 21 from line 20	80,752,277.	47,190,582.

**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: \_\_\_\_\_ Date: \_\_\_\_\_

**MERRILY NEWTON, CFO**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed  Preparer's identifying number (see instructions): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **GREEN HASSON & JANKS LLP**  
**10990 WILSHIRE BLVD., 16TH FLOOR**  
**LOS ANGELES, CA 90024-3929**

EIN: \_\_\_\_\_ Phone no.: **(310) 873-1600**

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

Part III Statement of Program Service Accomplishments

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 41,066,494. including grants of \$ 31,200,058. ) (Revenue \$ ) STAND UP TO CANCER INITIATIVE (SU2C)

THE FOUNDATION'S LARGEST PROGRAM TO DATE, SU2C, IS DESIGNED TO RAISE FUNDS TO ACCELERATE GROUND-BREAKING CANCER RESEARCH AND BRING NEW THERAPIES TO PATIENTS MORE QUICKLY AND 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 \$ 21,846,592. including grants of \$ 4,412,500. ) (Revenue \$ ) IPARTICIPATE

A MULTI-YEAR SERVICE INITIATIVE DESIGNED TO ENCOURAGE MORE AMERICANS TO VOLUNTEER AND SERVE IN THEIR COMMUNITIES. AS PART OF THE LAUNCH THE FOUR MAJOR NETWORKS (ABC, CBS, FOX & NBC), ALONG WITH OTHER NETWORKS & CABLE CHANNELS, PARTICIPATED IN AN UNPRECEDENTED WEEK LONG TELEVISION EVENT FROM OCTOBER 19-25 WITH MORE THAN 100 SHOWS HIGHLIGHTING VOLUNTEERISM. THE FOUNDATION PRODUCED A SERIES OF PUBLIC SERVICE ANNOUNCEMENTS THAT FOCUSED ON KEY AREAS WHERE VOLUNTEERS ARE MOST NEEDED. THE FOUNDATION ALSO LAUNCHED A DEDICATED WEB (WWW.IPARTICIPATE.ORG) SITE TO MAKE IT EASIER THAN EVER BEFORE TO SEARCH FOR VOLUNTEER OPPORTUNITIES IN THEIR LOCAL COMMUNITIES.

4c (Code: ) (Expenses \$ 10,452,082. including grants of \$ 6,488,479. ) (Revenue \$ ) WOMEN'S CANCER PROGRAM INITIATIVE (WCP)

THE FOCUS OF THIS INITIATIVE IS TO SAVE LIVES BY RAISING AWARENESS ABOUT THE IMPORTANCE OF EARLY DETECTION OF BREAST AND REPRODUCTIVE CANCERS, TO FUND RESEARCH FOR EARLY DETECTION METHODS, TO SUPPORT COMMUNITY PROGRAMS THAT ASSIST WOMEN AT RISK OF OR AFFECTED BY CANCER, AS WELL AS TO CONSOLIDATE EIF'S EFFORTS TO SUPPORT THE FIGHT AGAINST WOMEN'S CANCER THAT ARE NOT ADDRESSED BY ITS OTHER INITIATIVES.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 15,774,876. including grants of \$ 9,110,630. ) (Revenue \$ )

4e Total program service expenses \$ 89,140,044.

**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 Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 104		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 50		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**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.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			18
b	Enter the number of voting members that are independent		
1b			18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, KS, KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **STEPHEN J. CERYANEK - (213)240-3900**  
**1201 WEST 5TH ST., STE T-700, LOS ANGELES, CA 90017**

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

**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
PAMELA ABDY BOARD MEMBER	1.00	X					0.	0.	0.	
OREN AVIV BOARD MEMBER	1.00	X					0.	0.	0.	
JEFF BADER BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID BEAUBAIRE BOARD MEMBER	1.00	X					0.	0.	0.	
PRESTON BECKMAN BOARD MEMBER	1.00	X					0.	0.	0.	
KEVIN BERG BOARD MEMBER	1.00	X					0.	0.	0.	
DWIGHT CAINES BOARD MEMBER	1.00	X					0.	0.	0.	
DYLAN CLARK BOARD MEMBER	1.00	X					0.	0.	0.	
LYNN HARRIS BOARD MEMBER	1.00	X					0.	0.	0.	
KEVIN HUVANE BOARD MEMBER	1.00	X					0.	0.	0.	
ADAM ISSACS BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID LONNER BOARD MEMBER	1.00	X					0.	0.	0.	
MITCH METCALF BOARD MEMBER	1.00	X					0.	0.	0.	
VANESSA MORRISON BOARD MEMBER	1.00	X					0.	0.	0.	
CHRIS SILBERMANN BOARD MEMBER	1.00	X					0.	0.	0.	
SHERRY LANSING BOARD CHAIR	1.00	X		X			0.	0.	0.	
PAMM FAIR SECRETARY	1.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JAY SURES TREASURER	1.00	X		X				0.	0.	0.
LISA PAULSEN PRESIDENT/CEO	40.00			X				362,102.	0.	11,612.
SUSAN FRANK COO	40.00			X				234,042.	0.	11,612.
MERRILY NEWTON CFO	40.00			X				194,473.	0.	11,612.
MICHAEL BALAOING SVP/PROGRAMS	40.00				X			182,274.	0.	11,612.
KATHLEEN LOBB VP/COMMUN. EAST COAST	40.00			X				151,090.	0.	11,612.
JUDI KETCIK VP/COMMUN. WEST COAST	40.00				X			171,576.	0.	11,612.
CATHY JAMES VP/DEVELOPMENT	40.00				X			165,001.	0.	11,612.
DIANE BALMA SVP/STAND UP 2 CANCER	40.00				X			146,808.	0.	10,049.
STEPHAN CERYANEK VP/CONTROLLER	40.00				X			140,474.	0.	11,612.
<b>1b Total</b>								<b>1,979,068.</b>	<b>0.</b>	<b>125,722.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **11**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3**  Yes  No
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4**  Yes  No
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person **5**  Yes  No

