

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2017** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE TOY FOUNDATION, INC.		D Employer identification number 13-6161457
	Doing business as		E Telephone number 212-675-1141
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1375 BROADWAY		1001
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		G Gross receipts \$ 16,680,230.
F Name and address of principal officer: JEAN BUTLER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.TOYFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1961
			M State of legal domicile: NY

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	350
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	48,677,950.	16,248,639.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,457.	65,742.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-229,534.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,707,407.	16,084,847.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,999,207.	15,572,733.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 48,610.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	392,590.	120,899.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,391,797.	15,693,632.
19 Revenue less expenses. Subtract line 18 from line 12	315,610.	391,215.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,373,813.	End of Year 3,004,799.
	21 Total liabilities (Part X, line 26)	325,396.	505,623.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,048,417.	2,499,176.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	JEAN BUTLER, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL SORRELLS	Preparer's signature <i>Michael Sorrells CPA</i>	Date 11/9/2017	Check if self-employed <input type="checkbox"/>	PTIN P00001737
	Firm's name TATE & TRYON	Firm's address 2021 L ST NW WASHINGTON, DC 20036	Firm's EIN 52-1855942	Phone no. (202) 293-2200	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE TOY FOUNDATION'S MISSION IS TO BRING JOY, COMFORT AND LEARNING TO CHILDREN IN NEED THROUGH THE EXPERIENCE OF TOYS AND PLAY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 14,891,547. including grants of \$ 14,886,547.) (Revenue \$) THE TOY BANK IS THE FOUNDATION'S SIGNATURE PROGRAM. MILLIONS OF BRAND NEW TOYS ARE DONATED EACH YEAR TO THE TOY BANK BY TOY MANUFACTURERS, DISTRIBUTORS, LICENSORS, AND RETAILERS. THE FOUNDATION DISTRIBUTES THEM, WITH LOGISTICAL ASSISTANCE FROM DELIVERING GOOD, GEAR THE WORLD AND WORLDVISION, TO CHARITIES SERVING CHILDREN IN POVERTY, KIDS IN HOSPITALS, FOSTER CHILDREN, MILITARY FAMILIES, AND CHILDREN SUFFERING IN THE WAKE OF NATURAL DISASTERS. THE FOUNDATION SERVED MORE THAN ONE MILLION CHILDREN IN NEED AROUND THE WORLD IN 2017 THROUGH MORE THAN 500 CHILDREN'S CHARITIES ACROSS THE COUNTRY.

4b (Code:) (Expenses \$ 430,000. including grants of \$ 425,000.) (Revenue \$) IN 2016 THE FOUNDATION LAUNCHED A UNIQUE RESEARCH-BASED PROGRAM WITH NEMOURS CHILDREN'S HEALTH SYSTEM. THE FOUNDATION AND NEMOURS ARE EXPLORING WHAT TRAUMA-INFORMED CARE MEANS TO CHILDREN AND THEIR FAMILIES AND HOW PLAY CAN HELP THESE CHILDREN HEAL AND COPE WITH INJURIES, DISEASES AND PAIN.

4c (Code:) (Expenses \$ 255,499. including grants of \$ 250,000.) (Revenue \$) THE FOUNDATION HAS CREATED UNIQUE NATIONAL TOY DISTRIBUTION PROGRAM WITH COURT APPOINTED SPECIAL ADVOCATES (CASA) TO BRING THE MAGIC OF PLAY TO HUNDREDS OF THOUSANDS OF FOSTER CHILDREN. THIS PROGRAM IS SUPPORTED BY THE FOUNDATION'S GRANT FUNDING, WHICH SUPPORTS THE INFRASTRUCTURE OF THE TOY DISTRIBUTION SYSTEMS AND ALSO FUNDS THE TRAINING OF CASA VOLUNTEERS WHO SERVE AS ONE-ON-ONE ADVOCATES FOR CHILDREN IN THE COURT SYSTEM AND HELP PLACE THEM IN LOVING, SAFE, PERMANENT HOMES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 11,186. including grants of \$ 11,186.) (Revenue \$)

4e Total program service expenses 15,588,232.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (11), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY, AL, CA, CT, KS, ME, MA, MI, MN, MO, NJ, NC
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: PAUL VITALE - 646-520-4847

