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Amended

Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

A	For the	2009 calendar year, or tax year beginning $JUL~1,~2009$ and endin	g JU	JN 30, 201	0
В	Chack if applicable	Please C Name of organization		D Employer ident	ification number
	Address change	HOLLYWOOD FOREIGN PRESS ASSOCIATION			
Ē	Name change	type Doing Business As		95-	6191816
Ļ	letum	See Number and street (or P 0 box if mail is not delivered to street address) Room,	/suite	E Telephone numl	
Ļ	Termin- ated	Instruction BOULEVARD		310	-657-1731
L	Amend	City or town, state or country, and ZIP + 4	L	G Gross receipts \$	7678397.
L	Application			H(a) is this a group	
	pendin	F Name and address of principal officer: PRILLIP DEKK		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates	ıncluded? Yes Mo
		mpt status: X 501(c) (6) ◀ (insert no.)		if "No," attach	a list. (see instructions)
<u>J</u>	Website	e: ▶ N/A		H(c) Group exemp	
			. Year of	formation 1982	M State of legal domicile CA
P		Summary			
ø		Briefly describe the organization's mission or most significant activities: THE HOLD			
Activities & Governance	1 2	ASSOCIATION (THE ASSOCIATION) WAS ORGANIZED			HE
Ē	2 (Check this box 🕨 📖 if the organization discontinued its operations or disposed of			assets.
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)	FCF	IVED	3 9
⊙	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)			4 83
es Se	5 1	Total number of employees (Part V, line 2a)	AD () 4 2013	5 54
Ī	6 7	Total number of volunteers (estimate if necessary)	AIV C	, 1 20.0	6 42
ş		Total gross unrelated business revenue from Part VIII, column (C) 178,12	א מסז	RANCH 3	123320.
_	b 1	vet unrelated business taxable income from Form 9917-1116 541		DEN 17	ъ 82258.
		Contributions and grants (Part VIII) line 1b) RECEIVED		Prior Year	Current Year
9	8 (Contributions and grants (Part VIII, line 1h)			
ě	9 (Program service revenue (Part VIII, line 2g)		6588290	
Revenue	10	nvestment income (Part VIII, column (A), lines (3.3) and Vd)		-176797	
_	11 (Program service revenue (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 3, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10e, 30, 7d) Intel revenue - add lines 8 through 11 (must equal Part VIII, best rin (A), line 12)		188294	
_	+	Control and lines of through 17 (throat organisms of the 12)	_	6599787	
	13 (Grants and similar amounts paid (Part IX, column (A), tines 1-3)	<u> </u>	811513	1405500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
e S	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	808243	872752.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
Š	ь	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1682038	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	3301794	
-	19	Revenue less expenses. Subtract line 18 from line 12		3297993	
ts or	Š		Beg	inning of Current Yes	
SSet	g 20 ·	Total assets (Part X, line 16)		19179584	22195209.
Net Asset	21	Total liabilities (Part X, line 26)		10170504	22105200
2	22	Net assets or fund balances. Subtract line 21 from line 20		19179584	22195209.
P	art II	Signature Block		- 4 A. M	dada and bahal Alabaha and A
6		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and states and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known of the complete of	ments, ar wiedge	-	
2010 2010		· Day		1 ///	08/10
-21(-21(Bu	Signature of officer		Data	00/10
	ere			Date	
<u>ر</u> د د		PHILIP BERK, PRESIDENT Type or print name and title			
<u> </u>		Date	Che	oluf Des	parer's identifying number
	id		CoH-	. (98	e instructions)
251	eparers	signature NOV MOUNTAGE 10/30/1	U emp		
Ž):	e Only	Firm's name (or THE CPA ADVANTAGE yours if		EIN >	
Z	•	self-employed). address, and NOCING CR 01436			010 006 7570
3		THE CPA ADVANTAGE yours if self-employed, address, and ZIP+4 Self-employed, address, and ZIP+4 Self-employed, address, and ZIP+4 Self-employed, address, and ENCINO, CA 91436 Self-employed, self-employed, self-employed, address, and ENCINO, CA 91436		Phone no	818-986-7572
įΜ	ay the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	2001 02-0		te inst	ructions.	Form 990 (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1	Briefly describe the organization's mission:	IONE		
2	Did the organization undertake any significant prothe prior Form 990 or 990-EZ?	,	sted on Yes	X No
3	If "Yes," describe these new services on Schedule Did the organization cease conducting, or make s		ram services?	X No
,	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for ex		• •	
	Section 501(c)(3) and 501(c)(4) organizations and allocations to others, the total expenses, and reve		the amount of grants and	
la	(Code:)(Expenses \$ 42 THE ASSOCIATION PROVIDES MOTION PICTURE, TELEVISIO AUDIO VISUAL RECORDING AR	GRANTS DESIGNED TO PROM ON, DRAMATIC, MUSICAL AN		OF
b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
			T E Comm. Asker	
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
•	/(cood. //(copenies)	HOROUNG STATES OF \$) (noveride \$	
ld	Other program services. (Describe in Schedule O			
	(Expenses \$ Including gra	ants of \$) (Revenue \$ 4240545 .)	

Form 990 (2009) HOLLYWOOD FOREIGN PRESS AS Part IV Checklist of Required Schedules

			Yes	No			
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1		X			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for						
	public office? If "Yes," complete Schedule C, Part I	3		X			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	l _	v				
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			v			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		_			
٥	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х			
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? If "Yes," complete Schedule D, Part IV						
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		X			
. •	If "Yes," complete Schedule D, Part V						
11	• •						
	as applicable						
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
	Part VI						
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total						
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
•	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 167 If "Yes," complete Schedule D, Part VIII.						
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in						
	Part X, line 16? If "Yes," complete Schedule D, Part IX.						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		х			
124	Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12					
124	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	1					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	·	Х			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
	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? If "Yes," complete Schedule F, Part I	145		Х			
15							
	or entity located outside the United States? If "Yes," complete Schedule F, Part II						
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? If "Yes," complete Schedule F, Part III							
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,						
	column (A), tines 6 and 11e ⁷ If "Yes," complete Schedule G, Part I	17	<u> </u>	X			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			۱			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			١			
	complete Schedule G, Part III	19		X			
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		000	X			
		Form	99 0 ((2009)			

_	n 990 (2009) HOLLYWOOD FOREIGN PRESS ASSOCIATION 95-6191	<u> 1816</u>	P	age 4
P	irt IV Checklist of Required Schedules (continued)			
			Yes	No
21	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 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX.			
_	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<u> </u>		
سے				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			х
	Schedule J	23		<u> </u>
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
•	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		L
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ľ		ļ
	Schedule L, Part I	25b		ļ
26		1		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	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? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	***	 	
~	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
		200		-
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	28c		x
20	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l v
•	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	,
	Schedule N, Part II	32	<u> </u>	X
33				l
	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34				1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	L	L
37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	Ī	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			Π
	the second of th			

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

Part V Statements Regarding Other IRS Filings and Tax Compliance 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 28 U.S. Information Returns, Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2e Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 54 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2ъ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\overline{\mathbf{x}}$ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6ь Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? **7**b e Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 71 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? Ωa b Did the organization make a distribution to a donor, donor advisor, or related person? 8Р Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

Form **990** (2009)

b if "Yes," enter the amount of tax-exempt interest received or accrued during the year

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.

Sec	tion A. Governing Body and Management									
	, .		Yes	No						
1a	Enter the number of voting members of the governing body									
ь	Enter the number of voting members that are independent 83									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X_						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X						
6	Does the organization have members or stockholders?	6	X							
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the									
	governing body?	7a	X							
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
	by the following:									
a	The governing body?	8a	X							
Ь	Each committee with authority to act on behalf of the governing body?	8b	Х							
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	9		<u>X</u>						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
	Does the organization have local chapters, branches, or affiliates?	10a		X						
Ь	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	- V							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	-						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v						
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>						
В	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	12c								
13	Does the organization have a written whistleblower policy?	13		X						
14	Does the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
a	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	X							
	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?	16a	X							
Ь	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	X							
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed CA									
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	tor								
	public inspection. Indicate how you make these available. Check all that apply.									
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and other policy and the policy of the polic	nd fina	ncial							
00	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 organiza HOLLYWOOD FOREIGN PRESS ASSOCIATION - 310-657-1731	tion: 🕨								
	646 N. ROBERTSON BLVD., WEST HOLLYWOOD, CA 90069									
	VIV A. AUDDALDON DEVOL, MEDI HUDDIMOUD, CA 30003	E0	00n /	2009)						
		FUIIII	JJU	40031						

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.

hours (check all that apply) compensation from from related organizations (W-2/1099-MISC) Application Applica	(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated	
Week See	Hans and Title	•	(c					ıly)	· ·	,	amount of	
BOARD OF DIRECTORS-CHAIR		•					DB 25		from the organization	from related organizations	other compensation from the organization and related organizations	
ARMANDO GALLO BOARD OF DIRECTORS					Ī			Γ				
BOARD OF DIRECTORS		4.00	X	<u> </u>	<u> </u>	_	_	┞	0.	0.	0.	
THEO KINGMA BOARD OF DIRECTORS		4 00	v						0		0.	
BOARD OF DIRECTORS		4.00	^	-	╫┈	 	┼	╁╌	0			
RUBEN NEPALES BOARD OF DIRECTORS 4.00 X 0. 0. ALI SAR BOARD OF DIRECTORS 4.00 X 0. 0. FRANCES SCHOENBERGER BOARD OF DIRECTORS-ALTER 4.00 X 0. 0. PHILIP BERK PRESIDENT 30.00 X 73815. 0. HANS J. SPURKEL VICE PRESIDENT 20.00 X 16058. 0. JACK TEWKSBURY TREASURER 20.00 X 30626. 0. MEHER TATNA EXECUTIVE SECRETARY 20.00 X 31937. 0.		4.00	x						0.	.] 0.	0.	
BOARD OF DIRECTORS 4.00 X 0. 0. ALI SAR 0. 0. 0. BOARD OF DIRECTORS 4.00 X 0. 0. FRANCES SCHOENBERGER 0. 0. 0. BOARD OF DIRECTORS-ALTER 4.00 X 0. 0. PHILIP BERK 0. 0. 0. PRESIDENT 30.00 X 73815. 0. VICE PRESIDENT 20.00 X 16058. 0. JACK TEWKSBURY 0. 0. 0. TREASURER 20.00 X 30626. 0. MEHER TATNA 0. 0. 0. ERKKI KANTO 0. 0. 0.					T	1	†	t				
## BOARD OF DIRECTORS 4.00 X 0. 0.		4.00	X			l			0.	0.	0.	
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Form 990 (2009)

Par	t VII Section A. Officers, Directors, Tr	ıstees, Key Eı	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
	(A)	(B)	l		(4	2)			(D)	(E)		(F)	
	Name and title	Average	١,,	. 1	Pos			LA	Reportable	Reportable		Estima	
		hours per		neci	(aur	tnat	app	(VI)	compensation from	compensation from related		amoun othe	
		week	ള				L		the	organizations		compens	
			8	最			2		organization	(W-2/1099-MISC	カ	from t	
			Individual trustae or director	Institutional frustee		8	Highest compensated employee		(W-2/1099-MISC)	1		organiza and rela	
			夏	18		Key employee	a gar	Former				organiza	
			볼	\ ₹	8	₹.	포통	æ					
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				Ì									
1b	Total	·				<u> </u>		Ь	185569.		0.	·	0.
2	Total number of individuals (including but i	not limited to th	1036	e list	ed a	bov	e) w	no r	eceived more than \$100	,000 in reportable			
	compensation from the organization												0
										_	ſ	Yes	No
3	Did the organization list any former officer			e, ke	y en	oiqn	yee,	or i	nighest compensated er	nployee on			x
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s			ome	one.	atio	0 20	d at	her compensation from	the omenization		3	┼^
•	and related organizations greater than \$15									the organization		4	X
5	Did any person listed on line 1a receive or									ices rendered to			
	the organization? If "Yes," complete Sched	tule J for such	per	son								5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	ompensated in	dep	end	ent c	cont	racte	ors (that received more than	\$100,000 of comp	ens	ation from	
	the organization. NONE							_	(B)			(C)	
	Name and business	address							Description of s	services	С	ompensati	on

_		- · · · · · · · · · · · · · · · · · · ·											
										1			
		,,											
2	Total number of independent contractors		not l	lımıte	ed to		_	ste	d above) who received n	nore than			
	\$100,000 in compensation from the organ	zation 🕨					0			<u>L</u>	—	F 000	, (DDDD)
												Form 990	(2009)