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
ROBERTSON SCHWARTZ AGENCY 2326 TOPANGA CYN BLVD., TOPANGA, CA 90290	EVENT PROD/FUNDRAISER	904,500.
DDB WORLDWIDE COMMUNICATIONS P.O. BOX 30844, LOS ANGELES, CA 90030	MKT/ PUBLIC RELATIONS	896,896.
REHAGE ENTERTAINMENT INC., 6509 SPANISH FORT BLVD., NEW ORLEANS, LA 70124	PROF. FUNDRAISER	524,600.
THE DAVIS GROUP, 400 CONTINENTAL BLVD., STE 275, EL SEGUNDO, CA 90245	PROF. FUNDRAISER	480,250.
FRED SIEGEL PARTNERS, LLC 18 LEVERING CIRCLE, BALA CYNWYD, PA 19004	PROF. FUNDRAISER	466,666.

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 **22**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION



Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	7,362,369.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	69152150.			
	g Noncash contributions included in lines 1a-1f: \$		34008360.			
	h Total. Add lines 1a-1f		76514519.			
	Program Service Revenue	2 a _____	Business Code			
		b _____				
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		493,963.		493,963.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2675774.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	2803128.			
		c Gain or (loss)	<127354.>			
	d Net gain or (loss)		<127,354.>		<127,354.>	
	8 a Gross income from fundraising events (not including \$ 7362369. of contributions reported on line 1c). See Part IV, line 18	a	4345850.			
		b Less: direct expenses	b	4345850.		
c Net income or (loss) from fundraising events			0.			
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		76881128.	0.	0.	366,609.	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	51,211,667.	51,211,667.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	15,750.	15,750.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,123,980.	189,962.	824,176.	109,842.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	2,747,181.	464,297.	2,014,415.	268,469.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	92,251.	15,591.	67,645.	9,015.
9 Other employee benefits .....	322,369.	54,483.	236,382.	31,504.
10 Payroll taxes .....	187,841.	31,747.	137,737.	18,357.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	237,322.		237,322.	
c Accounting .....	40,820.		40,820.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	1,653,766.			1,653,766.
f Investment management fees .....	28,318.		28,318.	
g Other .....	7,457,082.	1,890,996.	3,119,415.	2,446,671.
12 Advertising and promotion .....	4,451,358.	146,933.	579,795.	3,724,630.
13 Office expenses .....	1,159,781.	169,680.	412,477.	577,624.
14 Information technology .....	3,838,479.	2,603,123.	638,023.	597,333.
15 Royalties .....				
16 Occupancy .....	739,403.	174,406.	480,581.	84,416.
17 Travel .....	766,316.	100,128.	444,921.	221,267.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	72,560.	9,481.	42,128.	20,951.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	48,254.	7,629.	34,958.	5,667.
23 Insurance .....	194,260.	10,183.	183,337.	740.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>DONATED GOODS</b> .....	34,008,360.	31,986,719.		2,021,641.
b <b>EQUIPMENT RENTAL</b> .....	253,990.	5,998.	167,410.	80,582.
c <b>SUBS. AND PERMITS</b> .....	132,956.	39,208.	74,777.	18,971.
d <b>PUBLIC RELATIONS</b> .....	64,203.	275.	61,743.	2,185.
e .....				
f All other expenses .....	81,848.	11,788.	53,871.	16,189.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	110,930,115.	89,140,044.	9,880,251.	11,909,820.
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...	34,008,360.	31,986,719.	0.	2,021,641.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,901,879.	<b>1</b>	2,482,121.	
	<b>2</b> Savings and temporary cash investments .....	25,301,776.	<b>2</b>	24,561,636.	
	<b>3</b> Pledges and grants receivable, net .....	42,572,437.	<b>3</b>	37,066,920.	
	<b>4</b> Accounts receivable, net .....	2,659,265.	<b>4</b>	40,699.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....				<b>6</b>
	<b>7</b> Notes and loans receivable, net .....				<b>7</b>
	<b>8</b> Inventories for sale or use .....				<b>8</b>
	<b>9</b> Prepaid expenses and deferred charges .....	888,743.	<b>9</b>	392,243.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 421,677.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 314,596.	105,114.	<b>10c</b>	107,081.
	<b>11</b> Investments - publicly traded securities .....	3,988,459.	<b>11</b>	4,408,465.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	75,639.	<b>15</b>	52,941.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	83,493,312.	<b>16</b>	69,112,106.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	621,303.	<b>17</b>	2,331,603.	
	<b>18</b> Grants payable .....	1,011,582.	<b>18</b>	19,339,388.	
	<b>19</b> Deferred revenue .....	1,108,150.	<b>19</b>	250,533.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,741,035.	<b>26</b>	21,921,524.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	977,391.	<b>27</b>	696,112.	
	<b>28</b> Temporarily restricted net assets .....	79,747,386.	<b>28</b>	46,466,970.	
	<b>29</b> Permanently restricted net assets .....	27,500.	<b>29</b>	27,500.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	80,752,277.	<b>33</b>	47,190,582.	
<b>34</b> Total liabilities and net assets/fund balances .....	83,493,312.	<b>34</b>	69,112,106.		