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER HENSELER CHAIRMAN	5.00	X		X				0.	0.	0.
(2) DAVID HARGREAVES TRUSTEE/TREASURER	2.00	X		X				0.	0.	0.
(3) JOHN GESSERT TRUSTEE	2.00	X						0.	0.	0.
(4) CAREN SHALEK TRUSTEE	2.00	X						0.	0.	0.
(5) GENNA ROSENBERG TRUSTEE (TERM ENDED IN 2017)	2.00	X						0.	0.	0.
(6) ROBERT WANN TRUSTEE	2.00	X						0.	0.	0.
(7) RICHARD BARRY TRUSTEE	2.00	X						0.	0.	0.
(8) LISA MCKNIGHT TRUSTEE	2.00	X						0.	0.	0.
(9) JULIAN MONTOYA TRUSTEE	2.00	X						0.	0.	0.
(10) MANUEL TORRES TRUSTEE	2.00	X						0.	0.	0.
(11) SEAN MCGOWAN TRUSTEE	2.00	X						0.	0.	0.
(12) MAURA REGAN TRUSTEE	2.00	X						0.	0.	0.
(13) JEAN BUTLER EXECUTIVE DIRECTOR	50.00			X				0.	0.	0.
(14) PAUL VITALE CHIEF FINANCIAL OFFICER	3.00			X				0.	0.	0.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	726,195.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,522,444.				
	g	Noncash contributions included in lines 1a-1f: \$		14,884,459.				
	h	Total. Add lines 1a-1f		16,248,639.				
Program Service Revenue	2 a	_____	Business Code					
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		66,645.			66,645.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 726,195. of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	Less: direct expenses	b						
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	_____							

	All other revenue							
	Total. Add lines 11a-11d							
12	Total revenue. See instructions.			16,084,847.	0.	0.	-163,792.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	15,572,733.	15,572,733.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	16,727.		16,727.	
c Accounting	13,275.		13,275.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	30,726.		1,000.	29,726.
13 Office expenses	14,532.		14,386.	146.
14 Information technology	168.		168.	
15 Royalties				
16 Occupancy				
17 Travel	17,815.	15,499.	2,316.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,233.		2,198.	1,035.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	574.		574.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TOY BANK PROGRAM	17,703.			17,703.
b DUES & SUBSCRIPTIONS	4,777.		4,777.	
c MISCELLANEOUS	1,369.		1,369.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	15,693,632.	15,588,232.	56,790.	48,610.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	819,076.	2	1,451,953.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	231,652.	4	158,217.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	45,316.	9	214,112.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	1,058,318.	11	1,121,741.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	219,451.	15	58,776.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,373,813.	16	3,004,799.	
Liabilities	17 Accounts payable and accrued expenses	13,000.	17	15,227.
	18 Grants payable	206,716.	18	331,716.
	19 Deferred revenue	105,680.	19	158,680.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	325,396.	26	505,623.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,045,808.	27	2,499,176.
	28 Temporarily restricted net assets	2,609.	28	0.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,048,417.	33	2,499,176.
34 Total liabilities and net assets/fund balances	2,373,813.	34	3,004,799.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,084,847.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,693,632.
3	Revenue less expenses. Subtract line 2 from line 1	3	391,215.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,048,417.
5	Net unrealized gains (losses) on investments	5	59,544.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,499,176.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2017)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,309,528.	19,799,416.	12,570,597.	48,677,950.	16,237,453.	116,594,944.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	19,309,528.	19,799,416.	12,570,597.	48,677,950.	16,237,453.	116,594,944.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						66,808,445.
6 Public support. Subtract line 5 from line 4.						49,786,499.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	19,309,528.	19,799,416.	12,570,597.	48,677,950.	16,237,453.	116,594,944.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,781.	51,954.	16,800.	37,256.	66,645.	214,436.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						116,809,380.
12 Gross receipts from related activities, etc. (see instructions)					12	1,278,611.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	42.62 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	41.78 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization THE TOY FOUNDATION, INC. Employer identification number 13-6161457

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art, historical treasures, or other similar assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes and rows (2) through (9). Total.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	25,209,608.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	59,544.
b	Donated services and use of facilities	2b	8,788,903.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	8,848,447.
3	Subtract line 2e from line 1	3	16,361,161.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-276,314.
c	Add lines 4a and 4b	4c	-276,314.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,084,847.