				EIGN PRE	SS ASSOCIA	TION	95-6191	816 Page 9
Pa	t VI	III Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
at st	1 a	Federated campaigns	1a					
2	t	Membership dues	1b					
2 8	C	Fundraising events	1c					
<u>25</u>	C	d Related organizations	1d					
S.E	•	Government grants (contribut						
불	f	All other contributions, gifts, gran	1 1					
	_	similar amounts not included abor						
Contributions, gifts, grants and other similar amounts	_	Noncesh contributions included in lines Total. Add lines 1a-1f	18-17 \$					
-		1 Total. Add lines 12-11		Business Code				
•	2 a	GOLDEN GLOBES A	WARD SH	711300	7529653.		•	7529653.
울		SPONSORSHIP		711300	123320.		123320.	
Program Service Revenue		MEMBERSHIP DUES		711300	1176.	1176.		
	(d					. "	
₹	•	e						
<u>. </u>	1	All other program service reve	enue	711300				
		Total. Add lines 2a-2f		<u> </u>	7654149.			
	3	Investment income (including	dividends, inter	est, and	04040			04040
		other similar amounts)			24248.			24248.
ļ	4	Income from investment of tax	x-exempt bond					
	5	Royalties		1 () 2				
		- O Banka	(i) Real	(II) Personal				
	6 8						•	
ł		b Less: rental expenses c Rental income or (loss)		 				
		d Net rental income or (loss)				†		
		a Gross amount from sales of	(i) Securities	(II) Other				
	•	assets other than inventory	10 0000111100	(1) 5 1.101				
l	1	b Less. cost or other basis	· · · · · · · · · · · · · · · · · · ·					
i		and sales expenses						
ŀ		c Gain or (loss)						
	•	d Net gain or (loss)						
Other Revenue	8 (Gross income from fundraisin including \$ 	g events (not of					
ě		contributions reported on line	1c). See					
E l		Part IV, line 18						
. ₹	- (b Less direct expenses	Ł	·				
٦	•	c Net income or (loss) from fund	draising events	<u> </u>				
	9 :	a Gross income from gaming ac	ctivities. See	1		1		
		Part IV, line 19						
		b Less: direct expenses	ŧ	بـــــــــــــــــــــــــــــــــــــ				
		c Net income or (loss) from gan						
- 1	10 8	a Gross sales of inventory, less						
		and allowances						
		b Less: cost of goods sold	l vactoryantary	"└ <u></u>	İ			į
1		c Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11	_		Dusiness Code	1			
		ab						
					 			
		d All other revenue						
		e Total. Add lines 11a-11d						
	12	Total revenue See instructions		<u> </u>	7678397.	1176.	123320.	7553901.
9320	09 F10				- <u> </u>			Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 3b, 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	1405500.	1405500.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	185569.	185569.		
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 salanes and wages	559317.	559317.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8183.	8183.		
9	Other employee benefits	47719.	47719.		_
10	Payroll taxes	71964.	71964.		
11	Fees for services (non-employees):			ĵ-	
а	Management	,			
Ь	Legal	311762.		311762.	
c	Accounting	-2359.		_2359.	
d	Lobbytng				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other			<u>_</u>	
12	Advertising and promotion				
13	Office expenses				····
14	Information technology				
15	Royalties	56050		F.C.0.F.O.	
16	Occupancy	56058.	706566	56058.	
17	Travel	796566.	796566.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30341.		30341.	
23	Insurance	39679.	39679.		
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)				
а	FEDERAL AND STATE INCOM	17729.	17729.		
b	BANQUET	357771.	357771.		
c	MEETING AND PRESS CONFE	132317.	132317.		
d	OUTSIDE SERVICES	106460.	106460.		
е	OFFICE AND POSTAGE EXPE	82550.	82550.		
f	All other expenses	455646.	429221.	26425.	
25	Total functional expenses. Add lines 1 through 24f	4662772.	4240545.	422227.	0
26	Joint costs. Check here 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				

932010 02-04-10

Part X Balance Sheet (A) Beginning of year End of year 112151. 88030. Cash - non-interest-bearing 1710446. 4741123. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 119. 119. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 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 Notes and loans receivable, net $\overline{10347}$. 10347. 8 Inventories for sale or use 23160. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 2750087. basis. Complete Part VI of Schedule D 10a 411007. 2347321. 2339080. b Less: accumulated depreciation 10b 11 11 investments - publicly traded securities 14999200. 14993350. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 19179584. 22195209. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule I 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

X and complete lines 30 through 34. 0. 0 -30 Capital stock or trust principal, or current funds Ō. Ō. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 19179584. 22195209. 32 Retained earnings, endowment, accumulated income, or other funds 22195209. 19179584. Total net assets or fund balances 19179584 22195209. Total liabilities and net assets/fund balances

Form 990 (2009)

Form	990 (2009) HOLLYWOOD FOREIGN PRESS ASSOCIATION 95-619	1816	_ Pa	ge 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash			
	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?	2a	X	
ь	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
-	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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 X Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	1		
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

Form **990** (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2009

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service Organizations Exempt From moonie rax order section outles and section out

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Name of organization ROLLYWOOD FOREIGN PRESS ASSOCIATION Sp-6191816 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization under section 4955 3 If the organization incurred a section 4955 tax, did if file Form 4720 for this year? 4 Was a correction made? 4 Was a correction made? 5 If Yes, 'describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization-for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributions for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organization is which payments were made. For each organization file, delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization. If none, enter 0. (e) Amount of political contributions received and directly delivered to a separate political organization. If none, enter 0. (e) Amount of political contributions received and propriet and directly delivered to a separate political organization. (f) Amount paid from filing organization. (e) Amount	Name of cree	U1(c)(4), (5), or (6) organiza:	tions: Complete Part III.													
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b if 'Yes,' describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization-for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. If none, enter 0. (a) Name (b) Address (c) EIN (d) Amount paid from filing companization incurrent political contributions received and promptly and directly delivered to a separate political organization funds. If none, enter 0.	ivame or orga	nization				Emplo	yer identification r	umber								
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 4b If 'Yes,' describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount pad from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter' of contributions received and promptly and directly delivered to a separate political organization.								6								
Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did if file Form 4720 for this year? 4a Was a correction made? 4b If 'Yes,' describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from form filing organization's funds. If none, enter 0-political contributions received and promptly and directly delivered to a separate political organization.	Part I-A	Complete if the org	janization is exempt unde	r section 501(c)	or is a section 5	27 or	ganization.									
Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did if file Form 4720 for this year? 4 Was a correction made? b If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political contributions received and promptly and directly delivered to a separate political organization in Part IV. (a) Name (b) Address (c) EIN (d) Amount pad from filing organization's funds. If none, enter 0.	1 Provide	a description of the organiz	ation's direct and indirect politica	campaign activities	in Part IV.											
Part I-B Complete if the organization is exempt under section 501(c)(3). 1	2 Political	expenditures				▶\$										
1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? b if "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing-organization-for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 delivered to a separate political organization.	3 Voluntee	er hours				_										
1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? b if "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing-organization-for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 delivered to a separate political organization.																
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Yes No No No No No No No N	1 Enter the	e amount of any excise tax	incurred by the organization unde	r section 4955		▶\$_	, ,									
Was a correction made? Yes No	2 Enter the	e amount of any excise tax	incurred by organization manager	s under section 4955	;	▶\$										
b if "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1	3 If the or	ganization incurred a sectio			Yes	No										
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filing organization's funds. If none, enter -0 funds. If none, enter -0 delivered to a separate political organization.			vered to a separate political organ			•										
funds. If none, enter -0 promptly and directly delivered to a separate political organization.		additional space is needed	ivered to a separate political organ d, provide information in Part IV.	nization, such as a se	parate segregated fur	nd or a	political action com	mittee								
delivered to a separate political organization.		additional space is needed	ivered to a separate political organ d, provide information in Part IV.	nization, such as a se	parate segregated fur	rom	political action com (e) Amount of po	mittee Iitical								
		additional space is needed	ivered to a separate political organ d, provide information in Part IV.	nization, such as a se	parate segregated fur (d) Amount paid filing organization	rom n's	political action com (e) Amount of po- contributions recent	mittee Irtical red and								
In none, enter O.		additional space is needed	ivered to a separate political organ d, provide information in Part IV.	nization, such as a se	parate segregated fur (d) Amount paid filing organization	rom n's	(e) Amount of po contributions recen promptly and dir delivered to a sep	initee inical red and ectly varate								
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932041 02-04-10

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

Schedule C (Form 990 or 990-EZ) 2009 H	OLLYWOOD	FOREIGN PRE	SS ASSOCIAT	ION 95-0	5191816 Page 2
Part II-A Complete if the organ	zation is exe	mpt under section	n 501(c)(3) and fil	ed Form 5768	
(election under section	n 501(h)).				
A Check ▶ ☐ If the filing organization	belongs to an af	filiated group.			
B Check ▶ ☐ If the filing organization	checked box A a	and "limited control" pr	ovisions apply		
Limits o (The term ^e expenditu	n Lobbying Expe res ^a means amo)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence	e a legislative bo	ody (direct lobbying)			
c Total lobbying expenditures (add lines					
d Other exempt purpose expenditures	·				
e Total exempt purpose expenditures (a	dd lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter th	e amount from th	ne following table in bo	th columns.		
If the amount on line 1e, column (a) or (b)	is: The iol	bbying nontaxable an	ount is:		
Not over \$500,000	20% o	f the amount on line 1e			
Over \$500,000 but not over \$1,000,00	0 \$100,0	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,6	000 \$175,0	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
		···· ·			
g Grassroots nontaxable amount (enter	•				-
h Subtract line 1g from line 1a. If zero or	· ·				
i Subtract line 1f from line 1c. If zero or	•				<u> </u>
j If there is an amount other than zero o		r line 11, did the organiz	cation file Form 4720		
reporting section 4911 tax for this yea					Yes No
• •	ns that made a		r section 601(n) n do not have to com es 2a through 2f on po		
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		-
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))	·		· · · · · · · · · · · · · · · · · · ·		
c Total lobbying expenditures		1			
d Grassroots nontaxable amount					
e Grassroots ceiling amount			 		"
(150% of line 2d, column (e))					
				<u> </u>	1
f Grassroots lobbying expenditures		1			

Schedule C (Form 990 or 990-EZ) 2009 HOLLYWOOD FOREIGN PRESS ASSOCIATION 95-6191816 Page 3

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

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter				b)
local legislation, including any attempt to influence public opinion on a legislative matter	Yes	No	Amo	ount
	<u> </u>			
or referendum, through the use of:				
a Volunteers?				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
Media advertisements?				
d Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			,	
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
of "Yes," enter the amount of any tax incurred by organization managers under section 4912	1.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				,
rt III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction	
501(c)(6).	•			
			Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х	
Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		2
"Yes."		1		
Dues, assessments and similar amounts from members		1_1_		
	ical	1 1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
expenses for which the section 527(f) tax was paid). a Current year		2a	-	
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year		2b		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total		2b 2c		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2b		
expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess	2b 2c	-	
expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdices the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	cess	2b 2c		
expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess	2b 2c		

932043 02-04-10

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.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

HOLLYWOOD FOREIGN PRESS ASSOCIATION

Employer identification number 95-6191816

Pat	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Acco	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	· · · · · · · · · · · · · · · · · · ·	e used only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conterring	
	Impermissible private benefit?			Yes No
Pa	til Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990.	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an hi	storically imp	ortant land area
	Protection of natural habitat	Preservation of a cei	rtified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a consen	vation easement on the last
	day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic st	ructure included-in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/08	2 d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organizatio	on during the tax
	year ▶			
4	Number of states where property subject to conservation ea	asement is located >		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	rt holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the ye	ar ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year 🕨	\$
8	Does each conservation easement reported on line 2(d) abo	we satisfy the requirements of section 17	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation	tion easements in its revenue and expens	se statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organize	ation's financial statements that describes	s the organiza	ation's accounting for
	conservation easements			
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Simi	ilar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and	balance shee	t works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service,	provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.		
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ince sheet wo	orks of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	ce, provide th	e following amounts relating to
	these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical tri	easures, or other similar assets for financ		
	the following amounts required to be reported under SFAS			
a		-	•	\$
Ь			•	\$
_			_	
LHA 93205 02-01	For Privacy Act and Paperwork Reduction Act Notice, se	ee the Instructions for Form 990.		Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 HOLLYWO	OD FOREIGN	PRES	SS ASS	OCIATIO	ON	95-6	19181	6 Pa	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	<u>orical Tr</u>	easures, c	or Othe	er Similar Ass	ets (con	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a sı	gnificant use of it	s collectic	n item	8
	(check all that apply):									
а	Public exhibition	c			hange progra	ams				
b	Scholarly research	•	, 🗀	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further t	he organizati	on's exei	mpt purpose in Pa	art XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, his	stoncal trea	sures, or oth	er sımılar	assets		_	_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if orga	anization a	nswered "Yes	s to For	m 990, Part IV, lin	e 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for c	contribution	ns or other as	sets not	ıncluded		_	_
	on Form 990, Part X?						L	Yes	L	No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing to	able:						
								Amoun	it	
C	Beginning balance						1c			
đ	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes		No
ь	If "Yes," explain the arrangement in Part XIV									
Pai	* V Endowment Funds. Complete	f the organization ar	nswered '	Yes' to Fo	m 990, Part	IV, line 1	0.			
		(a) Current year	(b) Pr	nor year	(c) Two year	s back	(d) Three years bac	k (e) Fou	r years	back
1a	Beginning of year balance									
ь	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
е	Other expenditures for facilities							_		
	and programs				<u> </u>					
f	Administrative expenses									
9	End of year balance								- ,	
2	Provide the estimated percentage of the year	r end balance held a	as.			•				
a	Board designated or quasi-endowment		%							
b	Permanent endowment ▶	<u></u> %								
C	Term endowment	%								
За	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	and administe	red for th	he organization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	lule R?				3ь		
4	Describe in Part XIV the intended uses of the	organization's end	owment f	unds						
Pa	t VI Investments - Land, Building	gs, and Equipm	ent. Se	e Form 990), Part X, line	10.				
	Description of investment	(a) Cost or o	other	(b) Cos	t or other	(c) A	ccumulated	(d) Boo	k valu	
		basis (investi	ment)	basis	(other)	dep	preciation			
18	Land			19	98235.			19	982	35.
	Buildings			4	20036.		96098.	3	239	38.
c	Leasehold improvements									
d	Equipment			1	13534.		100330.		132	04.
	Other	·		7	218282.		214579.			03.
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Pari	X. colum				>	23	390	
					-1-1-1					