**Part XI Financial Statements and Reporting**

**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? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**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.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2009)



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

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	ENTERTAINMENT INDUSTRY FOUNDATION	95-1644609
	Number, street, and room or suite no. If a P.O. box, see instructions. 1201 WEST 5TH ST, NO. T-700	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90017	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

MERRILY NEWTON

- The books are in the care of ▶ **1201 WEST 5TH ST., STE T-700 - LOS ANGELES, CA 90017**  
Telephone No. ▶ **(213) 240-3900** 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 16, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2009** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	ENTERTAINMENT INDUSTRY FOUNDATION		95-1644609
	Number, street, and room or suite no. If a P.O. box, see instructions. 1201 WEST 5TH ST, NO. T-700		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90017		

Check type of return to be filed (File a separate application for each return):

- Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**MERRILY NEWTON**

• The books are in the care of **1201 WEST 5TH ST., STE T-700 - LOS ANGELES, CA 90017**  
Telephone No. **(213) 240-3900**      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.

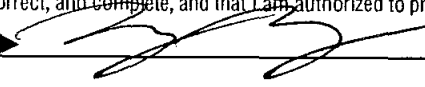
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.
- 5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

**ADDITIONAL TIME IS NECESSARY TO GATHER INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

<b>8a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	\$	
<b>8b</b>	If this application is for Form 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 and any amount paid previously with Form 8868.	\$	
<b>8c</b>	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	\$	N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **8/4/10**

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization <b>ENTERTAINMENT INDUSTRY FOUNDATION</b>	Employer identification number <b>95-1644609</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25423874.	28016030.	25149784.	171281177	76514519.	326385384
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	25423874.	28016030.	25149784.	171281177	76514519.	326385384
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						36163453.
<b>6 Public support.</b> Subtract line 5 from line 4.						290221931

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	25423874.	28016030.	25149784.	171281177	76514519.	326385384
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,568.	55,946.	223,671.	368,471.	493,963.	1162619.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						327548003
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12 13,999,626.	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	88.60 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	90.33 %
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

Name of the organization

Employer identification number

ENTERTAINMENT INDUSTRY FOUNDATION

95-1644609

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 3,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 3,383,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 3,333,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 3,333,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  ENTERTAINMENT INDUSTRY FOUNDATION	<b>Employer identification number</b>  95-1644609
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 2,666,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

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

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

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows include purpose(s) of easements, total number, acreage, and number of easements on historic structures.

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

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

Table with 3 columns: Line number, Description, and Amount. Rows include questions about reporting works of art and historical treasures for public exhibition.

**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 XIV.

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

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

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

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		62,333.	23,401.	38,932.
d Equipment		359,344.	291,195.	68,149.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				107,081.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation.

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

Table with 2 columns: (a) Description, (b) Book value.

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

Table with 2 columns: (a) Description of liability, (b) Amount. Row 1: Federal income taxes.

2. FIN 48 Footnote. In Part XIV, 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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	76,881,128.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	110,930,115.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<34,048,987.>
4	Net unrealized gains (losses) on investments	4	487,292.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	487,292.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<33,561,695.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	77,340,102.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	487,292.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	487,292.
3	Subtract line 2e from line 1	3	76,852,810.
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	28,318.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	28,318.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	76,881,128.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	110,901,797.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	110,901,797.
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	28,318.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	28,318.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	110,930,115.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

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**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

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

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of 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 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AFRICA	0	0	PROGRAM SERVICES	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS	15,250.
EUROPE	0	0	PROGRAM SERVICES	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS	500.
<b>Totals</b> .....	0	0			15,750.

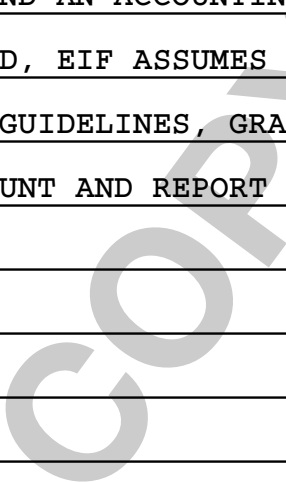




**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2009**

**Open To Public  
Inspection**

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

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

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

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

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

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

(i) Name 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			
THE DAVIS GROUP	REVLON RUN LA		X	4,846,232.	480,000.	4,366,232.
FRED SIEGAL PARTNERS LLC	IPARTICIPATE CAMPAIGN		X	3,000,000.	300,000.	2,700,000.
REHAGE ENTERTAINMENT INC.	REVLON RUN NY		X	2,575,749.	524,600.	2,051,149.
FRED SIEGAL PARTNERS LLC	DIVIDED WE FAIL CAMPAIGN		X	1,666,666.	166,666.	1,500,000.
ROBERTSON SCHWARTZ AGENCY	IPARTICIPATE CAMPAIGN		X	1,500,000.	150,000.	1,350,000.
5B EVENTS	WCRF FUND CAMPAIGN		X	976,416.	32,500.	943,916.
<b>Total</b>				<b>14565063.</b>	<b>1,653,766.</b>	<b>12911297.</b>