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

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

1	Total expenses and losses per audited financial statements	1	24,758,849.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	8,788,903.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	276,314.
e	Add lines 2a through 2d	2e	9,065,217.
3	Subtract line 2e from line 1	3	15,693,632.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,693,632.

Part XIII Supplemental Information.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

OTHER FUNDRAISING EVENT EXPENSES -276,314.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

OTHER FUNDRAISING EVENT EXPENSES 276,314.

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		TOY OF THE YEAR (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,016,415.			1,016,415.
	2 Less: Contributions	726,195.			726,195.
	3 Gross income (line 1 minus line 2)	290,220.			290,220.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	38,600.			38,600.
	7 Food and beverages	194,840.			194,840.
	8 Entertainment	10,000.			10,000.
	9 Other direct expenses	276,314.			276,314.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				519,754.
11 Net income summary. Subtract line 10 from line 3, column (d)				-229,534.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **THE TOY FOUNDATION, INC.** Employer identification number **13-6161457**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	425,000.	0.			TO SUPPORT PROGRAM RELATED WORK
CASA FOR CHILDREN 1401 NE 68TH AVENUE PORTLAND, OR 97213	93-0923866	501(C)(3)	250,000.	0.			TO SUPPORT PROGRAM RELATED WORK
BOYS & GIRLS CLUB OF AMERICA 1275 PEACHTREE STREET NE ATLANTA, GA 30309	13-5562976	501(C)(3)	11,186.	0.			TO SUPPORT PROGRAM RELATED WORK
WORLD VISION PO BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	0.	1,770,697.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CASA LA 201 CENTRE PLAZA DR., ROOM 1100 MONTEREY PARK, CA 91754	95-3890446	501(C)(3)	0.	809,849.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
OPERATION COMPASSION 114 STUART ROAD NE CLEVELAND, TN 37312	62-1697490	501(C)(3)	0.	744,803.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 83.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2017)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HUNGER FUND 13931 BALBOA BOULEVARD SYLMAR, CA 91342	95-4335462	501(C)(3)	0.	665,461.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA - 411 MERCY DRIVE - ORLANDO, FL 32805	59-2142315	501(C)(3)	0.	610,204.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CARING FOR OTHERS 3537 BROWN MILLS ROAD ATLANTA, GA 30354	16-1622195	501(C)(3)	0.	532,233.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
NORTHWEST LOUISIANA FOOD BANK 2307 TEXAS AVE SHREVEPORT, LA 71103	72-1328890	501(C)(3)	0.	488,524.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
AID FOR KIDS 18 MARKET SQ. HOULTON, ME 04730	20-3918985	501(C)(3)	0.	444,999.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
BEVERLYS BIRTHDAYS 31 ROBBINS STATION ROAD NORTH HUNTINGDON, PA 15642	45-4248006	501(C)(3)	0.	419,999.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
TRUE TABERNACLE OF JESUS CHRIST MINISTRIES - 3772 S MILITARY TR - LAKE WORTH, FL 33463	65-0851346	501(C)(3)	0.	419,999.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HOPE SUPPLY CO. 10480 SHADY TRAIL DALLAS, TX 75220	75-2284779	501(C)(3)	0.	419,999.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SHELTER PARTNERSHIP 520 SO. GRAND AVE SUITE 695 LOS ANGELES, CA 90071	95-3976214	501(C)(3)	0.	418,591.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE TRAINING & CAREER CENTER 2249 CONG W L DICKINSON DR MONTGOMERY, AL 36109	20-5984290	501(C)(3)	0.	352,629.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
FEED THE CHILDREN 333 N MERIDIAN AVE OKLAHOMA CITY, OK 73107	73-6108657	501(C)(3)	0.	312,107.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
WORLD VISION INTERNATIONAL 919 2ND AVE NEW YORK, NY 10017	95-3202116	501(C)(3)	0.	304,277.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
RENO RODEO 500 RYLAND STREET STE. 200 RENO, NV 89502	88-0230538	501(C)(3)	0.	271,115.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
ADVOCATES AGAINST FAMILY VIOLENCE 1508 HOPE LANE CALDWELL, ID 83605	14-1866709	501(C)(3)	0.	219,861.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
OREGON DHS FAMILY SERVICES 500 SUMMER ST, NE E15 SALEM, OR 97301	93-6001958	115	0.	206,562.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