Schedule D (Form 990) 2009

	FOREIGN PRES)N95	-6191816	Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, line	e 12.			
(a) Description of security or category (including name of security)	(b) Book value	Cc	(c) Method of valua est or end-of-year mar		
Financial derivatives					
Closely-held equity interests					
Other					
BONDS	1499335	0. END-OF-Y	EAR MARKET	VALUE	
					
					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	1499335	0.			
Part VIII Investments - Program Related.					
(a) Description of investment type	(b) Book value		(c) Method of value ost or end-of-year mar		
	-				

					_
				<u></u>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		 		······································
Part IX Other Assets. See Form 990, Part X, lin	e 15.			**************************************	
) Description			(b) Book va	alue
					
	· <u> </u>				
		· · · · · · · · · · · · · · · · · · ·			
	·····				
	<u></u>				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)		>		
Part X Other Liabilities. See Form 990, Part X					
1. (a) Description of liability		(b) Amount		·	
Federal income taxes	<u> </u>		_		
			4		
			4		
- Haranan		· · · · · · · · · · · · · · · · · · ·	-		
			┥		
			†		
			1		
			1		
			7		
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 25.)		1		
2. FIN 48 Footnote. In Part XIV, provide the text of the fo	•	on's financial statemen	ts that reports the on	ganization's liabil	ty for
uncertain tax positions under FIN 48.					
902053 02-01-10			Sch	edule D (Form 9	90) 2009

	tule D (Form 990) 2009 HOLLYWOOD FOREIGN PRESS ASSOC				6191816	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Au	dited Finan	cial State	ement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Pnor period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10			
Par	XII Reconciliation of Revenue per Audited Financial Statements	With Rever	nue per F	Return)	
1	Total revenue, gains, and other support per audited financial statements			1		<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains on investments	2a]]		
b	Donated services and use of facilities	2 b		_		
C	Recoveries of prior year grants	lc		_		
d	Other (Describe in Part XIV)	2d		4 1		
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
8	Investment expenses not included on Form 990, Part VIII, line 7b	la] [
Þ	Other (Describe in Part XIV.)	<u>ь</u>		4 1		
c	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Par	t XIII Reconciliation of Expenses per Audited Financial Statement	s With Expe	nses pe	<u>r Retu</u>	m	
1	Total expenses and losses per audited financial statements			1		-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1				
8		2a		4 1		
Ь	· · · · · · · · · · · · · · · · · · ·	2ь		4 1		
C		2c		-l -l		
d		2d		- 1		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 1		1 1		
	· · · · · · · · · · · · · · · · · · ·	la		-		
		<u> </u>		┨. ╽		
_	Add lines 4a and 4b			4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
	t XIV Supplemental Information		4.D.(1	41	01. 0. 41/ 1.	4.0.4
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line					4; Part
X, IIn	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete	this part to pro	vide any ac	contiona	intormation.	
	<u> </u>					
			 			
						· ·····
						
				0		200 2000
93205				Sched	tule D (Form 9	190) 2009

02-01-10

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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.

HOLLYWOOD FOREIGN PRESS ASSOCIATION

General Information on Grants and Assistance

Parti

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number

95-6191816

36. ž INSTITUTIONAL SUPPORT (h) Purpose of grant or assistance IPPA FELLOWSHIPS IPPA FELLOWSHIPS IPPA PELLOWSHIPS HPPA PELLOWSHIPS IPPA FELLOWSHIPS X Xes 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 and address of organization (b) EIN (c) IRC section or government and address of organization (b) EIN (d) Amount of non-cash grant assistance or government or gover 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 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 ö Ö ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 30000. 50000. 50000 60000 26000 00009 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations 52-6072925 95-6102146 92-6196006 98-6196006 HALL, MC 1803 - NEW YORK, NY 10027 13-5598093 95-6106694 criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization COLUMBIA UNIVERSITY SCHOOL OF THE CAL. STATE UNIVERSITY, LONG BEACH CAL STATE UNIVERSITY, NORTHRIDGE CAL STATE UNIVERSITY, NORTHRIDGE ARTS - 2960 BROADWAY, 305 DODGE CALIFORNIA INSTITUTE OF THE ART LONG BEACH, CA 90840-2801 AMERICAN FILM INSTITUTE LOS ANGELES, CA 90027 18111 NORDHOFF STREET 18111 NORDHOFF STREET 1250 BELLFLOWER BLVD NORTHRIDGE, CA 91330 24700 MCBEAN PARRWAY NORTHRIDGE, CA 91330 2021 N. WESTERN AVE VALENCIA, CA 91355

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

Schedule I (Form 990) 2009

95-6191816

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THE BOARD OF DIRECTORS, THEN, MAKE THEIR RECOMMENDATIONS TO THE GRANT MAKING CONSULTANT MAKES HIS/HER RECOMMENDATIONS TO THE BOARD OF DIRECTORS. THE APPLICATIONS, AND CONFIRMING THE EXEMPTION STATUS OF EACH APPLICANT, SCHEDULE I, PART I, LINE 2: THE ORGANIZATION RETAINS AN INDEPENDENT CONSULTANT TO REVIEW ALL GRANT APPLICANTS. AFTER REVIEWING THE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients COMMITTEE WHICH SELECTS THE RECIPIENTS. (a) Type of grant or assistance

932102 02-02-10

Department of the Treasury Internal Bevenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Schedule I-1 (Form 990) 2009 WRITERS PROGRAM-MONETARY INSTITUTIONAL SUPPORT (h) Purpose of grant or assistance PROJECT INVOLVE ROUGH CUTS LABS HPPA PELLOWSHIP IPPA PELLOWSHIP 95-6191816 PELLOWSHIPS PELLOWSHIPS AWARDS (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) valuation (book, FMV, appraisal, other) (f) Method of 0 ö ö 0 o. ö ö Ö (e) Amount of non-cash assistance 8000, 30000. (d) Amount of cash grant 100001 20000 70000 10000 20000 20000 HOLLYWOOD FOREIGN PRESS ASSOCIATION 13-3118525 501(C)(3) 509(A) (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 13-5562308 B01(C)(3) 501(C)(3) 56-6064850 95-4552979 95-3943485 95-1643334 92-2250801 92-2250801 (B) EIN NY UNIVERSITY; TISCH SCHOOL OF THE YORK - 68 JAY STREET, SUITE 425 -ARTS - 721 BROADWAY, 12TH FLOOR -UCLA SCHOOL OF THEATER, FILM & TV UCLA SCHOOL OF THEATER, FILM & TV 203B E. MELNITZ HALL, BOX 951622 203B B. MELNITZ HALL, BOX 951622 INDEPENDENT PRATURE PROJECT, NEW ENTERTAINMENT - P.O. BOX 251855 COALITION OF ASIAN PACIFICS IN N. CAROLINA SCHOOL OF THE ART 9911 W. PICO BLVD 11TH FLOOR (a) Name and address of organization or government LOYOLA MARYMOUNT UNIVERSITY 1 LMU DRIVE, SUITE 2800 WINSTON-SALEM, NC 27127 PILM INDEPENDENT, INC. LOS ANGELES, CA 90045 LOS ANGELES, CA 90095 LOS ANGELES, CA 90025 LOS ANGRLES, CA 90035 LOS ANGRERS, CA 90095 1533 S. MAIN STREET NEW YORK, NY 10003 BROOKLYN, NY 11201 Parti

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

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22

Department of the Tressury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number 95-6191816 HOLLYWOOD FOREIGN PRESS ASSOCIATION

Schedule I-1 (Form 990) 2009 CREATIVE PRODUCING SUMMIT OR MINORITY IN THE BRONX LATINO PRODUCERS ACADEMY TV/FILM TEACHING ARTISTS FRAINING IN FILM MARING TRAINING IN PILM MAKING TECHNICAL ASSISTANTS SUPPORT INTERNATIONAL OR MINORITY YOUTH IN (h) Purpose of grant or assistance RITER/DIRECTOR LABS HPPA SCHOLARSHIPS UNIMATION PROGRAM PARTICIPANTS) (g) Description of non-cash assistance Part i | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, ö Ö Ö ö 0 ö ö ö (e) Amount of non-cash assistance 20000. 20000 30000. (d) Amount of cash grant 70000 20000 25000 20000 20000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 170(B)(1)(A)(VI) 170(B)(1)(A)(VI) 501(C)(3)509(A) 501(C)(3)509(A) (c) IRC section if applicable 501(C)(3) 509 95-3938009 501(C)(3) 501(C)(3) 501(C)(3) 87-0361394 87-0361394 95-4111128 95-4239478 91-1769585 13-4198478 13-4127229 (B) EIN EAST, SUITE 700, - LOS ANGELES, CA POUNDATION - 5151 STATE UNIVERSITY LA COUNTY HIGH SCHOOL POR THE ARTS INDEPENDENT PRODUCERS - P.O. BOX CALIFORNIA STATE SUMMER SCHOOL 8530 WILSHIRE BLVD., 3RD PLOOR 8530 WILSHIRE BLVD., 3RD FLOOR POUNDATION - 1875 CENTURY PARK 1247 - SANTA MONICA, CA 90406 organization or government DR. - LOS ANGRERS, CA 90032 (a) Name and address of NATIONAL ASSOC, OF LATINO BEVERLY HILLS, CA 90211 BEVERLY HILLS, CA 90211 3000 WEST OLYMPIC BLVD. SANTA MONICA, CA 90404 THE GHETTO PILM SCHOOL INNER-CITY PILMMARERS LOS ANGELES, CA 90021 SUNDANCE INSTITUTE SUNDANCE INSTITUTE BRONX, NY 10459 INNER-CITY ARTS P.O. BOX 1580 720 KOHLER ST. 90067 ¥

23

SCHEDULE 1-1 (Form 990) Department of the Treasury Internal Revenue Service

:

Name of the organization

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

Open to Pt. Inspection Employer identification number

OB TRAINING, PLACEMENT & ACCESS AND PRESERVATION CRITICALLY ILL CHILDREN PRESERVE THE CULTURE & TILM & PILM MAKING POR (h) Purpose of grant or assistance PRESERVATION OF HPPA LAST REMAINING SEATS EMERGING WRITERS AND PLAY DEVELOPMENT POR SCREENING FILMS FOR EDUCATION FOR FILM RFUGERS IN KENYA 95-6191816 APPROVED FILM IN HOSPITAL SERIES CTORS CAREER (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, ö ö 0 ö 6 ö ö (e) Amount of non-cash assistance 5000. 25000. 50000. 350000 30000 10000 10000 (d) Amount of cash grant HOLLYWOOD FOREIGN PRESS ASSOCIATION 501(C)(3) 509 (A 170(B)(1)(A)(VI) 170(B)(1)(A)(VI) 501(A)(C)(3)509 (c) IRC section if applicable 509(A)(2) 501(C)(3) 95-3273046 501(C)(3) 95-4890358 04-3700586 95-4089601 76-0722433 95-4244945 95-4499501 B) EIN INC. - ACP, JR. STATE OPPICE BLDG, MUSEUM OF APRICAN AMERICAN CINEMA 10351 SANTA MONICA BLVD., #. 200 STREET LIGHTS PRODUCTION ASS. 662 N. VAN NEBS AVE. RM #105 (a) Name and address of organization or government 523 WEST 6TH ST., SUITE 826 137 N. LARCHMONT BL. #134 110 WEST 57TH, 6TH FLOOR 24 E. 23RD ST. 3RD PLOOR LOLLIPOP THRATRE NETWORK 3470 WILSHIRE BL. #1022 RNSEMBLE STUDIO THEATER LOS ANGELES CONSERVANCY LOS ANGRERS, CA 90025 LOS ANGELES, CA 90046 LOS ANGELES, CA 90014 LOS ANGELES, CA 90010 LOS ANGELES, CA 90004 PILMAID INTERNATIONAL THE FILM POUNDATION HOLLYWOOD, CA 90004 NEW YORK, NY 10010 OUTPEST Part

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

Schedule I-1 (Form 990) 2009

HISTORY OF MOTION

PICTURES

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100001

01-0569203 170(B)(1)(A)(VI)

163 W. 125TH, 9TH PLOOR - NEW

YORK MY 10027

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Department of the Treasury Internal Revenus Service Name of the organization SCHEDULE 1-1 (Form 990)

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.