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.  
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		REVLON RUN/WALK FOR	LEE NATIONAL DENIM DAY	3	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	4,846,232.	3,544,487.	3,317,500.	11,708,219.
	<b>2</b> Less: Charitable contributions .....	3,181,010.	2,347,267.	1,834,092.	7,362,369.
	<b>3</b> Gross income (line 1 minus line 2) .....	1,665,222.	1,197,220.	1,483,408.	4,345,850.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	183,727.	88,794.	172,000.	444,521.
	<b>6</b> Rent/facility costs .....	185,747.	0.	170,000.	355,747.
	<b>7</b> Food and beverages .....	23,910.	0.	33,000.	56,910.
	<b>8</b> Entertainment .....	30,350.	0.	0.	30,350.
	<b>9</b> Other direct expenses .....	1,241,488.	1,108,426.	1,108,408.	3,458,322.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 4,345,850 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column (d), and line 7 .....					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? .....	<b>9a</b>	
<b>b</b> If "No," explain: _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	<b>10a</b>	
<b>b</b> If "Yes," explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? .....	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	<b>12</b>	

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... 

<b>13a</b>		%
<b>13b</b>		%
- b** An outside facility ..... 

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... **15a**

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

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... **17a**

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ENTERTAINMENT INDUSTRY FOUNDATION**

**Employer identification number  
95-1644609**

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST., 17TH FLOOR - PHILADELPHIA, PA 19106-4404	23-6251648	501(C)3	29,518,173.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE. NORTH - SEATTLE, WA 98109	91-1540426	501(C)3	4,144,165.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
JONSSON CANCER CENTER FOUNDATION 10833 LE CONTE AVE., 9-627 FACTOR BUILDING - LOS ANGELES, CA 90095-1678	95-2242757	501(C)3	3,073,890.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
AARP FOUNDATION 601 E STREET NW WASHINGTON, DC 20049	52-0794300	501(C)3	1,000,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CITY YEAR LOS ANGELES 606 S. OLIVE ST., 2ND FLR LOS ANGELES, CA 90014	22-2882549	501(C)3	1,000,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BE THE CHANGE, INC 2 CANAL PARK CAMBRIDGE, MA 02141	26-0402451	501(C)3	600,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶ **137.**
- 3** Enter total number of other organizations ..... ▶ **0.**

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

Schedule I (Form 990) 2009



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

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

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

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
▶ **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ENTERTAINMENT INDUSTRY FOUNDATION**

**Employer identification number  
95-1644609**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CHICAGO MEDICAL CENTER - 5841 S. MARYLAND AVE., MC 2115 - CHICAGO, IL 60637-1470	36-3488183	501(C)3	550,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NATIONAL BREAST CANCER COALITION 1707 L ST., NW, STE. 1060 WASHINGTON, DC 20036	52-1782065	501(C)3	502,503.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ENCORPS, INC. 49 STEVENSON ST., STE. 575 SAN FRANCISCO, CA 94105	38-3771471	501(C)3	500,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
JOHNS HOPKINS UNIVERSITY/SIDNEY KIMMEL COMPREHENSIVE CANCER CENTER - 401 N. BROADWAY, STE. 1100 - BALTIMORE, MD 21231	90-0329755	501(C)3	481,811.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
HEALTHY SCHOOLS INC F/B/O ACTION FOR HEALTHY KIDS - 4711 W. GOLF RD., STE. 625 - SHOKIE, IL 60076	47-0902020	501(C)3	397,500.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ART IN ACTION 420 BRONCO RD. SOQUEL, CA 95073	77-0467495	501(C)3	360,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BOYS & GIRLS CLUB OF THE PENINSULA 401 PIERCE RD. MENLO PARK, CA 94025	94-1552134	501(C)3	360,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030-3411	74-1613878	501(C)3	300,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ENTERTAINMENT INDUSTRY FOUNDATION**

Employer identification number

**95-1644609**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD MEDICAL SCHOOL 240 LONGWOOD AVE. BOSTON, MA 02115	04-2103580	501(C)3	300,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ORAL CANCER FOUNDATION 3419 VIA LIDO #205 NEWPORT BEACH, CA 92663	33-0969026	501(C)3	300,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
VANDERBILT UNIVERSITY MEDICAL CENTER - 2300 PIERCE AVE., 694 PRB - NASHVILLE, TN 37232	62-0476822	501(C)3	300,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
COMMUNITY LEAGUE, INC. 35 JAMES ST. NEWARK, NJ 07102	42-1661464	501(C)3	250,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MILLENIUUM PROMISE ALLIANCE 432 PARK AVE. SO., 13TH FLOOR NEW YORK, NY 10016	20-3042135	501(C)3	250,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NOREEN FRASER FOUNDATION 1625 N. DAMEN AVE., STE. 200 CHICAGO, IL 60647	20-4795033	501(C)3	250,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PROVIDENCE ST. JOSEPH FOUNDATION 501 S. BUENA VISTA ST. BURBANK, CA 91505	95-3544877	501(C)3	250,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
REGENTS OF THE UNIVERSITY OF CALIFORNIA - BOX 951405, 2147 MURPHY - LOS ANGELES, CA 90095	95-6006143	501(C)3	250,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ENTERTAINMENT INDUSTRY FOUNDATION**

