

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

December 31, 2018

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**Prepared For:**

THE TOY FOUNDATION, INC.  
1375 BROADWAY No. 1001  
NEW YORK, NY 10018

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**Prepared By:**

TATE & TRYON  
2021 L ST NW  
Washington, DC 20036

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE TOY FOUNDATION, INC.		<b>D</b> Employer identification number 13-6161457
	Doing business as		<b>E</b> Telephone number 212-675-1141
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1375 BROADWAY		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		<b>G</b> Gross receipts \$ 25,636,130.
<b>F</b> Name and address of principal officer: JEAN BUTLER SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> 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			
<b>J</b> Website: ▶ WWW.TOYFOUNDATION.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1961
			<b>M</b> State of legal domicile: NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	11
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	475
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	16,248,639.	23,918,957.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,742.	222,319.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-229,534.	-54,603.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,084,847.	24,086,673.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	15,572,733.	22,712,496.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,079.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	120,899.	105,507.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,693,632.	22,818,003.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	391,215.	1,268,670.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	3,004,799.	3,915,017.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	505,623.	481,511.
		2,499,176.	3,433,506.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	JEAN BUTLER, EXECUTIVE DIRECTOR Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MICHAEL SORRELLS	Preparer's signature <i>Michael Sorrells</i>	Date 10/11/19	Check if self-employed <input type="checkbox"/>	PTIN P00001737
	Firm's name TATE & TRYON	Firm's EIN 52-1855942	Firm's address 2021 L ST NW WASHINGTON, DC 20036	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 AND COMFORT 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 \$ 22,622,870. including grants of \$ 22,620,720. ) (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 PORVERTY, 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 2018 THROUGH MORE THAN 500 CHILDREN'S CHARITIES ACROSS THE COUNTRY.

4b (Code: ) (Expenses \$ 109,865. including grants of \$ 80,000. ) (Revenue \$ ) PLAY YOUR PART BRINGS TOY INDUSTRY PROFESSIONALS TOGETHER TO POSITIVELY IMPACT CHILDREN IN NEED. TOY COMPANIES PARTICIPATE BY VOLUNTEERING, SPONSORING A PORTION OF THE EVENT, OR DONATING PRODUCT. ATTENDEE VOLUNTEERS STUFF GIFT BAGS WITH DONATED TOY PRODUCTS, ALONG WITH A HAND-WRITTEN LETTER OF COMFORT AND SUPPORT FOR A CHILD IN NEED. IN ADDITION, THEY LEAD VARIOUS GAMES AND ACTIVITIES FOR DESERVING CHILDREN THAT ARE ATTENDING THE EVENT AND DISTRIBUTE TOYS TO THEM.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) THE TOY FOUNDATION'S PUBLIC SERVICE ANNOUNCEMENTS, RUN IN PARTNERSHIP WITH THE GENIUS OF PLAY, GENERATED OVER 400 MILLION AUDIENCE IMPRESSIONS AND MORE THAN \$16 MILLION IN DONATED MEDIA VALUE. THE NEW "DEAR PARENTS" CAMPAIGN, LAUNCHED IN FEBRUARY 2018, WAS THE BIGGEST CONTRIBUTOR TO THE OVERALL RESULTS, SCORING OVER 43,000 AIRINGS IN THE TOP MARKETS OF NEW YORK, LOS ANGELES, CHICAGO, PHILADELPHIA, DALLAS, HOUSTON, BOSTON, ATLANTA AND TAMPA AS WELL AS MANY OTHER MARKETS ACROSS THE UNITED STATES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 11,776. including grants of \$ 11,776. ) (Revenue \$ )

4e Total program service expenses 22,744,511.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> 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
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records PAUL VITALE - 646-520-4847 1375 BROADWAY, SUITE 1001, NEW YORK, NY 10018