Open to Public Inspection Inspection C. C. 1 o 1 8 1 6

HOLLYWOOD FOREIGN PRESS	FOREIGN	PRESS ASSOC	ASSOCIATION	had States (Scho	S ASSOCIATION Second Operational to the United States (Schedule (Form 990) Part II.)		95-6191816
							At Distance of cases
(a) Name and address of organization or government	9 9	(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	(n) Purpose of grant or assistance
LACMA 5905 WILSHIRE BLVD., LOS ANORIES CA 90036	95-2264067	501(C)(3)	75000.	0			FOR THE PUBLIC SCREEINGS PROGRAM ONLY
J 🛱 👺 .	95-4514349	501(C)(6)	750.	0			PELLOWSHIPS
AMERICAN CINEMATHEQUE 1800 N. HIGHLAND AVE., STE 717 LOS ANGELES. CA 90028	95-3902004	501(C)(3)	40000.	0.			PORRIGN FILM SYMPOSIUM PROMOFION
1 9 54	65-0823661	501(C)(3)	100000	0			HAITI RELIEF EFFORTS
LANGE POUNDATION 2106 S. SEPULVEDA BLVD. WEST LOS ANGELES. CA 90025	95-4407687	501(0)(3)	1000.	•0			IN NEWORY OF JEAN SIMMONS
	95-4597683	501(0)(3)	1000,	.0			IN THE NEMORY OF DAVID BROWN
	95-4597684	501(C)(3)	1000.	.0			IN THE MEMORY OF PETER GRAVES
NATIONAL PARKINSON FOUNDATION . 1501 NW 9TH AVE. BOB HOPE ROAD	59-0968031	501(C)(3)	1000	0			IN THE MEMORY OF ERICH SEGAL
	uction Act Notice		Instructions for Form 990.				Schedule I-1 (Form 990) 2009

SCHEDULE 1-1 (Form 990)

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

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OMB No 1545-0047 Open to Public Inspection

Schedule I-1 (Form 990) 2009 IN MEMORY OF ANITA WEBER (h) Purpose of grant or assistance **Employer identification number** IN MEMORY OF JOHN IN MEMORY OF LYNN POR HAITI RELIEP OR HAITI RELIEP 95-6191816 PORSYTHE REDGRAVE (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) Ö o Ö ö (e) Amount of non-cash assistance 3000. 10001 750. 1000. 1000 (d) Amount of cash grant For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. HOLLYWOOD FOREIGN PRESS ASSOCIATION (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 95-1643964 34-1994555 26-1939025 95-4742327 94-1170350 (P) EIN AMERICAN RED CROSS OF GREATER LA (a) Name and address of organization or government 1146 N. POINTSETTIA PLACE 1223 WILSHIRE BLVD. #570 WEST HOLLYWOOD, CA 90046 TEAM SURVIVOR CALIFORNIA 4199 CAMPUS DRIVE, #550 THE ACADEMIA POUNDATION AMERICAN CANCER SOCIETY SANTA MONICA, CA 90403 LOS ANGELES, CA 90025 1710 WEBSTER STREET Name of the organization OAKLAND, CA 94612 IRVINE, CA 92612 Department of the Treasury Internal Revenue Service 11355 OHIO AVE. ONEXONE Part I ¥

SCHEDULE O (Form 990)

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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HOLLYWOOD FOREIGN PRESS ASSOCIATION

Employer identification number 95-6191816

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMENT OF MOTION PICTURE, TELEVISION, DRAMATIC, MUSICAL AND COMEDY
THEATER, AND AUDIO VISUAL RECORDING ART FORMS. THE ASSOCIATION IS A
BUSINESS LEAGUE OF JOURNALISTS AND PHOTOGRAPHERS COVERING THE
ENTERTAINMENT INDUSTRY FOR FOREIGN PUBLICATIONS. THE PRESS CONFERENCES
HOSTED BY THE ASSOCIATION HELP STIMULATE AND PROMOTE INTEREST IN THE
MOTION PICTURE, TELEVISION, THEATRICAL ARTS AND VISUAL RECORDING ART
INDUSTRIES IN THE UNITED STATES AND ABROAD. THE ASSOCIATION ANNUALLY
SPONSERS THE GOLDEN GLOBE AWARDS WHICH RECOGNIZE OUTSTANDING
ACHIEVEMENT IN THE FIELDS OF MOTION PICTURES, THEATER, TELEVISION, AND
THE VISUAL AND RECORDING ARTS. THE PUBLICITY GENERATED BY THIS
INTERNATIONALLY RECOGNIZED AWARDS PROGRAM PROMOTES SUCH FIELDS OF
ENDEAVOR.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS 83 ACTIVE,
INDEPENDENT VOTING MEMBERS WHO ARE WRITERS OR PHOTOGRAPHERS IN THE
ENTERTAINMENT INDUSTRY. IN ADDITION, THE ORGANIZATION HAS SEVEN LIFETIME
AND AFFILIATE MEMBERS WHO ARE NOT ACTIVE AND HAVE NO VOTING RIGHTS.
FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S 83 ACTIVE,
INDEPENDENT VOTING MEMBERS ELECT, ANNUALLY, THE OFFICERS OF THE ASSOCIATION
(PRESIDENT, VICE PRESIDENT, TREASURER, AND EXECUTIVE SECRETARY), AND FIVE
ADDITIONAL MEMBERS TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B: ALL DECISIONS OF THE BOARD OF

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

DIRECTORS, SUCH AS APPROVAL OF THE BOARD'S ELECTION OR REMOVAL OF MEMBERS

932211 02-03-10 Schedule O (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

HOLLYWOOD FOREIGN PRESS ASSOCIATION

Employer Identification number 95-6191816

OF THE BOARD, OR MEMBERS OF THE ASSOCIATION, MUST BE APPROVED BY 2/3 OF THE
VOTING MEMBERS. FINANCIAL EXPENDITURES IN EXCESS OF \$3,000 MUST BE APPROVED
BY THE MAJORITY OF THE VOTING MEMBERS AS WELL.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS SUBMITTED TO THE
FINANCIAL COMMITTEE AND BOARD OF DIRECTORS FOR REVIEW. ONCE APPROVED, THE
RETURN IS SIGNED BY THE PRESIDENT.
FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINIG
COMPENSATION LEVEL GOES THROUGH COMPARABILITY DATA WITH SIMILAR TAX EXEMPT
ENTERTAINMENT RELATED ORGANIZATIONS. ALL COMPENSATION CHANGES MUST BE
APPROVED BY A MAJORITY OF THE VOTING MEMBERS.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFILICT OF
INTEREST, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 2(C)
COMPILED FINANCIAL STATEMENTS:
THE ORGANIZATION'S FINANCIAL COMMITTEE CONFIRMS, ANNUALLY, AN
INDEPENDENT ACCOUNTANT TO COMPILE THE FINANCIAL STATEMENTS. THE
COMPLETED FINANCIAL STATEMENTS ARE REVIEWED BY THE FINANCIAL COMMITTEE,
AND THEN SUBMITTED TO THE BOARD OF DIRECTORS.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{932211}_{ 02-03-10}$

Schedule O (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

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

2009 Open to Public Inspection

OMB No 1545-0047

► Attach to Form 990.

HOLLYWOOD FOREIGN PRESS ASSOCIATION

Employer identification number 95-6191816

Direct controlling entity

ε

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End-of-year assets Total income 9 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Pari

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.) Part #

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charty status (if section 501(c)(3))	(f) Direct controlling entity
HOLLYWOOD FOREIGN PRESS ASSOCIATION CHARITABLE TRUST - 95-6191816, 646 NORTH CHARITABLE TRUST - 95-6191816, 646 NORTH ROBERTSON BLVD. WEST HOLLYWOOD CA 90069 RELATED ORGANIZATIONS	CHARITIES TO ENTERTAINMENT RELATED ORGANIZATIONS	CALIPORNIA	501(C)(3)	SUPPORT ORGANIZATION	N/A

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

Schedule R (Form 990) 2009

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95-6191816

Page 2

Schedule R (Form 990) 2009 HOLLYWOOD FOREIGN PRESS ASSOCIATION

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Part ill 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.)

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 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.) Ê amount in box n 20 of Schedule L K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Yes Ê Share of total income Share of end-of-year assets 3 Type of entity (C corp, S corp, or trust) 1 Share of total income (d)
(d)
(d)
(d)
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514) Û Legal domicile (state or foreign country) 9 (d) | Direct controlling | Primary activity Legal domicile (state or breign country) Û Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 832162 07-21-10 Part IV

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

		\vdash
Note. Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule.		162
1 Dufing the tax year, did the organization engage in any or the following transactions with one or invertigated organizations is seen in race in viv.		X
		×
		T P
		Te X
f Sale of assets to other organization(s)		*
g Purchase of assets from other organization(s)		X gt
h Exchange of assets		- - -
i Lease of facilities, equipment, or other assets to other organization(s)		× =
i Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
I Performance of services or membership or fundraising solicitations by other organization(s)		1 X
m Shanng of facilities, equipment, mailing lists, or other assets		X X
n Sharing of paid employees		X x
o Reimbursament paid to other organization for expenses		ot X
p Reimbursement paid by other organization for expenses		T _p
		2 t
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	nsaction thresholds.	
1	æ	(5)
Name of other organization(s)	Transaction type (a-r)	Amount involved
(1) HOLLYWOOD FOREIGN PRESS ASSOCIATION CHARITABLE TRUST	В	1294000.
(4)		
(9)		
31	Scho	Schedule R (Form 990) 2009

Part Vf Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

q) (e)	(9)	(c)	9	(9)	ε	(6)	Ê
Name, address, and EIN	Primary activity	nicile	Are all pertners section 501(c)(3)	Share	ģ . Š	Code V-UBI amount in box 20	General or managing
(aug)			Yes No			or schedule K-1 (Form 1065)	
,							
							1
							+
				-			
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							<u> </u>
							<u>.</u>
						ï	=
							-
						Schedule R (Form 990) 2009	990) 2009

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property) Separate instructions. Attach to your tax return.

► See separate instructions.