WALKING SHIELD 22541 ASPAN STREET #E LAKE FOREST, CA 92630	33-0209754	501(C)(3)	0.	206,562.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HEART OF COMPASSION 600 S MAPLE AVE MONTEBELLO, CA 90640	42-1573926	501(C)(3)	0.	206,562.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
ICM FOOD AND CLOTHING BANK 501 SOUTH NINTH AVENUE PHOENIX, AZ 85007	86-0401223	501(C)(3)	0.	206,562.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE PARTNERSHIP 466 SOUTH BELLVIEW MESA, AZ 85204	86-0844208	501(C)(3)	0.	206,562.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
METRO KIDZ 9001 PARAMOUNT BLVD. WHITTIER, CA 90240	95-4209721	501(C)(3)	0.	206,562.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
MY STUFF BAGS 5347 STERLING CENTER DR WESTLAKE VILLAGE, CA 91361	95-4671812	501(C)(3)	0.	206,562.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
THE GROVE OUTREACH CENTER 19900 GROVE COMMUNITY DR. RIVERSIDE, CA 92508	95-6006179	501(C)(3)	0.	206,562.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SANTA CLAUS OF SAN BERNADINO 824 E 6TH STREET SAN BERNARDINO, CA 92410	95-6101275	501(C)(3)	0.	206,562.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
COOK INLET TRIBAL COUNCIL 3600 SAN JERONIMO DRIVE ANCHORAGE, AK 99508	92-0094184	501(C)(3)	0.	188,994.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
FRANKLIN JUNIOR FOUNDATION 95 EAST 161 STREET SUITE 2 BRONX, NY 10451	11-3697239	501(C)(3)	0.	186,686.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HEROES CARE 330 SUN VALLEY CIRCLE FENTON, MO 63026	01-0777850	501(C)(3)	0.	161,220.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CASA CHICAGO 1100 S. HAMILTON 8-WEST CHICAGO, IL 60612	36-4461307	501(C)(3)	0.	146,124.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER HEALTH FOUNDATION 655 BROADWAY, SUITE 750 DENVER, CO 80203	84-1085196	501(C)(3)	0.	134,847.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
A GIFT FOR TEACHING 6501 MAGIC WAY, BLDG. 400C ORLANDO, FL 32809	59-3515162	501(C)(3)	0.	134,753.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CHILDREN'S CRISIS CARE CENTER, HARRIS COUNTY PROTECTIVE SERVICES - 212 BRIAR MANOR LN - HOUSTON, TX 77056	76-0203100	501(C)(3)	0.	133,810.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
COMMUNITY RESOURCE CENTER 218 OMOHUNDRO PLACE NASHVILLE, TN 37210	62-1308387	501(C)(3)	0.	118,776.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
NACC DISASTER SERVICES 101 ESPLANADE BLVD., SUITE 400 HOUSTON, TX 77060	20-5077098	501(C)(3)	0.	112,209.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
POWHATAN CHRISTMAS MOTHER PO BOX 461 POWHATAN, VA 23139	54-1601888	501(C)(3)	0.	95,657.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
ARIZONA HELPING HANDS 7850 EAST GELDING DR, STE 500 SCOTTSDALE, AZ 85260	86-0935988	501(C)(3)	0.	95,348.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
METRO WORLD CHILD 5606 COOPER AVE FLUSHING, NY 11385	11-3382193	501(C)(3)	0.	92,950.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
BRADDOCK REDUX PO BOX 416 BRADDOCK, PA 15104	51-0446626	501(C)(3)	0.	88,508.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE CDC 82-10 QUEENS BLVD ELMHURST, NY 11373	11-3204890	501(C)(3)	0.	87,588.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CRADLES TO CRAYON 29 ESQUIRE ROAD BILLERICA, MA 01862	04-3584367	501(C)(3)	0.	85,481.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
MISAMEACH 326 THIRD STREET LAKEWOOD, NJ 08701	26-2356784	501(C)(3)	0.	85,481.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
ONE HEART FOR WOMEN AND CHILDREN 2040 N. RIO GRANDE AVE. ORLANDO, FL 32804	30-0584360	501(C)(3)	0.	85,481.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
PEER PALS 123 AUDREY AVE., 1ST FLOOR OYSTER BAY, NY 11771	80-0277365	501(C)(3)	0.	85,481.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CASA FOR CHILDREN 100 W HARRISON ST, N TOWER, STE 500 SEATTLE, WA 98119	91-1255818	501(C)(3)	0.	82,479.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
LIGHTHOUSE OUTREACH MINISTRIES 154 42ND ST. COPIAGUE, NY 11726	01-0734579	501(C)(3)	0.	81,181.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
NATIONAL CENTER FOR CHILDREN 6301 GREENTREE ROAD BETHESDA, MD 20817	52-0591586	501(C)(3)	0.	71,847.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
THOREAU NAVAJO OUTREACH 31 FIRST AVE. THOREAU, NM 87323	26-3648963	501(C)(3)	0.	68,525.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KVC BEHAVIORAL HEALTHCARE 1150 W 151ST STREET, SUITE A OLATHE, KS 66061	48-0770308	501(C)(3)	0.	68,525.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CHILDREN'S HOMES, INC. 5515 WALCOTT ROAD PARAGOULD, AR 72450	71-0356241	501(C)(3)	0.	68,525.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