Employer identification number

**95-1644609**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USC/KENNETH NORRIS JR COMPREHENSIVE CANCER CENTER & HOSPITAL - 1441 EASTLAKE AVENUE #800 - LOS ANGELES, CA 90033	95-1642394	501(C)3	230,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
L AFC P.O. BOX 2154 SIMI VALLEY, CA 93062	95-4592738	501(C)3	220,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
DC CHILDREN & YOUTH INVESTMENT TRUST CORP - 1400 16TH STREET NW, STE. 500 - WASHINGTON, DC 20036	52-2183315	501(C)3	200,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MULTIPLE MYELOMA RESEARCH FOUNDATION, INC. - 383 MAIN AVE. - NORWALK, CT 06851	06-1504413	501(C)3	200,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVE. - NEW YORK, NY 10065	13-1924236	501(C)3	198,188.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
JUST KEEP LIVIN FOUNDATION 64 MARKET ST. VENICE, CA 90291	20-3921057	501(C)3	175,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PLANIT NOW 16 W. MISSION ST., STE. N SANTA BARBARA, CA 93101	20-2691110	501(C)3	165,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WELLNESS COMMUNITY, THE 2716 OCEAN PARK BLVD., STE. 1040 SANTA MONICA, CA 90405	33-0287070	501(C)3	150,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ENTERTAINMENT INDUSTRY FOUNDATION**

Employer identification number

**95-1644609**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TX/MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD., BOX 203, - HOUSTON, TX 77030	74-6000203	501(C)3	136,188.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CEDARS-SINAI RESIDENCE FOR WOMEN 8700 BEVERLY BLVD. #2416 LOS ANGELES, CA 90048	95-1644600	501(C)3	132,375.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
JOYFUL HEART FOUNDATION 305 WEST BROADWAY, #115 NEW YORK, NY 10013	72-1519537	501(C)3	130,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH ST. NEW YORK, NY 10011	13-2654926	501(C)3	125,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WATTS WILLOWBROOK BOYS & GIRLS CLUB - 1339 E. 120TH ST. - LOS ANGELES, CA 43239	95-1945829	501(C)3	102,500.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NORTHWESTERN UNIVERSITY 303 EAST SUPERIOR ST. CHICAGO, IL 60611	36-2167817	501(C)3	100,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
OHIO STATE UNIVERSITY 1084 BIOMED RESIDENCE TOWER, 460 12 COLUMBUS, OH 43210	31-6025986	501(C)3	100,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SAG FOUNDATION 5757 WILSHIRE BLVD. LOS ANGELES, CA 90036	95-3967876	501(C)3	100,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ENTERTAINMENT INDUSTRY FOUNDATION**