OMB No 1545-0172

Attachment Sequence No 67 identifying number

Business or activity to which this form relates

990

HOI	LLYWOOD FOREIGN PRE	<u>SS ASSOCI</u>	ATION	FOR	<u>м 9</u>	90 PA	GE 10_			<u>95-6191816</u>
Par	t Election To Expense Certain Prope	rty Under Section 1	79 Note: <i>If yo</i>	ou have any lis	ted pr	operty, co	mplete Part	V before	you	
1 N	faximum amount. See the instructions	s for a higher limit	for certain b	usinesses				1		250000.
2 T	otal cost of section 179 property plac	ed in service (see	Instructions)				2		
3 T	hreshold cost of section 179 property	before reduction	in limitation					3	\perp	800000.
4 R	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ent	er -0-				4		
5 D	oller limitation for tax year. Subtract line 4 from line	e 1 lf zero or tess, enter	-0- If married fil	ing separately, see	instruct	oons		5		
6	(a) Description of pr	roperty		(b) Cost (busine	859 USB	only)	(c) Electe	d cost	╛	
									_	
									_	
									_	
7 L	isted property. Enter the amount from	ı lıne 29				7				
8 T	otal elected cost of section 179 prope	erty. Add amounts	s in column (c), lines 6 and	7			8		
9 T	entative deduction. Enter the smaller	of line 5 or line 8						9	\perp	
10 C	Carryover of disallowed deduction from	n line 13 of your 2	008 Form 45	62				10	<u> </u>	
11 E	Business income limitation. Enter the s	mailer of business	s income (no	t less than zer	o) or li	ne 5		11	4	
12 S	Section 179 expense deduction. Add l	ines 9 and 10, but	do not ente	r more than lin	ne 11			12	!	
13 C	Carryover of disallowed deduction to 2	010. Add lines 9 a	and 10, less	line 12	<u> </u>	13				
	: Do not use Part II or Part III below fo	r listed property. I	nstead, use	Part V.						
Pa	t II Special Depreciation Allows	nce and Other D	epreciation	(Do not include	de liste	ed proper	ty.)			
14 9	Special depreciation allowance for qua	dified property (otl	her than liste	d property) pla	aced (n service	during		-	
ti	he tax year			•••••				14	4	11057.
15 P	Property subject to section 168(f)(1) ele	ection						15	<u>: </u>	
16 C	Other depreciation (including ACRS)							16	<u> </u>	694.
Pa	MACRS Depreciation (Do no	ot include listed pr)					
			<u> </u>	ection A						
17 N	MACRS deductions for assets placed	in service in tax ye	ears beginnii	ng before 2009	•		. –	_ 17	<u>'</u>	16499.
<u> 18 ır</u>	you are electing to group any assets placed in ser						▶ ∟			
	Section B - Assets		·		Jsing	the Gene	rai Depreci	ation Sy	stem	<u>}</u>
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nivestment use instructions)	(0)	Recovery period	(e) Convention	(f) Metho	đ	(g) Depreciation deduction
19a	3-year property								┸	
<u> </u>	5-year property	_		9756.		YRS.	HY	200D		1951.
c	7-year property			980.	7	YRS.	HY	200D	В	140.
<u>d</u>	10-year property							<u> </u>	\perp	
<u>e</u>	15-year property						<u> </u>		┸	
<u>f</u>	20-year property				ļ		<u> </u>		\perp	
9	25-year property				د ا	5 yrs.		S/L		
					<u> </u>		<u> </u>			
_	Pacification roated property		ļ			7.5 yrs.	ММ	S/L	┸	
h	Residential rental property	/			27	7.5 yrs. 7.5 yrs.	MM MM	S/L S/L		
	· · · · ·	/ /			27	•		1		
h i	Nonresidential real property	/			27 27 3	7.5 yrs. 19 yrs	MM MM MM	S/L S/L		
	· · · · ·	/	During 200	9 Tax Year U	27 27 3	7.5 yrs. 19 yrs	MM MM MM	S/L S/L	yste	m
	Nonresidential real property	/	During 200	9 Tax Year U	27 27 3	7.5 yrs. 19 yrs	MM MM MM	S/L S/L	yste	HTT.
<u>i</u>	Nonresidential real property Section C - Assets	/	During 200	9 Tax Year U	27 27 3 sing t	7.5 yrs. 19 yrs	MM MM MM	S/L S/L S/L clation S	Syste	HTT.
i 20a b	Nonresidential real property Section C - Assets Class life 12-year 40-year	/	During 200	9 Tax Year U	27 27 3 sing t	7.5 yrs. 19 yrs he Altern	MM MM MM	S/L S/L S/L clation S	Syste	m
i 20a b	Nonresidential real property Section C - Assets Class life 12-year	/	During 200	9 Tax Year U	27 27 3 sing t	7.5 yrs. 19 yrs he Altern 2 yrs.	MM MM MM ative Depre	S/L S/L S/L clation \$ S/L S/L	Syste	m
i 20a b c	Nonresidential real property Section C - Assets Class life 12-year 40-year	/ // // Placed in Service	During 200	9 Tax Year U	27 27 3 sing t	7.5 yrs. 19 yrs he Altern 2 yrs.	MM MM MM ative Depre	S/L S/L S/L clation \$ S/L S/L		rm .
i 20a b c Pa	Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instructions.)	/ / / / Placed in Service			27 27 3 sing t	7.5 yrs. 19 yrs he Altern 12 yrs. 10 yrs.	MM MM MM ative Depre	S/L S/L S/L clation S S/L S/L S/L S/L		11 - 1
i 20a b c Pa 21 I 22 1	Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instructions.)	Placed in Service / e 28 14 through 17, in	nes 19 and 2	0 in column (g	27 27 3 sing th	7.5 yrs. 19 yrs the Altern 12 yrs. 10 yrs.	MM MM MM ative Depre	S/L S/L S/L clation S S/L S/L S/L S/L		
20a b c Pa 21 1	Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from lin Total. Add amounts from line 12, lines	Placed in Service / Placed in Service / e 28 14 through 17, irr	nes 19 and 2	0 in column (g and S corpora	27 27 3 sing th	7.5 yrs. 19 yrs the Altern 12 yrs. 10 yrs.	MM MM MM ative Depre	S/L S/L S/L clation S S/L S/L S/L S/L S/L		30341.
20a b c Pa 21 1 22 1	Nonresidential real property Section C - Assets Class life 12-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from lin Total. Add amounts from line 12, lines Enter here and on the appropriate line For assets shown above and placed in portion of the basis attributable to sec	Placed in Service / Placed in Service / e 28 14 through 17, irr s of your return. P	nes 19 and 2	0 in column (g and S corpora	27 27 3 sing th	7.5 yrs. 19 yrs the Altern 12 yrs. 10 yrs.	MM MM MM ative Depre	S/L S/L S/L clation S S/L S/L S/L S/L S/L		11

·	n 4562 (2009) Listed Proper	ty (include a	utomobiles, cer								rs, and			or enterta	_
	recreation, or a Note: For any through (c) of S	vehicle for wi	hich you are us of Section B, a	ing the and Sec	standard tion C if	i mileage applicat	e rate or ble.	deduc	cting lease	expens	e, comp	leteonly	24a, 24	b, colum	ns (a)
	Section A	- Depreciati	on and Other I	nforma	ition (Ca	ution: S	See the I	nstruc	tions for li	mits for p	passeng	er auton	nobiles)		
<u>24a</u>	Do you have evidence to s	support the bu	siness/investmer	nt use cla	ımed?_	<u> </u>	es	No	24b If "Y	es," is th	e evide	nce writt	en?	Yes _	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	1 01	(d) Cost or her basis	Bas (but	(e) is for depressiness/inve	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation iction	Elec Section Co:	n 179
25	Special depreciation alk	owance for q	ualified listed p	property	placed	ın servic	e dunne	the ta	ax year an	d					
	used more than 50% in										25			<u> </u>	
<u> 26</u>	Property used more that	<u> </u>										r		Γ,	
			%	$\overline{}$					_					ļ	
	· · · · · · · · · · · · · · · · · · ·	 	96									-		 	
	Bronady used 50% or l	200 10 0 0110	fied business i	<u> </u>								<u> </u>		<u> </u>	
21	Property used 50% or le	ess in a quar	med business t							S/L -		1		I	
			94				-			S/L·					
			94				·			S/L·				1	
 28	Add amounts in column	(h), lines 25			e and on	line 21.	page 1			, ., _	28	1		•	
	Add amounts in column	• • •	-				19-					•	29		*******
		•••			3 - Infor	_	on Use	of Veh	nicles						
lf yo	nplete this section for ve ou provided vehicles to y se vehicles.												ng this s	section fo	r
				-	B)		b)		(c)	(6	-	(4	-	(f)	
	Total business/investment		uring the	Vet	ncie	Veh	ncle	<u>v</u>	ehicle	Veh	icle	Veh	ııcle	Vehi	<u>cle</u>
	year (do not include com	• .	-		 					_		 			-
	Total commuting miles	_	' ' I									 			
	Total other personal (no driven	encommuting)) miles												
33	Total miles driven dunn	g the year.													
	Add lines 30 through 32	2					γ			<u> </u>				! ,	
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?							 		-		 		 	
35	Was the vehicle used p		more	i											
•	than 5% owner or relat	•								 		1			
	is another vehicle availa	able for perso	onai		}										
_	use?	Section C	- Questions fo	or Emp	lowers V	/ha Pro	rida Val	l Iclas	for i lee h	v Their F	molove	200		<u> </u>	
Ans	wer these questions to			•	-					-			re not n	nore than	5%
owr	ners or related persons.											_			
37	Do you maintain a writte employees?	en policy sta	tement that pro	ohibits a	ali perso	nai use d	of vehicl	es, Inc	luding cor	mmuting,	by you	r		Yes	No
38	Do you maintain a writte	en policy sta	tement that pro	ohibits d	personal	use of v	rehicles.	excec	ot commut	ina. by y	our				
	employees? See the in:		•	•				-							
39	Do you treat all use of v	ehicles by e	mployees as pe	ersonal	use?										
40	Do you provide more th	an five vehic	les to your em	ployees	, obtain	informat	ion fron	your	employee	s about					
	the use of the vehicles,	and retain th	ne information i	received	1?										
41	Do you meet the require	ements cond	eming qualified	d autom	obile de	monstra	tion use	?							<u> </u>
	Note: If your answer to	<u>37, 38, 39, 4</u>	10, or 41 is "Yes	s," do n	ot comp	lete Sec	tion B fo	r the c	covered ve	hicles.					<u> </u>
P	art VI Amortization				,										
	(a) Description o	of costs		(b) amortzation begins		(C) Amortizat amoun	ote t		(d) Code section	Ì	(e) Amonez penad or pe	nton	A	(f) mortization or this year	
42	Amortization of costs ti	nat begins di			ar:				w			1			
					┼──			+							
43	Amortization of costs to	hat began be	fore your 2009	tax yea	<u>.</u> 3r			L				43			
	Total. Add amounts in	-	•	-		o report						44			
916	252 11-04-09						43							orm 456 2	2 (2009

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Asset	Description	₹	Date Acquired	Method	Life	e S	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS						<u>-</u>						***************************************
30	SBBUILDING	90	30899DS		40.0017	2	105170.			105170.	26291.		2629.
9	NTS	[PLUMB0824	<u> </u>	9ADS 4	40.0017	- 1	6875.	**		6875.	1699.		172.
61	Leasehold Improvements	(ELECTO81999ADS	11999A		40.0017		7097.	••••••		7097.	1750.		177.
67	LEASEHOLD IMPROVEMENTS	[AIR C11	C1111799ADS		40.0017	17	13070.	÷.		13070.	3146.	- 	327.
	NTS	[ROOF]120299ADS	0299		40.0017	13	16500.		`	16500.	3974.		413.
9	NTS	[PAINT121099ADS	1099A		40.0017	17	10235.	****		10235.	2463.		256.
70	LEASEHOLD IMPROVEMENTS	[ELECTI21099ADS	1099		40.0017	17	4468.			4468	1078.		112.
7.1	NTS	[GENER122299ADS	g 5 2 2 9 9 A		40.001	17	40709:			40709.	9710.		1018.
7.	NTS	[ROOF]012600ADS	2600		40.0017		3975.			3975.	936.		.66
79	NTS	[GENERO1]	13100ADS	•	40.001	17	6825			6825.	1616.		171.
80	LEASEHOLD	(FIRE 01	013100ADS		40.0017	2	1300.			1300.	311.		33.
81	LEASEHOLD IMPROVEMENTS	[GENERO 2 2 8 0 0 ADS	2800		40.0017	17	3433.			3433.	805.		86.
8	LEASEHOLD IMPROVEMENTS	[GENERO 32 900 ADS	229003		40.0017	<u> </u>	4569.	*****		4569	1058.		114.
8	NTS	[GENERO 4] 400 ADS	114002		40.0017	17	3021.			3021.	704.		76.
8	LEASEHOLD IMPROVEMENTS	PLUMB060200ADS	05050		40.0017	17	1500.			1500.	345.		ы 8
90	LEASEHOLD IMPROVEMENTS	GENERO 62 60 0 ADS	52 60 02		40.0017	17	4285.	 		4285.	996		107.
.6	LEASEHOLD 92IMPROVEMENTS	(ROOF)110600ADS	0000		40.0017	17	48972.			48972.	10629.		1224.

(D) - Asset disposed

ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Participation Description																				
Parabashon Description D	Current Year Deduction	922.	.76.	142.	17.	48.	មា	27.		88		37.	6	36.			* 6 6	-	53.	
Carlot Bass For	Current Sec 179							-												
LEASEHOLD	Accumulated Depreciation	8321.	680.	1118.	132.	374.	273.	210.	206.	664.	164.	276.	09	266.	540.	182.	523.	224.	236.	
LEASEHOLD	Basis For Depreciation	36867.			674.	1907.	1400.	1065.	1063.	3500.	886.	1462.	300	1428.	2966.	7	3700.	1640.	2101.	
Dascription Date Method Life Life Cost Of Basis	Reduction in Basis																			
LEASEHOLD	Bus % Excl																			
Description Date Method Life	Unadjusted Cost Or Basis	36867;	3049.	5674.	674.	1907.	1400.	1065.	1063,	3500,	886.	1462.	300.	1428,	2966.	1232,	3700.	1640.	2101.	
Description Acquired Method LEASEHOLD	No.	17	17	17	17	17		17		17		17		17		17	77	17	7	
LEASEHOLD LEASEHOLD	Lrfe	0	•	0	40.00	0	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.0017	
LEASEHOLD LEASEH	Method	ADS																		
LEASEHOLD LEASEH	Date Acquired	010100	072500	081001	090601	092501	092601	092601	112101	120601	012302	012302	013102	022202	031402	081303	111303	010704	010705ADS	
HEAT OF THE 3 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO		[GENER	(KITCH	[BRICK	BRICK	[KITCH	CABIN	[SECUR	(SECUR	[KITCH	ritch	[CABIN	[Gener	[GENER	[GENER	[FRONT	[DOOR/	[DOOR/	NI NI	
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Description	LEASEHOLD IMPROVEMENTS	LEASEHOLD IMPROVEMENTS	LEASEHOLD IMPROVEMENTS	LEASEHOLD IMPROVEMENTS	LEASEHOLD IMPROVEMENTS	LEASEHOLD IMPROVEMENTS	LEASEHOLD IMPROVEMENTS	LEASEHOLD IMPROVEMENTS	LEASEHOLD IMPROVEMENTS	LEASEHOLD IMPROVEMENTS	LEASEHOLD IMPROVEMENTS	Leasehold Improvements	LEASEHOLD IMPROVEMENTS	Leasehold Improvenents	LEASEHOLD IMPROVEMENTS	LEASEBOLD IMPROVEMENTS	LEASEHOLD IMPROVEMENTS	LIGHTING SYST 229(LOW VOLTAGE)	
	Asset	93	97	116	117	118	119	120	121	122	123	124	125	126	127	193	194	195	229	