OLATHE HEAD START 1700 WEST SHERIDAN OLATHE, KS 66062	72-1520116	501(C)(3)	0.	68,525.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
TOYS OF HOPE 167 EAST 2ND STREET HUNTINGTON STATION, NY 11746	11-3360715	501(C)(3)	0.	66,945.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
AL'S ANGELS 342 GREENS FARMS RD WESTPORT, CT 06880	20-0749310	501(C)(3)	0.	60,950.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
ONE SIMPLE WISH 1977 N OLDEN AVE #292 TRENTON, NJ 08618	26-3128590	501(C)(3)	0.	60,950.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HOPE NYC 142-82 ROCKAWAY BLVD JAMAICA, NY 11436	45-4091053	501(C)(3)	0.	60,950.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
RICHARD BRODSKY FOUNDATION 1247 MARA CT ATLANTIC BEACH, NY 11509	47-0941830	501(C)(3)	0.	60,950.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CASA SOUTH CAROLINA 1701 MAIN STREET NO 407 COLUMBIA, SC 29201	57-0776475	501(C)(3)	0.	60,950.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOGETHER WE COPE 17010 S. OAK PARK AVENUE TINLEY PARK, IL 60477	36-3666952	501(C)(3)	0.	50,000.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HOPE FOR MIAMI 5911 W. FLAGLER STREET MIAMI, FL 33144	65-1003163	501(C)(3)	0.	40,000.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
PANOLA OUTREACH 384 SAINT JOHN DR ALICEVILLE, AL 35442	80-0568293	501(C)(3)	0.	40,000.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
EVERY CHILD'S DREAM FOUNDATION 2048 ROSEBAY STREET WESTLAKE VILLAGE, CA 91361	27-1043421	501(C)(3)	0.	39,129.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CHILDREN'S TOY CLOSET YALE NEW HAVEN HOSPITAL TOY CLOSET NEW HAVEN, CT 06510	26-2224475	501(C)(3)	0.	33,056.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HOUSTON AREA URBAN LEAGUE 1301 TEXAS AVE HOUSTON, TX 77002	74-1611455	501(C)(3)	0.	30,000.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
KIDS WITHOUT BORDERS PO BOX 24 BELLEVUE, WA 98009	76-0723622	501(C)(3)	0.	30,000.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
AFRICAN CULTURAL ALLIANCE OF NORTH AMERICA - 5530 CHESTER AVE. - PHILADELPHIA, PA 19143	23-3062024	501(C)(3)	0.	18,494.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SPEAK TO MY HEART MINISTRIES 9701 MARRIOTTSTOWN RD RANDALLSTOWN, MD 21133	20-8480727	501(C)(3)	0.	18,102.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXTRAORDINARY BIRTHDAYS P.O. BOX 1109 COLLEGE PARK, MD 20740	27-3134087	501(C)(3)	0.	18,102.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HAITIAN'S HARMONY 3401 VILLAGE DR N UPPER MARLBORO, MD 20772	46-2250265	501(C)(3)	0.	18,102.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
THE CHILDREN'S CHARITY (VARIETY) 600 S. ADAMS, SUITE 230 BIRMINGHAM, MI 48009	38-2140520	501(C)(3)	0.	13,920.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
RHODE ISLAND DONATION EXCHANGE 94 SILVER SPRING STREET PROVIDENCE, RI 02904	22-2603126	501(C)(3)	0.	12,000.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
GREAT PLAINS FOOD BANK 1720 3RD AVE N FARGO, ND 58102	47-2229589	501(C)(3)	0.	11,508.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
NEW ALTERNATIVES FOR CHILDREN 37 WEST 26TH STREET 6TH NEW YORK, NY 10010	13-3149298	501(C)(3)	0.	11,256.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
ESSENCE OF HOPE 2031 METROPOLITAN PKWY. SUITE C ATLANTA, GA 30315	14-1989286	501(C)(3)	0.	8,940.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
ASSISTANCE LEAGUE OF LOS ANGELES 826 COLE AVENUE LOS ANGELES, CA 90038	95-1641960	501(C)(3)	0.	8,820.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
A BETTER TOMORROW 153B MAIN STREET EVERETT, MA 02149	42-1728754	501(C)(3)	0.	8,640.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY OF ST. VINCENT DE PAUL 2939 12TH AVE S MINNEAPOLIS, MN 55407	41-0711616	501(C)(3)	0.	8,177.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
COMMUNITY FOOD BANK OF NEW JERSEY 31 EVANS TERMINAL HILLSIDE, NJ 07205	22-2423882	501(C)(3)	0.	85,481.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
AMERICAN FOUNDATION FOR CHILDREN WITH AIDS - 6221 BLUE GRASS AVENUE - HARRISBURG, PA 17112	30-0247823	501(C)(3)	0.	85,481.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CHRISTIAN APPALACHIAN PROJECT 485 PONDEROSA DRIVE PAINTSVILLE, KY 41240	61-0661137	501(C)(3)	0.	85,481.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HANDS IN SERVICE PO BOX 725 SELLERSVILLE, PA 18960	26-1992241	501(C)(3)	0.	27,730.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