**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) JOHN GESSERT CHAIRMAN	3.00	X		X				0.	0.	0.
(2) RICHARD BARRY TRUSTEE	2.00	X						0.	0.	0.
(3) SEAN MCGOWAN TRUSTEE	2.00	X						0.	0.	0.
(4) LISA MCKNIGHT TRUSTEE	2.00	X						0.	0.	0.
(5) JULIAN MONTOYA TRUSTEE	2.00	X						0.	0.	0.
(6) MAURA REGAN TRUSTEE	2.00	X						0.	0.	0.
(7) CAREN SHALEK TRUSTEE	2.00	X						0.	0.	0.
(8) VOIN TODOROVIC TRUSTEE	2.00	X						0.	0.	0.
(9) MANUEL TORRES TRUSTEE	2.00	X						0.	0.	0.
(10) DARREN TRAUB TRUSTEE	2.00	X						0.	0.	0.
(11) ROBERT WANN TRUSTEE	2.00	X						0.	0.	0.
(12) JEAN BUTLER EXECUTIVE DIRECTOR	50.00			X				0.	0.	0.
(13) 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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	565,485.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	23,353,472.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		22,620,720.				
	<b>h Total.</b> Add lines 1a-1f .....		23,918,957.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		36,876.			36,876.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		1,254,172.					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		1,068,729.					
	<b>c</b> Gain or (loss) .....			185,443.		185,443.	
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ 565,485. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	276,125.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	480,728.			
<b>c</b> Net income or (loss) from fundraising events .....				-204,603.		-204,603.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> GRANT REFUND .....		900099	150,000.			150,000.	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			150,000.				
<b>12 Total revenue.</b> See instructions .....			24,086,673.	0.	0.	167,716.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	22,712,496.	22,712,496.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	5,242.		5,242.	
<b>c</b> Accounting .....	14,735.		13,675.	1,060.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	1,108.		1,108.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	4,722.			4,722.
<b>13</b> Office expenses .....	17,616.		17,616.	
<b>14</b> Information technology .....	3,135.		3,135.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	23,885.	21,497.		2,388.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	5,078.		5,078.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	1,109.		1,109.	
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS	24,307.	10,518.	880.	12,909.
<b>b</b> DUES AND SUBSCRIPTIONS	4,570.		4,570.	
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	22,818,003.	22,744,511.	52,413.	21,079.
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,451,953.	<b>1</b>	1,724,823.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	158,217.	<b>4</b>	164,968.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	214,112.	<b>9</b>	173,688.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	1,121,741.	<b>11</b>	1,681,987.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	58,776.	<b>15</b>	169,551.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,004,799.	<b>16</b>	3,915,017.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	15,227.	<b>17</b>	17,176.
	<b>18</b> Grants payable .....	331,716.	<b>18</b>	225,000.
	<b>19</b> Deferred revenue .....	158,680.	<b>19</b>	239,335.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	505,623.	<b>26</b>	481,511.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,499,176.	<b>27</b>	3,345,282.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	88,224.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	2,499,176.	<b>33</b>	3,433,506.	
<b>34</b> Total liabilities and net assets/fund balances .....	3,004,799.	<b>34</b>	3,915,017.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	24,086,673.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	22,818,003.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,268,670.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,499,176.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-328,421.
<b>6</b>	Donated services and use of facilities	<b>6</b>	-5,919.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,433,506.

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

Form **990** (2018)



**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19,799,416.	12,570,597.	48,677,950.	16,237,453.	23,918,957.	121,204,373.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	19,799,416.	12,570,597.	48,677,950.	16,237,453.	23,918,957.	121,204,373.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						71,391,367.
<b>6 Public support.</b> Subtract line 5 from line 4.						49,813,006.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	19,799,416.	12,570,597.	48,677,950.	16,237,453.	23,918,957.	121,204,373.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	51,954.	16,800.	37,256.	66,645.	36,876.	209,531.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					150,000.	150,000.
<b>11 Total support.</b> Add lines 7 through 10						121,563,904.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,304,103.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	40.98 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	42.62 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	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	<b>Distributable Amount.</b> 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) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2018 AMOUNT: \$ 150,000.