DOORS CONFERENCE Olivery Marcol		· ·								-									
DOORS CONFERENCE Data Life	Current Year Deduction	115.	28.	112.	99	25.	158,	ထ	4	25.	25.	6		61.	172.	4	₩.	27.	106.
DOORS CONFERENCE	Current Sec 179																		
DOORS CONFERENCE	Accumulated Depreciation	484.	113,	443.	245.	68	414	414.	37	53.	S S	100.	82.	104.	280.	227.	227.	35.	128.
Doors (Conference Dote Method Life New Cost Of Bass Excl	Basis For Depreciation	4590.	1100.	4464.	2640.	1000.	6300.	6300.	2150.	1000.	1000		1675.	2450.	6886.	5886.	5886.	1092.	4235.
DOORS (CONFERENCE O41205ADS 40.0017 4590. (2) DOORS (CONFERENCE O41205ADS 40.0017 4590. (2) DOORS O60205ADS 40.0017 4464. INPROVEMENTS:	Reduction in Basis					···													
DOORS (CONFERENCE O4 12 05ADS 40.00 17	Bus % Excl		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	,	•					***************************************		•		······				···········
DOORS (CONFERENCE 04 205ADS 40.00 (2) DOORS (CONFERENCE 04 205ADS 40.00 (2) DOORS 060205ADS 40.00 IMPROVEMENTS: 3 072705ADS 40.00 SHELVES 3 072705ADS 40.00 SEAL, STAIN & PAINT 10206ADS 40.00 SEAL, STAIN & PAINT 11306ADS 40.00 SEAL, STAIN & PAINT 122006ADS 40.00 STAIP & REFINISH 2007ADS 40.00 STRIP & REFINIS	Unadjusted Cost Or Basis	4590.	1100.	4464.	2640.	1000.	6300.	6300.	2150.	1000.	1000	1975.	1675.	2450,	6886.	5886.	5886.	1092.	4235.
Description Date Date Description Decorpsis Ž.	17	11	17		17		17		17	17	17	21			17		17	17	
DOORS (CONFERENCE 041205A 1000RS) 1(2) DOORS 060205B 060205B 060205B 072 705A 105A 105A 105A 105A 105A 105A 105A 1	Lrfe	0	Q	0	40.00	40.00	40.00	0	40.00	0	Φ.	0	40.00		40.00	0	40.00	40.00	40.00
DOORS (CONFERENCOROOM) 1(2) DOORS IMPROVEMENTS: 5SHELVES IMPROVEMENTS: 3 6CIRCUITS—OFFICE 8SEAL, STAIN & PA 1SEAL, STAIN & PA 1STAIL O TILE FL 1STAIP & REFINISH 1STAIL O TILE FL 1STAIL & CEILING 1CUSTOM IRON FENC 1CUSTOM IRON FENC 1CUSTOM IRON FENC 1CUSTOM IRON FENC 1CUSTOM IRON FENC	Method	ADS	ADS	ADS	ADS	ADS	ADS	ADS	ADS	ADS	ADS	ADS	ADS	ADS	ADS	ADS	ADS	ADS	ADS
DOORS (CONFERENCOROOM) 1(2) DOORS IMPROVEMENTS: 5SHELVES IMPROVEMENTS: 3 6CIRCUITS—OFFICE 8SEAL, STAIN & PA 1SEAL, STAIN & PA 1STAIL O TILE FL 1STAIP & REFINISH 1STAIL O TILE FL 1STAIL & CEILING 1CUSTOM IRON FENC 1CUSTOM IRON FENC 1CUSTOM IRON FENC 1CUSTOM IRON FENC 1CUSTOM IRON FENC	Date Acquired	041205	060205	072705	3100705	102506	1110206	1111306	0122006	2050807	3052307	2060507	10711807	101607	1111607	2	122707	032508	040108
23 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3	Description		1(2) DOORS	MENTS	IMPROVEMENTS: 3 TRCUIDS-OFFICE	STAIN &	STAIN &	STAIN &	STAIN &	TILE	ABFANA TILE Berini	TILE	TILE	9CUSTOM IRON FENCE	-25	CUSTOM IRON	IRON	IRON	ᄕ
	Asset	23(23]	26	266	286	285	29(29]	292	29.	294	308	308	31(311	312	314	31

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Current Year Deduction	-05	44.	50.	18.	10508.		•	0	0	Ó	0.	Ó	0	ф	0	Ó	0	Φ
Current Sec 179					0									,				
Accumulated Depreciation	23.	13.	15.	2.	85590.		350.	853*	75000.	900	98179.	964.	1125.	20007	2468.	2347.	700.	1400.
Basis For Depreciation	1995.	1779.	2001.	714.	420036.		350.	853.	75000	*006	98179.	964	1125.	2000	2468.	2347.	700.	1400.
Reduction In Basis					0													
Bus % Excl					. ,		•											
Unadjusted Cost Or Basis	1995.	1779.	2001.	714.	420036.		350,	853,	75000,	900	98179.	964.	1125.	2000.	2468.	2347.	700.	1400.
Š	17	2	17	17	-		17	<u></u>	17	17	17	7	17	17	17	17	17	17
Life	40.001	40.001	40.001	40.001			00.	.00	00.	00.	00.	60.	00.	00	00	.00	00.	.00
Method	ADS	ADS	ADS	ADS			200DB	200DB	20008	20001	200DB	200DB	200DB	200DB	200DB	200DB	20008	200DB
Date Acquired	011409ADS	032309ADS	032309ADS	051809ADS			061693	S083099200DB7	011900200087	0111900	040400200DB7	050200200087	062600200DB7	050301200DB7	REFRIG092801200DB7	022502	030202200087	032802200087
Description	BUFF/RECOAT FLOORING	Z. X.	NI WO		딜	S S	RE & TELEVISIO061693200DB7	E & CDOORBOX	RE &	RE & S [SCREENING0111900200DB7	RE & S	요 요 요 요	RE &	A III S	E & E	1111	RE & S [RUG]	re 4 S [rug]
	SAND BUI	340STOREROOM	SHELVES IN 341STOREROOM	342TOILET	* 990 PAG BUILDINGS	FURNITURE FIXTURES	FURNITURE 34FIXTURES	FURNITURE 63FIXTURES	FURNITURE 76FIXTURES	FURNITURE 77FIXTURES	FURNITURE 83FIXTURES	FURNITURE 85FIXTURES	FURNITURE 88FIXTURES	FURNITURE 9 1FT XTURES	FURNITURE 102FIXTURES	FURNITURE 106F1XTURES	FURNITURE 107FIXTURES	FURNITURE 108FIXTURES
Asset	<u> </u>	Ç		1.4			-	-	_	•	. ,	* ,	~			_	•	

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Current Year Deduction	• 0	•	0.	0	0.	Φ	•	•	62.	7.	.6	24.	44.	178.	119.	14.	30.	43.	
Current Sec 179																			
Accumulated Depreciation	396.	244.	304.	508.	1175.	1491.	230.	168.	1054.	83.	111.	286.	390.	1555.	918.	107.	137.	193.	
Basis For Depreciation	396.	244.	304	208	1175.	1491.	230.	168	1116.	06	120.	310.	501.	2001.	1335.	156.	243.	342.	
Reduction in Basis									478.	.06	120.	310.	501.	2002.					
Bus % Excl	•	*******			***								**		+				
Unadjusted Cost Or Basis	396.	244.	304.	508.	1175.	1491.	230.	168	1594.	180.	240.	620.	1002.	4003.	1335.	156.	243.	342.	
įŠ	17	<u> </u>	17	7.	17	₽	17	11	17	11	17	17	17	17	17	17	17	17	
eg.	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	
Method	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	200DB	
Date Acquired	013102	013102	04 1502	042602200DB7	042602200DB7	061702	062002	062002	032703	052003	052003	052003	091404200DB	112304200DB	081005200DB	1110052000	073106200DB	073106200DB	
Description		136FIXTURES (GLASS-FRA013102200DB	FURNITURE & 137FIXTURES [PHOTO FRA041502200DB7	& [MTRRORS]	FURNITURE & 139FIXTURES [LAMPS]	FURNITURE & 140FIXTURES [PHOTO FRA061702200DB	FURNITURE & FIXTURES [OFFICE DE062002200DB7	فستا	FURNITURE & 144FIXTURES [PATIO CAN032703200DB	FURNITURE 6 146FIXTURES [CURVED SI052003200DB	FURNITURE & 147FIXTURES [ROSE POTS052003200DB]	FURNITURE 6 148FIXTURES [WATER FOUR52003200DB	SIGN (INSTALLATION 196LUNCHEON)	DESK (VICE 197PRESIDENT)	232WINDOWS CURTAINS	TV STAND	280FLOOR LAMP	2812 FLOOR LAMP	
Asset	135	136	137	138	139	140	141	142	144	146	147	148	196	197	232	233TV	280	281	
-																			

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

262FLOOR LAMP 122666200DE7.00 17 175. 199. 199. 199. 22. 307FLOOR LAMP 122666200DE7.00 17 136. 68. 68. 68. 24. 13.																				
Paccepton Date Da	Current Year Deduction	22.	13.	420.	6	800	320.	2134			Ó	o	Ó	0	6			0	0	
ENGINEER Page-region Page Pag	Current Sec 179							0.										•		
Description Description	Accumulated Depreciation	.66	24.	1411.	-					.066	13279.	667.	3410.	4071.	3686.	1407.	444.	250.	1049.	
DESCRIPTION LAMP	Basis For Depreciation	175.	68.	2880.	118.	700.	280.		-	.066	13279.	667.		4071.	3686	1407.	444.	250.	1049.	
Pescription Date Date Life Life Cost Or Base	Reduction in Basis	***	68		119.	700.	280.	4668.				*****		• • • • • •		•••		250.	450.	
Description Date Method Life Week Constitution Life Method Life Week Constitution Life L	Bus % Excl			***		*	**********						***************************************							
Description Date Method Life Tricor Lamp 122606200DB7.00 12260C0DB7.00 12260C0	Unadjusted Cost Or Basis	175.	136.	2880.	237.	1400.	560.	205905.		.066	13279.	667.	3410,	4071.	3686.	1407.	444.	500.	1499.	
Date Date Date Life	ş Ş2	17					200								<u>}~</u>	17				
Description 2FLOOR LAMP 3AIR CONDITIONER 6FLOOR LAMP BLINDS FOR OFFICE 3DOOR * 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY & EQUIPMENT C.T.F EQUIPMENT C.T.F EQUIPMENT VIDEO EQUIPMENT VIDEO EQUIPMENT VIDEO EQUIPMENT 6[PROJECTOR] 2C.T.F. EQUIPMENT VIDEO EQUIPMENT VIDEO EQUIPMENT VIDEO EQUIPMENT 6[PROJECTOR] C.T.F. EQUIPMENT 6[PROJECTOR] C.T.F. EQUIPMENT 6[DEPOSIT ON PHONE S COMPUTER EQUIPMENT 6[TRANSCRIBER/MICROP OFFICE EQUIPMENT 1][LAPTOP]	Life		00.	00.	.00	00.	00.			00.		00.	00.	00.			00.	00.	00.	
Description 2FLOOR LAMP 3AIR CONDITIONER 6FLOOR LAMP BLINDS FOR OFFICE 3DOOR * 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY & EQUIPMENT C.T.F EQUIPMENT C.T.F EQUIPMENT VIDEO EQUIPMENT VIDEO EQUIPMENT VIDEO EQUIPMENT 6[PROJECTOR] 2C.T.F. EQUIPMENT VIDEO EQUIPMENT VIDEO EQUIPMENT VIDEO EQUIPMENT 6[PROJECTOR] C.T.F. EQUIPMENT 5[LAPTOP] C.T.F. EQUIPMENT 6[TRANSCRIBER/MICROP OFFICE EQUIPMENT 5[LAPTOP] C.T.F. EQUIPMENT 5[LAPTOP] C.T.F. EQUIPMENT 6[TRANSCRIBER/MICROP OFFICE EQUIPMENT 1][LAPTOP]	Method	2000	E0002	200DB	E0005	300DB	E0002		**********	200DB	200DB	200DB	E0005	200DB	EG002	200DB	EG003	200DB	200DB	
Description 2FLOOR LAMP 3AIR CONDITIONER 6FLOOR LAMP BLINDS FOR OFFICE 3DOOR * 990 PAGE 10 TOTA * 1000R Date Acquired	122606	012408	012407	0126092	071709				111599	111699	121599	011100	072600	092901	010702	082101	0620032	012703		
343 313 343 344 344 344 344 313 103 103 1103 1	Description		FLOOR LAMP	AIR CONDITIONER		2	DS FOR	भ	MACHINERY 6 EQUIPMENT	C.T.F EQUIPMENT	PROJECTOR 1		(DVD SYSTEM)			× — (C.T.F. EQUIPMENT [TRANSCRIBER/MICROF	ON PHONE	œ	
	Asset	282	307	313	336	343	344			65	99	72	74	96	103	105	110	155	101	