Employer identification number

**95-1644609**

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

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UNIVERSITY OF PITTSBURGH CANCER INSTITUTE - 5150 CENTRE AVE. - PITTSBURGH, PA 15232	25-0965591	501(C)3	92,058.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ACTORS FUND OF AMERICA; PHYLLIS NEWMAN WOMEN'S HEALTH INITIATIVE - 729 SEVENTH AVE., 10TH FLOOR - NEW YORK, NY 10019	13-1635251	501(C)3	80,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ALBERT EINSTEIN CANCER CENTER 1300 MORRIS PARK AVE., STE. B BRONX, NY 35459	13-1624225	501(C)3	80,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CANCER CARE INC. 275 SEVENTH AVE. NEW YORK, NY 10001	13-1825919	501(C)3	80,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
COLUMBIA UNIVERSITY AT HARLEM HOSPITAL - 506 LENOX AVENUE, RONALD BROWN BLDG., 4TH FLR - NEW YORK, NY 10037	13-5598093	501(C)3	80,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GILDA'S CLUB NYC 195 W. HOUSTON ST. NEW YORK, NY 10014	13-4046652	501(C)3	80,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GOUVERNOUR HAEALTHCARE SERVICES 227 MADISON AVE. NEW YORK, NY 10002	13-2655001	501(C)3	80,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MEADOWBROOK MEDICAL EDUCATION & RESEARCH FNDTN F/B/O NASSAU UNIVERSITY MEDI - 2201 HEMPSTEAD TURNPIKE - EAST MEADOW, NY 11554	11-2033858	501(C)3	80,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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Department of the Treasury  
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OVARIAN CANCER NATIONAL ALLIANCE 910 17TH ST., NW WASHINGTON, DC 20006	31-1581756	501(C)3	80,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ST. VINCENT CATHOLIC MEDICAL CENTER - 130 W. 12TH ST., MARTIN PAYNE 6B - NEW YORK, NY 10011	13-4077996	501(C)3	80,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WILLIAM F. RYAN COMMUNITY HEALTH CENTER, THE - 110 WEST 97TH ST. - NEW YORK, NY 10025	13-2884976	501(C)3	80,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
DANA FARBER CANCER INSTITUTE/HARVARD MED SCHOOL - 44 BINNEY ST., ROOM G151 - BOSTON, MA 02115	04-2263040	501(C)3	75,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
HARVARD SCHOOL OF PUBLIC HEALTH 665 HUNTINGTON AVE. BOSTON, MA 02115	36-2209653	501(C)3	70,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
HOWARD HUGHES MEDICAL CTR, CASE WESTERN RESERVE UNIVERSITY - 11001 CEDAR AVE. BLDG. UCRC-2 #200 - CLEVELAND, OH 44106	59-0735717	501(C)3	70,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NY PRESBYTERIAN HOSPITAL/JAY MONIHAN CENTER - 1130 ST. NICHOLAS AVE. - NEW YORK, NY 10032	13-3957095	501(C)3	70,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
TEAM SURVIVOR LOS ANGELES 1223 WILSHIRE BLVD., STE. 570 SANTA MONICA, CA 90403	95-4742327	501(C)3	70,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE - 415 CURIE BLVD., 600 CRB - PHILADELPHIA, PA 19104	23-1352685	501(C)3	70,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
JOHNS HOPKINS UNIVERSITY; KELLEY GYNECOLOGIC SERVICES - 600 N. WOLFE ST., PHIPPS 281 - BALTIMORE, MD, MD 21287	90-0329755	501(C)3	66,188.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NEW YORK PRESBYTERIAN HOSPITAL 1315 YORK AVE, 1ST FLOOR NEW YORK, NY 10021	13-3957095	501(C)3	60,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NYU SCHOOL OF MEDICINE, DEPT OF PHARMACOLOGY WOMEN'S CANCER RESEARCH FUND - 550 FIRST AVE. - NEW YORK, NY 10016	13-5562308	501(C)3	60,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GILDA RADNER OVARIAN CANCER DETECTION CENTER - 8700 BEVERLY BLVD. - LOS ANGELES, CA 90048	95-1644600	501(C)3	55,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
52ND STREET PROJECT, THE 500 WEST 52ND ST. NEW YORK, NY 10019	13-3467946	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ANGELS AT RISK 115 BARRINGTON WALK LOS ANGELES, CA 90049	26-1100549	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BRAZELTON TOUCHPOINTS CENTER 1295 BOYLSTON ST., STE. 320 BOSTON, MA 02215	04-3327682	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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CHILDREN'S HOSPITAL OF PHILADELPHIA - 34TH ST & CIVIC BLVD. - PHILADELPHIA, PA 19104-4318	23-2237932	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
DARTMOUTH MEDICAL SCHOOL 525 REMSEN HANOVER, NH 03755	02-0222111	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
DUKE UNIVERSITY DUMC BOX 3382 DURHAM, NC 27710	56-0532129	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
DUKE UNIVERSITY MEDICAL CENTER 310 NANLINE DUKE BLDG, BOX 3709 DURHAM, NC 27710	56-0532129	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MASSACHUSETTS GENERAL HOSPITAL 185 CAMBRIDGE ST. BOSTON, MA 02114	04-1564655	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE, E18-270 - CAMBRIDGE, MA 02139	04-2103594	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
REGENTS OF THE UNIVERSITY OF MICHIGAN - 210 WASHTENAW, #6403 - ANN ARBOR, MI 48109	38-6006309	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ROCKEFELLER UNIVERSITY 1230 YORK AVE. NEW YORK, NY 10065	13-1624158	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 600 16TH ST., MC 2280 - SAN FRANCISCO, CA 94158	94-6039493	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
UNIVERSITY OF NORTH CAROLINA 4097 GENETIC MEDICINE CG #7365 CHAPEL HILL, NC 27599-7365	56-6001393	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
UNIVERSITY OF PENNSYLVANIA 421 CURRIE BL, 513 BRB 11/111 PHILADELPHIA, PA 19104-6160	23-1352685	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
UNIVERSITY OF TEXAS, MD ANFDERSON MEDICAL CENTER - 1515 HOLCOMBE BL., #1010 - HOUSTON, TX 77030	74-6000203	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