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

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

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

PART I, LINE 2:

THE FOUNDATION MONITORS THE USE OF GRANT FUNDS OR PRODUCTS IN A VARIETY OF

WAYS INCLUDING WRITTEN AGREEMENTS, REGULAR CONTACT BY PHONE AND

PARTICIPATION AT CHARITABLE EVENTS, REVIEW OF FINANCIAL INFORMATION,

WRITTEN QUATERLY REPORTS FROM NATIONAL PARTNER GRANTEES AND GENERAL

OVERSIGHT OF GRANTEE ORGANIZATIONS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **THE TOY FOUNDATION, INC.**
 Employer identification number: **13-6161457**

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

Part III Supplemental Information

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

PART I, LINE 3:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS ESTABLISHED BY THE TOY

ASSOCIATION, INC., A SEPARATE 501(C)(6) ORGANIZATION, THAT DONATES THE

SERVICES OF THE EXECUTIVE DIRECTOR TO THE FOUNDATION. THE TOY ASSOCIATION

USES AN INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER

ORGANIZATIONS, COMPENSATION SURVEYS AND STUDIES, AND APPROVAL BY THE

ASSOCIATION'S BOARD OR BOARD COMMITTEE TO ESTABLISH THE COMPENSATION OF THE

FOUNDATION'S EXECUTIVE DIRECTOR.

FORM 990, PART VII, LINE 5:

THE TOY FOUNDATION DOES NOT COMPENSATE ITS EXECUTIVE DIRECTOR AND CHIEF

FINANCIAL OFFICER. THE TOY ASSOCIATION, INC., A SEPARATE 501(C)(6)

ORGANIZATION, DONATES THE SERVICES OF THE FOUNDATION'S EXECUTIVE

DIRECTOR AND CHIEF FINANCIAL OFFICER TO THE FOUNDATION. DURING 2017,

JEAN BUTLER, EXECUTIVE DIRECTOR, RECEIVED FROM THE TOY ASSOCIATION

\$252,409 OF REPORTABLE COMPENSATION, \$20,440 OF RETIREMENT BENEFITS AND

\$19,724 OF NONTAXABLE COMPENSATION FOR HER SERVICES RENDERED TO THE

FOUNDATION. DURING 2017, PAUL VITALE, CHIEF FINANCIAL OFFICER, RECEIVED

FROM THE TOY ASSOCIATION \$19,889 OF REPORTABLE COMPENSATION, \$1,296 OF

Part III Supplemental Information

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

RETIREMENT BENEFITS AND \$2,717 OF NONTAXABLE COMPENSATION FOR HIS

SERVICES RENDERED TO THE FOUNDATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization **THE TOY FOUNDATION, INC.** Employer identification number **13-6161457**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (TOYS)	X	642	14,884,459. FMV	
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

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

SCHEDULE M, LINE 32B:

THE FOUNDATION USES THE LOGISTIC SERVICES OF DELIVERING GOOD, GEAR THE
WORLD AND WORLDVISION, UNRELATED 501(C)(3) ORGANIZATIONS, TO PICK UP
AND DELIVER THE TOYS DONATED TO THE FOUNDATION'S TOY BANK PROGRAM.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THE TOY FOUNDATION, INC.