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Current Year Deduction	0	Ó	0	0	0	0	0	o o	0	7.	16.	12.	24.	22.	11.	53.	53.	11.6
Current Sec 179				********		*********						***************************************						
Accumulated Depreciation	1707.	703.	1073.	232.	162.	4902.	373.	349.	974.	108.	259.	202.	389.	353.	188.	867.	867.	178.
Basis For Deprectation	1707.	703.	1073.	232.	162.	4902	373.	349.	974.	115.	275.	214.	413.	375.	199.	920.	920	189.
Reduction in Basis	731.	704.	1074.	233.	163.	4902.	374.	349.	974.	116.		.,,		375.	200-	920.	920.	190.
Bus % Excl					··· •			*********		-		••••••			 ,		·	
Unadjusted Cost Or Basis	2438.	1407.	2147.	465	325	9804	747.	.869	1948.	231.	275.	214.	413.	750	399	1840-	1840;	379.
No	17	<u></u>	17	17	17	17	17	2	17	<u> </u>	17	17	17	17	17	2.1	17	17
Lfe	00.	00.	00.	80.	00.	00.	00.	.00	00.	00.	.00	.00	00.	00.	00.	.00	00.	.00
Method	00DB5	Sadoo	00085	00DBS	00085	00DBS	00DB5	00025	00DB5	Sadoo	00085	00085	00DB5	00085	00DB5	00085	00085	99000
Date Acquired	121102200DB5	091803200085	012904200DB5	012904200085	022504200DB5	070803200DB5	073103200DB5	0331042	022504200DB5	121604200DES	022305200DB5	0324052	SYSTE0 42805200DB5	073004200DBS	112904200DB5	121604200DB5	121604200DB5	122004200DBS
Description	EQUIPMENT	EQUIT FEET NEWS	EQUIPMENT.	COMPUTER SCOTFEENT [PRINTER]	RIVES]	SYSTEM!	EXOLEMENT SR]	CARD	VIDEO EQUIPMENT 192[PROJECTOR]	198VACUUM CLEANER	200polly (OFFICE)	201TRANSMITTER & HEADBO32405200DB5	202TRANSCRIPTION SYSTE	NT)	R (VICE ENT)	PTOP COMPUTER (1	2)	BACKUP DRIVE (FOR 210SERVER)
Asset No	171	174	179	181	183	185	186	191	192	861	200	201	202	204	207	208DF	LAL 2090F	210

(D) - Asset disposed

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Description Description																				
Description Description	Current Year Deduction	31.	37.	Ŋ	9	12.	12.	31.	41.	15.	10.	167.	سا دی		15.	24.	42.	35.	82.	
Description Date Description Date Description Date Description Date Description Date Description Date Description Description Date Description Descrip	Current Sec 179																			
The computer Description Description Acquired Method Life Cost Of Bases Exc. Reasts Description Acquired Method Life Cost Of Bases Accumulated Depreciation	505.	612.	81.		202.		7	O)	108.	70.	1202.	S	135.	108	172.	301.	249.	588.	i i	
Description California Date Method Life No. Cost Or Bass Excl 11_LASER COLOR PRINTER(0 0 40 52 0 0 DBS . 00 17 536 .	Basis For Depreciation	536.	649	86.	97.	1	202.	9	359.		ဆ	45	4777.	163.	130.	208.	364	301.	711.	
Description	Reduction in Basis																			
11LASER COLOR PRINTER010405200DB5.00 17 536 549 12LASER COLOR PRINTER012605200DB5.00 17 649 15 15 15 17 649 16 17 649 17 18 18 18 18 18 18 18	Bus % Excl								i									•		
Description Description Date Method Life	Unadjusted Cost Or Basis	536.	649.	86.	97.	214.	202.	269.	59		85.	1453.	4777.	163.	130.	208,	364.	301.	711.	
Description Date Method	S S																		17	
11LASER COLOR PRINTER MEMORY CARD 15(COMPUTER) COMPUTER NETWORK 22CARD 23EPSON SCANNER PRINTER (MANAGING 24DIRECTOR) 34TRANSCRIBER 37DS 360 DISC SHREDDER HAWKING BROADBAND 38BOOSTER COMPUTER-IMAC COMPUTER-IMAC COMPUTER EQUIPMENT 41[SERVER] HARD DRIVE (PHOTO 4 3STORAGE) 4 5TRANSCRIBER MONITOR (LCD 19" 4 73EM) PRINTER (BROTHER 4 13EM)	Life			•			•	_		•				_	•	•			5.00	
11LASER COLOR PRINTER MEMORY CARD 15(COMPUTER) COMPUTER NETWORK 22CARD 23EPSON SCANNER PRINTER (MANAGING 24DIRECTOR) 34TRANSCRIBER 37DS 360 DISC SHREDDER HAWKING BROADBAND 38BOOSTER COMPUTER-IMAC COMPUTER-IMAC COMPUTER EQUIPMENT 41[SERVER] HARD DRIVE (PHOTO 4 3STORAGE) 4 5TRANSCRIBER MONITOR (LCD 19" 4 73EM) PRINTER (BROTHER 4 13EM)	Method	200DB	EG00 3	00DB	ad003	000B	E0005	00DB	E0005	000B	E 000	SOODE	ad003	SOODB	ad003	200DB	E0003	200DB	EGO0:	
11LASER COLOR 12LASER COLOR 12LASER COLOR 15(COMPUTER NET 22CARD 23EPSON SCANNE 24DIRECTOR) 34TRANSCRIBER 364 CORDLESS E HAWKING BROA 38BOOSTER 40COMPUTER-IMA COMPUTER-IMA COMPUTER EQU 41[SERVER] HARD DRIVE (43STORAGE) 41LAPTOP ADAPT 45EM) PRINTER (BRC 47GEM) PRINTER (BRC 47GEM) PRINTER (BRC 47GEM) PRINTER (BRC 47GEM) PRINTER (BRC 48HP-5250DNT)	Date Acquired	010405	012605	032205	052405	052705	053105	072505	120905	032006	092105	082205	101305	022706	030806	031606	040606	906050	062606	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Description	COLOR		MEMORY CARD (COMPUTER)	COMPUTER NETWORK	EPSON SCANNER	PRINTER (MANAGING DIRECTOR)	TRANSCRIBER	CORDLESS	DISC	HAWKING BROADBAND BOOSTER	COMPUTER-IMAC		HAKD DKIVE (FHOTO STORAGE)	LAPTOP ADAPTER		•	PRINTER (BROINER HP-5250DNT)	MEMONX CAKU ((COMPUTER)	
	Asset	211	212	215	222	223	224	234	236	237	238	240	241	243	244	245	247	248	249	2

	RECORDER (OLYMPIIS				T	-					
250	مَ	060106200DB5	200DB	00.5	17	320		-	320.	265.	37
251	251COMPUTER FLASH CARDO92105200DB5	092105	200DB	5.00	7.7	74.			74.	61.	0
263	263PLAZMA TV 42"	101905200DB5	200DB	5.00	17	2716.			2716.	2247.	 313
264	DISK COPIER-PRIMERA 264BRAVO II DISC PUBL	022806200085	2000E	2.00	17	1754	**********		1754	1451	202
267	267COMPUTER EQUIPMENT	092706200DB5	200DB	00.5	17	1482	**		1482.	1055.	 171
268	BACKUP HAKU UKLVES 268(SERVER)	101206200085	3000Z	90.5	17	673.	••••		673.	479.	78
269	269MAC/BACKUP	102506200DB5	200DB	2.00	17	186.	•		186.	133.	 21
270	t f1	122606200055	20002	5.00	[~ pref	206,			206.	147.	24
271	PRINTER (MAGICOLOR 2712550)	011807200DB5	200DB	00.5	17	498.	**		498.	355.	 57
272	272USB DRIVER	0129072000	3000Z	5.00	<u> </u>	278.			278.	198.	32
273	273BELKIN/INTERNET	022707200BB	200DB	5.00	17	161.			161.	115.	18
274	274MONITOR	031907200DBS	E0002	2.00	7.	307.			307	218.	36
275	POWER 275BACKUP/BATTERY	05 1807200DB5	200DB	00.5	17	87.	**		87.	62.	 10
283	2832 DIGITAL RECORDERSO92706200DES	092706	EG002	5.00	7	633.			633.	451.	73
284	284NESPRESSO MACHINE	122606200DBS	200DB	00.5	17	377.			377.	268.	44
285	285PHONE (PANASONIC)	0129072000	E 0002	00.5	7.7	304.			304.	216.	35
286	286SYSTEM (PHOTOGRAPHY030507200DB5	030507	200DB	00.	17	161.			161.	115.	 18
295	AND AND DEVENOR 295PRINTER	101007200085	超000 2	.00	2	527.			527.	290.	95

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335BACKUP HAND DRIVES 0623092000BS.00 17 360. 180. 180. 180. 36. 58. 337BLUETOOTH AND DRIVES 0623092000BS.00 17 20. 10. 10. 10. 2. 3. 3. 337BLUETOOTH CHAIN DRIVES 0623092000BS.00 17 20. 10. 10. 10. 2. 3. 3. 345VOIP PHONE 0623092000BS.00 17 20. 340. 39. 40. 40. 39. 40. 39. 40. 40. 39. 40. 40. 39. 40. 40. 39. 40. 40. 39. 40. 40. 40. 40. 40. 40. 40. 40. 40. 40																			
Control Bear Cont	Current Year Deduction	58			48	20.	6775.	-86	85.	179.		6	610.	364.	O	9			164
Coeff Charge Coef	Current Sec 179																		
SBACKUP HARD DRIVES O62309200DB5.00 17 360. 180. Opposition Deprecation Accumulated Depreciation	36.																		
SBACKUP HARD DRIVES 062309200DB5.00 17 360. 17 360. 18 18 18 18 18 18 18 1	Basis For Depreciation	180.	22.		O	17.	5646.	81.		148.	777	2	508	0	162.	38.	183	342.	136.
Date Description Date Method Life Wee Cost Of Basis	Reduction In Basis	180.	22.	10.	40.	17.	5646.	82.	71.	149.	77.	576.	508.	303.	9	38.	184.	343.	137.
SBACKUP HARD DRIVES 062309200DB5.00 17	Bus % Excl		***************************************		********			1	' :!!!		*********	**		***	**********		******		
SBACKUP HARD DRIVES 062309200DB5.00 1	Unadjusted Cost Or Basis	360.	44.	20.	79.	34.	11292.	163.		6	ιĊ		1016.	909	325,	76.	367.	685.	273.
Date Date Date Method Life	Ŝŝ				19B														198
Description SBACKUP HARD DRIVES TELUETOOTH SCELLULAR PHONE FOOT PEDAL FOR STRANSCRIBING MACHIN 6VOIP HEADSET TVOIP PHONES 8TAPE RECORDER 9BLUETOOTH-PRESIDENT NESPRESSO MACHINE O(CK #22703) VOIP 1PHONE-EXECUTIVE SEC NEXTIVA-NEW PHONE 2SYSTEM 3VOIP-OFFICE MONITOR AND POWER 4BACKUP 52 MONITORS WIRELESS ADAPTER 6FOR PC 7DSL ROUTER COMPUTER EQUIPMENT 8(CK #22286) EPSON SCANNER (CK	Lrfe	•	•	•	•	•	•	•	•	•	•	•	00.	00.	.00	00.	00.	00.	00.
Description SBACKUP HARD DRIVES TELUETOOTH SCELLULAR PHONE FOOT PEDAL FOR STRANSCRIBING MACHIN 6VOIP HEADSET TVOIP PHONES 8TAPE RECORDER 9BLUETOOTH-PRESIDENT NESPRESSO MACHINE O(CK #22703) VOIP 1PHONE-EXECUTIVE SEC NEXTIVA-NEW PHONE 2SYSTEM 3VOIP-OFFICE MONITOR AND POWER 4BACKUP 52 MONITORS WIRELESS ADAPTER 6FOR PC 7DSL ROUTER COMPUTER EQUIPMENT 8(CK #22286) EPSON SCANNER (CK	Method	200015	200DB	200DB5	200DB	200DB5	200DB	200DB5	200DB	200DB5	200DB5	200DB5	200DB5	200DB5	2000E	200DB5	200DE	200DB5	200DBS
335BACKUP HARD DRIVES 337BLUETOOTH 336CELLULAR PHONE FOOT PEDAL FOR 345TRANSCRIBING MACHIN 346VOIP HEADSET 347VOIP PHONES 349BLUETOOTH-PRESIDENT NESPRESSO MACHINE NESPRESSO MACHINE 350(CK #22703) VOIP 351PHONE-EXECUTIVE SEC NEXTIVA-NEW PHONE 352VOIP-OFFICE MONITOR AND POWER 353VOIP-OFFICE MONITOR AND POWER 355C MONITORS WIRELESS ADAPTER 356FOR PC 357DSL ROUTER COMPUTER EQUIPMENT 358(CK #22286) EPSON SCANNER (CK	Date Acquired	062309	062309	062309	121809	052410	012210	030910	012210	061810	051410	111009	031110	121409	121609	100909	012210	102009	092209
85	Description	HARD	BLUETOOTH	CELLULAR PHONE	FOOT FEDAL FOR STRANSCRIBING MACHIN			TAPE RECORDER	BLUETCOTH-PRESIDENT	NESPRESSO MACHINE (CK #22703)	PHONE-EXECUTIVE SEC	NEXTIVA-NEW PHONE SYSTEM		K AND	Z MONITORS	WIRELESS ADAPTER FOR PC		COMPUTER EQUIPMENT	SCANNER (CK
	Asset	335	337	338	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359