UNIVERSITY OF WASHINGTON P.O. BOX 357280 SEATTLE, WA 98195-7280	94-3079432	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
UNIVERSITY OF WISCONSIN, MADISON 4117 RENNEBOHM HALL, 777 HIGHLAND A MADISON, WI 53705	36-6006492	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
V-DAY 303 PARK AVENUE SOUTH, STE. 1184 NEW YORK, NY 10010-3657	94-3389430	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
YALE UNIVERSITY 333 CEDAR ST., SHM1-142B NEW HAVEN, CT 06250-8005	06-0646973	501(C)3	50,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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CENTER FOR ORANGUTAN & CHIMPANZEE CONSERVATION, INC - BOX 488 - WAUCHULA, FL 33873	65-0444725	501(C)3	48,765.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CITRUS VALLEY MEDICAL CENTER 210 W. SAN BERNARDINO RD. COVINA, CA 91722	95-6006469	501(C)3	40,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SCHOLARSHIP MGT SERVICES/SCHOLARSHIP AMERICA - 1 SCHOLARSHIP WAY - ST. PETER, MN 56082	04-2296967	501(C)3	40,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WOMEN OF COLOR BREAST CANCER PROJECT - 336 HILLCREST BLVD., STE #609 - INGELWOOD, CA 90301	95-4455930	501(C)3	40,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
V FOUNDATION 106 TOWERVIEW CT. CARY, NC 27513	13-3705951	501(C)3	37,500.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 2440 S. SEPULVEDA BL., STE. 115 - LOS ANGELES, CA 90064	95-2633200	501(C)3	35,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PREM RAWAT FOUNDATION, THE P.O. BOX 24-1498 LOS ANGELES, CA 90024	91-2166236	501(C)3	35,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
DEANE F. JOHNSON ALZHMERS RESEARCH FOUNDATION - 10100 SANTA MONICA BL., STE. 2200 - LOS ANGELES, CA 90067	26-3088153	501(C)3	30,441.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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LOS ANGELES BREAST CANCER ALLIANCE 2950 31ST ST. #358 SANTA MONICA, CA 90405	95-4433473	501(C)3	30,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CHAKA KHAN FOUNDATION 9100 WILSHIRE BLVD., STE. 515 BEVERLY HILLS, CA 90212	95-4732807	501(C)3	25,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
FRIENDS OF CANCER RESEARCH 3299 K ST. NW, STE. 100 WASHINGTON, DC 20007	52-1983273	501(C)3	25,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
FULFILLMENT FUND 6100 WILSHORE BLVD., STE. 600 LOS ANGELES, CA 90048	95-3180934	501(C)3	25,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
JOHN WAYNE CANCER INSTITUTE 2200 SANTA MONICA BLVD. SANTA MONICA, CA 90404	95-4291515	501(C)3	25,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
JON BON JOVI SOUL FOUNDATION 1635 MARKET ST., 17TH FLR PHILADELPHIA, PA 19103	20-5036346	501(C)3	25,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
NATIONAL COALITION OF CANCER SURVIVORSHIP - 1010 WAYNE AVE., STE 770 - SILVER SPRINGS, MD 20910	85-0357897	501(C)3	25,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PUTNEY SCHOOL 418 HOUGHTON BROOK RD PUTNEY, VT 08346-8675	03-0179305	501(C)3	25,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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ROCK FOUNDATION, THE 2525 PONCE DE LEON BL., 5TH FLR CORAL GABLES, FL 33134	20-8797894	501(C)3	25,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
US FUND FOR UNICEF 125 MAIDEN LANCE NEW YORK, NY 10038	13-1760110	501(C)3	25,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GYNECOLOGICAL CANCER FOUNDATION 230 W. MONROE, STE. 2528 CHICAGO, IL 60606	36-3797707	501(C)3	22,061.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
BOYS & GIRLS CLUB OF BURBANK 2244 N. BUENA VISTA ST. BURBANK, CA 91504	95-4485745	501(C)3	18,165.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
A PLACE CALLED HOME 2830 S. CENTRAL AVE. LOS ANGELES, CA 90011	95-4427291	501(C)3	16,165.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
INNER CITY ARTS 720 KOHLER ST. LOS ANGELES, CA 90021	95-4239478	501(C)3	16,165.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ALTA MED HEALTH SERVICES CORP 500 CITADEL DR., STE. 490 LOS ANGELES, CA 90040	95-2810095	501(C)3	15,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
USC F/B/O USC SHOAH FNDTN INSTITUTE - 650 W. 35TH ST., STE 114 - LOS ANGELES, CA 90089	95-1642394	501(C)3	15,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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BURBANK TEMPORARY AID CENTER 1304 W. BURBANK BLVD. BURBANK, CA 91506	95-3309130	501(C)3	13,981.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CONSERVATION INTERNATIONAL FOUNDATION - 2011 CRYSTAL DR., STE. 500 - ARLINGTON, VA 22202	52-1497470	501(C)3	12,047.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT ST. AMERICUS, GA 31709	91-1914868	501(C)3	12,047.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
INTERNATIONAL RESCUE COMMITTEE 3727 WEST 6TH ST., STE. 619 LOS ANGELES, CA 90020	13-5660870	501(C)3	12,047.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CHRYSALIS 1853 LINCOLN BLVD. SANTA MONICA, CA 90404	95-3972624	501(C)3	11,481.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
MEET EACH NEED WITH DIGNITY 10641 N. SAN FERNANDO RD. PACOIMA, CA 91331	23-7306337	501(C)3	11,481.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ANDRE AGASSI CHARITABLE FOUNDATION 3960 HOWARD HUGHES PKWY, STE. 750 LAS VEGAS, NV 89109	34-1759295	501(C)3	10,500.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
COALITION FOR CLEAN AIR 811 WEST 7TH ST., STE. 1100 LOS ANGELES, VA 90017	23-7120567	501(C)3	10,114.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ENTERTAINMENT INDUSTRY FOUNDATION**