Employer identification number

13-6161457

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

THE TOY FOUNDATION'S MISSION IS TO BRING JOY, COMFORT AND LEARNING TO
CHILDREN IN NEED THROUGH THE EXPERIENCE OF TOYS AND PLAY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE FOUNDATION MADE A CONTRIBUTION TO BOYS & GIRLS CLUB TO SUPPORT
HURRICANE RELIEF EFFORTS.

EXPENSES \$ 11,186. INCLUDING GRANTS OF \$ 11,186. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

THE ARTICLES OF INCORPORATION WERE AMENDED TO CHANGE THE NAME OF THE
ORGANIZATION FROM THE TOY INDUSTRY FOUNDATION TO THE TOY FOUNDATION, INC.

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

FORM 990 WAS PROVIDED TO THE FINANCE COMMITTEE AND THE FOUNDATION'S
EXECUTIVE DIRECTOR FOR THEIR REVIEW AND IS FILED ONLY AFTER EACH OF THE
BOARD MEMBERS IS PROVIDED WITH A COPY.

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

THE FOUNDATION REQUIRES ITS BOARD MEMBERS TO REVIEW THE CONFLICT OF
INTEREST POLICY ON AN ANNUAL BASIS AND SIGN AN ANNUAL DISCLOSURE OF
POTENTIAL CONFLICTS. ANY POTENTIAL CONFLICTS WOULD BE REVIEWED BY THE
EXECUTIVE DIRECTOR AND THE CHAIRMAN TO DETERMINE IF ANY FURTHER ACTION IS
REQUIRED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization THE TOY FOUNDATION, INC.	Employer identification number 13-6161457
--	--

THE TOY FOUNDATION DOES NOT COMPENSATE ITS OFFICERS AND STAFF DIRECTLY. THE TOY ASSOCIATION, INC., A SEPARATE 501(C)(6) ORGANIZATION, DONATES THE SERVICES OF THE FOUNDATION'S EXECUTIVE DIRECTOR, CFO AND CERTAIN OTHER STAFF TO THE FOUNDATION AS ITS PRIMARY MEANS OF SUPPORT TO THE FOUNDATION. THE VALUE OF THESE SERVICES IS TREATED AS DONATED SERVICES AND IS INCLUDED ON PAGE 4 OF SCHEDULE D PART XI LINE 2B AND PART XII LINE 2A.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
NY,AL,CA,CT,KS,ME,MA,MI,MN,MO,NJ,NC,OK,OR,RI,TN,VA,WV

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST OR FROM ITS WEBSITE (WWW.TOYFOUNDATION.ORG). THE FOUNDATION'S STATEMENTS OF ACTIVITIES AND FINANCIAL POSITION ARE AVAILABLE IN ITS ANNUAL REPORT WHICH IS AVAILABLE UPON REQUEST IN WRITING OR FROM ITS WEBSITE. THE FOUNDATION'S CERTIFICATE OF INCORPORATION AND INTERNAL REVENUE SERVICE NOTICE OF EXEMPT STATUS UNDER SECTION 501(C)(3) ARE AVAILABLE UPON REQUEST. IN ADDITION, FORM 990 MAY BE AVAILABLE ON ANOTHER UNRELATED ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:
THE ORGANIZATION'S PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND OVERSIGHT OF THE FINANCIAL STATEMENT HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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

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

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. THE TOY FOUNDATION, INC.	Employer identification number (EIN) or 13-6161457
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1375 BROADWAY, NO. 1001	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

PAUL VITALE

• The books are in the care of ▶ 1375 BROADWAY, SUITE 1001 - NEW YORK, NY 10018
Telephone No. ▶ 646-520-4847 Fax No. ▶

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2017 or
▶ tax year beginning _____, and ending _____.

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

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

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