928102 08-24-09

(D) - Asset disposed

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2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Year	.99	97.	33.	149.	620.	243.	264.	130.	119.	16697.		ó	0	***	0	o o	0	0	duction
Current Year Deduction										16									dization De
Current Sec 179	•									Ö			0						ercial Revita
Accumulated Depreciation										64854.			0		300.	604	72.	72.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Basis For Depreciation	55.	80	27.	124.	516.	202.	219.	108.	.66	84986.		1998235.	1998235.		300.	604.	73.	72.	Section 179, Salva
Reduction in Basis	55.	83.	28.	124.	517.	203.	220.	108.	.66	28548.		•	0			259.	32.	31.	• ITC,
Bus % Excl	•				· · · · · · · · · · · · · · · · · · ·	**********						******			•	Hun		***********	
Unadjusted Cost Or Basis	110.	161.	55.	248.	1033.	405	439.	216.	198.	113534.		1998235.	1998235.		300.	863.	105.	103.	(D) - Asset disposed
Š	19в	198	19B	198	19B	19日	19B	19日	19B						17	91	16	91	
₽	00.5	00.5	00.5	00.5	2.00	00.5	00.5	00.5	2.00						5.00	3.00	3.00		
Method	адоо	EG00 0	000B	H 000	E G000	adoo	000B	9000	000B	*********		_		•••••••••	900DB				
Date Acquired	1110092	0524102	052410200DB5	0717092	012210200DB5	051210200085	091709200DB5	050410200DB5	052410200DB			1660E90			0 1 2 9 0 2 2	121102EL	121102SL	121102SL	
Description	360MONITOR (CK #22323)111009200DB5	361SCANNER EXPRESS/USB052410200DB5	362SERVER DATA BACKUP		COMPUTER EQUIPMENT 364 (CK #22444)	365SMALL NOTE BOOK	366EXTERNAL BACK-UP	PRINTER (KODAK 367ESP-7250)	COLOR 368PRINTER/DIRECTOR	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM	LAND	LAND	* 990 PAGE 10 TOTAL LAND	MANAGEMENT AND	COMPUTER SOFTWARE 134FMICROSOFT WINDOWS 1012902200DB5	COMPUTER SOFTWARE	COMPUTER SOFTWARE	COMPUTER SOFTWARE	
Asset	360	363	362	362	364	365	366	36.	398			ည်			134	15	157	30	828102 06-24-09

Asset	Description	Date N Acquired N	Method	Lrfe	ੂੰ S	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
159	OMPUTER 7.	121102SL		3.00	16	167.		•05	117.	117.		0.
160	160[ANTI-VIRUS]	012703SL		3.00	36	400*		120.	280.	280.		0
164	164[QUICKBOOKS]	022603SL		3.00	16	433.		130.	303.	303.		0
165	165[QUICKBOOKS]	022603SL		3.00	9	429.		129.	300	300*		0
167	OFFICE	X042803SL		3.00	16	509.	-	153.	356.	357.		0
168		051603SL		3.00	91	180.		.06	-06	•06		0
169	FLASH MX	042103SL		3.00	16	441.		132.	309.	309.		0
172	COMPUTER SOFTWARE	082803SI		3.00	16	504.		252.	252.	252.		Ó
173		082803SL		3.00	16	119.	=	.09	59.	59.		o
175	175[ANTI-VIRUS]	092903EL		3.00	16	225.		113.	112.	112.		Ó
176	176[ANTI-VIRUS]	102903SL		3.00	16	197.		.66	.86	.86		•
178	178COMPUTER SOFTWARE	122303EL		3.00	16	376.		188.	188.	188		¢
180	180COMPUTER SOFTWARE	012904SL		3.00	16	295.	***	148.	147.	147.		0
182		012904SL		3.00	31	250.		125.	125.	125.		¢
184	184[SONICWALL]	051804SL		3.00	16	999		333.	333.	333.		0
205		073004SL		3.00	16	37.		19.	8	18.		Ö
206		112904SL		3.00	16	49.		25.	24.	24.		o
213	(PRESIDENT'S	PHONE) 012 605 SI		3.00	16	30,			30.	30.		0
928102					ξ	(D) . Asset disposed		: :	Section 170 Salvada		mornial Bourta	contention Boundation of a contention

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

Current Year Deduction	0	0	0	0	0	\Diamond	0	Ø	0	0	0	0	0	0	0	0	0	0	₹
			s.m	.41111111		***************************************			****			-	···						alization Deduc
Current Sec 179																			imercial Revita
Accumulated Depreciation	64.	40*	149.	138.	17.	126.	40.	303.	100.	162.	141.	. 80.	40.	30.	32.	159.	29.	30.	age, Bonus, Con
Basis For Deprectation	64.	40	149.	138	17.	129.	40.	303.	100.	162.	141.	80.	40.	30.	32.	159.	29.	30.	• ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Reduction In Basis																			• ITC
Bus % Excl			•												-				
Unadjusted Cost Or Basis	64.	40.	149.	138	17.	129.	40.	303.	100.	162.	141.	80.	40.	30.	32.	159.	29,	30,	(D) - Asset disposed
	16	36	16	36	16	16	16	91	16	16	16	91	16	9 <u>T</u>	16	36	16	16	<u>©</u>
-	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	
Method	1	# <u>;</u>	ĭ	ij	ı,	11	ij	;;	ij	; ;	ĭ	; ;	Ţ	13	Ţ,	**	1,	3.2.	
Date Acquired	032205SL	032405EL	032405	042805SL	042805SL	053105SL	062805EL	062805SL	071405SL	110205EL	111605SL	121505EL	012606SL	012606SL	021706SL	021706SL	030606SL	041706SL	
1 8 1	214AUTORUN SOFTWARE	216COMPUTER SOFTWARE	217ACROBAT 7.0 UPGRADE032405SL	218ACROBAT 7.0	219COMPUTER SOFTWARE	225COMPUTER SOFTWARE		Ω	COMPUTER SOFTWARE -	253COMPUTER SOFTWARE				H		24		Computer Software	
Asset	214	216	217	218	215	225	22.	228	252	253	254	255	256	257	258	255	260	261	928102 08-24-09

Asset	Description	Date Acquired	Method	Life	S S	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
262	COMPUTER 262SOFTWARE-VISUALIZAT092705SL	092705		3.00	16	20.			20.	20.		0
276	276EXPRESSION WEB	052307SL		3.00	3 6	-96			96	.69		27.
277	277piskeeper 2007	062707SL		3.00	16	193.			193.	133.		.09
278	278ADOBE	022707SL		3.00	91	672.			672.	541.		* # 8. #
279	279TRANSCRIPT SOFTWARE022707SL	022707		3.00	16	40.			40.	32.		&
316	316SOFTWARE FOR OFFICEO71408SL	071408		3.00	16	40.		20.	20.	7.		
317	317SOFTWARE FOR OFFICE071408SL	071408		3.00	16	50.		25.	25.	æ		80
318	•	120808EL		3.00	16	195.		98.	. 1.6	19.		32.
319		120908SL		3.00	16	897.		449.	448.	87.		149.
320	SOFTWAKE DK1 32030—FTP"	121608SL		3.00	36	39.	.,!!!!	20.	Oi m	47		Ó
321		121608SL		3.00	16	.09		30.	30.	9		10.
322	SUFTWAKE FOR GOLDEN 322GLOBE	121608SL		3.00	91	598.		299.	299.	88		100.
323	323SOFTWARE "ADOBE"	012609SL		3.00	16	199.		100.	.66	17.		33.
324	324SOFTWARE "LOGMEIN"	012609SL		3.00	91	75.		38.	37.	ý		12.
325		022509SL		3.00	16	70.		35.	35.	'n		12.
326	4	TS6061E0		3.00	91	48.		24.	24	m		\$
327		062309SL		3.00	16	109		55.	54.	2		18.
369	"AVIRA" ANTIVIRUS 369SOFTWARE	012210SL		3.00	9 1	20.		10.	10.			12.

2009 DEPRECIATION AND AMORTIZATION REPORT

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Current Year Deduction	249. 44. 36. 30341.
Current Sec 179	0 0
Accumulated Depreciation	6887.
Basis For Depreciation	195. 37. 30. 8388.
Reduction In Basis	38. 35. 3989. 37205.
Bus % Excl	
Unadjusted Cost Or Basis	390. 75. 12377. 2750087.
Ling	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Life	3.00
Method	
Date Acquired	091709SL 012210SL 021810SL 121809SL
Description	370INTUIT QUICKBOOKS "LOGMEIN" (CK 372#2247) "LOGMEIN" (CK 373#22393) * 990 PAGE 10 TOTAL MANAGEMENT AND GEN * GRAND TOTAL 990 PAGE 10 DEPR
Asset	370 372 373

(D) · Asset disposed 32 • 16

statement to Internal Revenue Service Hollywood Foreign Press Association Charitable Trust (the Trust) EIN 95-3735188

This statement responds to the IRS notice dated July 26, 1999. As described below, the Trust and the Hollywood Foreign Press Association (the Trust's parent corporation) properly filed a combined Form 990 for all years. The sole function of the Trust is to make charitable distributions of funds received from its parent the Hollywood Foreign Press Association (HFPA). Further, even if the Trust technically should have filed a separate Form 990, the Trust is not subject to any late filing panalties because it had reasonable cause for failure to file Forms 990 for prior years.

charitable organization under Section 501(c)(3). The principal activity of the HFPA is to sponsor the Golden Globes Award Program. On April 29, 1982, the HFPA amended its Articles of Incorporation to reorganize as a nonprofit mutual benefit corporation and qualified as a business league under Section 501(c)(6). As part of that process the HFPA established the Trust as an adjunct to the HFPA (the Trust is not a formal separate entity). The HFPA bylaws require the HFPA to contribute 5% of its net profits from the Golden Globes to the Trust. The Declaration of Trust provides that the Trust must make payments to charitable organizations or for charitable purposes (primarily to charitable organizations identified with the motion picture, television, dramatic, musical and comedy theater and audio of the Trust.

The only receipts of the Trust are funds contributed by the HFPA (5% of net profits). Until 1993, the Trust had an average of less than \$25,000 annual gross receipts (as determined over a three year period under IRS rules). Beginning in 1993, the Trust for the first time had average gross receipts of more than \$25,000.

Because the Trust had less than \$25,000 gross receipts before 1993, it was not required to file a separate Form 990. Nevertheless, all information related to the Trust was included in the Form 990 filed by the HFPA (the HFPA has timely filed form 990 for all relevant years). The only relevant information related to the grants made by the Trust (funded by the 5% of net profits from the HFPA). When the Trust began to have average gross receipts of more than \$25,000 in 1993, the HFPA continued to report the Trust's operations in the HFPA form 990 for administrative convenience.

The Trust's operations were properly included in the HFPA's Form 990. The combined return filed by the HFPA and the Trust is similar to a group return allowed under Treas. Reg. Section 1.6033-2(d). That regulation allows a parent organization to file a combined Form 990 with its local organizations. The requirements are that (a) the local organization must be affiliated with the parent organization; (b) the parent organization must control the local organization; and (c) each local organization must be exempt under the same Internal Revenue Code Section. The principles of the group return show that the HFPA was parmitted to include the Trust's operations on a combined Form 990.

Moreover, the Trust has a very limited function. It is not a separate entity, but merely is an adjunct to the HFPA. The Trust's only revenues are from the HFPA. The sole function of the Trust is to disperse these funds to qualified Section 501(c)(3) recipients. Essentially, the Trust is a conduit acting on behalf of the HFFA to make qualified grante. Thus, it was proper for the HFPA to report the Trust's operations within the HFPA's Form 990.

3. The Trust should not be subject to late filing penalties. Even if the Trust was required to file a separate return, we respectfully submit that the Trust is not subject to the late filing penalties of Section 6652(c). This is because the Trust had reasonable cause for failure to file these raturns. The HTPA reasonably believed it was proper to file one return because the Trust essentially is a conduit for the HFPA to make grants. Moreover, the IRB accepted the returns as filed for several years. Finally, there is no harm to the IRS because the Trust's information was reported to the IRS on the HFPA's Form 990. Thus, the IRS was fully informed of the Trust's activities, which is the purpose of filing a Form 990.

Based on the foregoing, the Trust had reasonable cause: for not timely filing Form 990s. Thus, the Trust is not subject to penalties for failure to timely file information returns for any years involved.

If the IRS wishes the Trust to file a separate Form 990, the Trust and the HPPA will change its reporting and file a separate Form 990 in future years.