Employer identification number

**95-1644609**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE LA RIVER 570 WEST AVENUE 26, STE. 250 LOS ANGELES, CA 90065	95-4171497	501(C)3	10,114.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
TREE PEOPLE 12601 MULHOLLAND DR. BEVERLY HILLS, CA 90210	23-7314838	501(C)3	10,114.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CENTRAL PARK MEDICAL UNIT, INC. P.O. BOX 440 NEW YORK, NY 10028	11-2516283	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
EPILEPSY FOUNDATION OF AMERICA 8301 PROFESSIONAL PLACE ANDOVER, MD 20785-2237	52-0856660	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ESSENTIAL TO LIFE, INC. P.O. BOX 620053 ATLANTA, GA 30362	58-2168468	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
EUVA, INC. 266 WEST 12TH STREET NEW YORK, NY 10014	20-1342017	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
LOS ENCINOS SCHOOL 17114 VENTURA BLVD. ENCINO, CA 91316	95-3524740	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
ORANGE COUNTY ASIAN & PACIFIC ISLANDER ALLIANCE INC - 12900 GARDEN GROVE BL., STE. 214A - GARDEN GROVE, CA 92843	91-2047245	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

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Inspection**

Name of the organization

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Employer identification number

**95-1644609**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT KINDLE, INC. 28245 CROCKER AVE. SANTA CLARITA, CA 91355	47-0814125	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SAVE THE CHILDREN 54 WILTON RD. WESTPORT, CT 06880	06-0726487	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SCOLIOSIS ASSOC. OF LONG ISLAND 388 PLAINVIEW RD. HICKSVILLE, NY 11801	51-0189453	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SURFRIDER FOUNDATION/MALIBU CHAPTER - 2629 MAIN ST., STE. 196 - SANTA MONICA, CA 90405	95-3941826	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
SUSAN G. KOMEN BREAST CENTER FNDTN OF GREATER NEW YORK - 341 WEST 38TH ST., 10TH FLOOR - NEW YORK, NY 10018-2918	91-2049420	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WESPAK 13522 VENTURA BLVD. SHERMAN OAKS, CA 91423	95-4785462	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WORLD PEACE ASSOC. F/B/O ENVIRONMENTAL HALL OF FAME - 305 1/2 W. VAN BUREN AVE. - FAIRFIELD, IA 52556	20-5695681	501(C)3	10,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
JANE GOODALL INSTITUTE FOR WILDLIFE RESEARCH, EDUCATION & CONSERVATION - 1840 ALCATRAZ AVE., STE. A2 - BERKELEY, CA 94703	94-2474731	501(C)3	9,663.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**ENTERTAINMENT INDUSTRY FOUNDATION**

Employer identification number

**95-1644609**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
T.H.E. CLINIC FOR WOMEN, INC. 3860 W. MARTIN LUTHER KING BL. LOS ANGELES, CA 90008	23-7351622	501(C)3	8,473.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
GOD'S LOVE WE DELIVER, INC. 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013	13-3366846	501(C)3	8,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
RESCUE TRAIN 11271 VENTURA BLVD., STE. 405 STUDIO CITY, CA 91604	20-1897642	501(C)3	6,500.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-1644600	501(C)3	5,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
FACE FOUNDATION 10505 SORRENTO VALLEY RD. SAN DIEGO, CA 92121	20-5333261	501(C)3	5,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
HOLLYWOOD ARTS 4303 WEST 1ST ST. LOS ANGELES, CA 90004	33-1130887	501(C)3	5,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
LIBRARY FNDTN OF LOS ANGELES 630 W. 5TH ST. LOS ANGELES, CA 90017	95-4368250	501(C)3	5,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
PUBLIC COUNSEL 601 S. ARDMORE AVE. LOS ANGELES, CA 90005	52-1759564	501(C)3	5,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

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

Schedule I-1 (Form 990) 2009

Name of the organization

**ENTERTAINMENT INDUSTRY FOUNDATION**

Employer identification number

**95-1644609**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER CENTER ORANGE COUNTY F/B/O KID HEALTHY - 1901 EAST 4TH ST. - SANTA ANA, CA 92705	95-2021700	501(C)3	5,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WASHINGTON COLON CANCER STARS 2132 47TH AVE. SW SEATTLE, WA 98116	26-2675571	501(C)3	5,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.
WONDER OF READING, THE 120 N. ROBERTSON BLVD. LOS ANGELES, CA 90048	95-4484325	501(C)3	5,000.	0.	BOOK	N/A	GENERAL GRANT TO SUPPORT THE ORGANIZATION'S PROGRAMS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<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 type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input 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				
<input 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									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	X								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p>	<b>5a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p>	<b>6a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LISA PAULSEN	(i)	362,102.	0.	0.	0.	11,612.	373,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SUSAN FRANK	(i)	234,042.	0.	0.	0.	11,612.	245,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MERRILY NEWTON	(i)	194,473.	0.	0.	0.	11,612.	206,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL BALAOING	(i)	182,274.	0.	0.	0.	11,612.	193,886.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHLEEN LOBB	(i)	151,090.	0.	0.	0.	11,612.	162,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JUDI KETCIK	(i)	171,576.	0.	0.	0.	11,612.	183,188.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CATHY JAMES	(i)	165,001.	0.	0.	0.	11,612.	176,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DIANE BALMA	(i)	146,808.	0.	0.	0.	10,049.	156,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHAN CERYANEK	(i)	140,474.	0.	0.	0.	11,612.	152,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

<b>Part I</b>	<b>Types of Property</b>	<b>(a) Check if applicable</b>	<b>(b) Number of contributions</b>	<b>(c) Revenues reported on Form 990, Part VIII, line 1g</b>	<b>(d) Method of determining revenues</b>
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....				
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( <u>ADVERTISEMENT</u> )	X	73849613	34,008,360.	USED COMPARABLE RATE
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 Acknowledgment ..... **29**

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

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

IMPACT IN OUR COMMUNITY AND THROUGHOUT THE NATION.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE CFO AND BOARD TREASURER. THE 990 IS THEN PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL. THE ENTIRE BOARD WILL ALSO BE PROVIDED A COPY OF THE 990 TO REVIEW PRIOR TO BEING FILED WITH THE IRS.

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

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AZ, AR, CA, 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

FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S GOVERNING DOCUMENTS & POLICIES ARE AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED FINANCIALS AND THE PUBLIC DISCLOSURE COPY OF THE 990 ARE POSTED ON THE FOUNDATION'S OFFICIAL WEBSITE (WWW.EIFFOUNDATION.ORG) OR AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

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Inspection

Name of the organization

ENTERTAINMENT INDUSTRY FOUNDATION

Employer identification number

95-1644609

FORM 990, PART XI, LINE 2C

FINANCIAL STATEMENTS AND REPORTING

NO CHANGES WERE MADE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS

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

COPY



**Related Organizations and Unrelated Partnerships**

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

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
STAND UP TO CANCER MUSIC LLC, EIN: - 26-3299754, 1201 WEST 5TH STREET, SUITE T-700, LOS ANGELES, CA 90017	MUSIC RIGHTS	CALIFORNIA	385,126.	383,237.	ENTERTAINMENT INDUSTRY FOUNDATION

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

(a) 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

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

(a) 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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) 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

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

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

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

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



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

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