Schedule A

Identification of Excess Contributions  
Included on Part II, Line 5

2018

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
BARNES & NOBLE	2,666,602.	235,324.
CEACO/GAMEWRIGHT	3,036,100.	604,822.
DISNEY	38,391,256.	35,959,978.
IMPERIAL TOY LLC	2,751,751.	320,473.
LEGO	16,170,558.	13,739,280.
MATTEL	6,747,138.	4,315,860.
RELEVANT PLAY	16,602,475.	14,171,197.
TCG	3,930,679.	1,499,401.
TRISTAR PRODUCTS	2,976,310.	545,032.
Total Excess Contributions to Schedule A, Part II, Line 5 .....		71,391,367.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2018

Name of the organization

THE TOY FOUNDATION, INC.

Employer identification number

13-6161457

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 628,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,467,228.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 16,602,475.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 517,372.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  THE TOY FOUNDATION, INC.	Employer identification number  13-6161457
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	TOYS DONATED THROUGH TF'S TOY BANK PROGRAM WHICH ARE THEN DONATED BY TF TO CHILDREN'S CHARITIES. <hr/> <hr/> <hr/>	\$ 627,287.	09/04/18
2	TOYS DONATED THROUGH TF'S TOY BANK PROGRAM WHICH ARE THEN DONATED BY TF TO CHILDREN'S CHARITIES. <hr/> <hr/> <hr/>	\$ 1,447,428.	12/04/18
3	TOYS DONATED THROUGH TF'S TOY BANK PROGRAM WHICH ARE THEN DONATED BY TF TO CHILDREN'S CHARITIES. <hr/> <hr/> <hr/>	\$ 16,602,475.	05/04/18
4	TOYS DONATED THROUGH TF'S TOY BANK PROGRAM WHICH ARE THEN DONATED BY TF TO CHILDREN'S CHARITIES. <hr/> <hr/> <hr/>	\$ 517,372.	08/14/18
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization  THE TOY FOUNDATION, INC.	Employer identification number  13-6161457
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**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
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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





**Part 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	<b>1</b> Gross receipts .....	841,610.			841,610.
	<b>2</b> Less: Contributions .....	565,485.			565,485.
	<b>3</b> Gross income (line 1 minus line 2) .....	276,125.			276,125.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	89,940.			89,940.
	<b>7</b> Food and beverages .....	188,357.			188,357.
	<b>8</b> Entertainment .....	12,000.			12,000.
	<b>9</b> Other direct expenses .....	190,431.			190,431.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				480,728.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-204,603.	

**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	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. 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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
RENO RODEO FOUNDATION 500 RYLAND STREET STE. 200 RENO, NV 89502	88-0230538	501(C)(3)	0.	5,792,256.	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.	5,678,893.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HOPE SUPPLY CO 10480 SHADY TRAIL DALLAS, TX 75220	75-2284779	501(C)(3)	0.	5,533,570.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
VARIETY, A CHILDREN'S CHARITY 600 S. ADAMS, SUITE 230 BIRMINGHAM, MI 48009	38-2140520	501(C)(3)	0.	806,583.	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.	658,090.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
OPERATION COMPASSION 114 STUART ROAD NE CLEVELAND, TN 37312	62-1697490	501(C)(3)	0.	625,966.	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 ▶ 104.
- 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) (2018)

**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
COMMUNITY RESOURCE CENTER SHIP C/O ON YOUR FEET - 2733 VIA ORANGE WAY STE 101 - SPRING VALLEY, CA 91978	35-2329448	501(C)(3)	0.	526,486.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CHILDREN'S HUNGER FUND 17451 PALMER BLVD. HOMWOOD, IL 60430	95-4335462	501(C)(3)	0.	276,684.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
BOYS & GIRLS CLUBS OF DORCHESTER 1135 DORCHESTER AVENUE DORCHESTER, MA 02125	23-7076465	501(C)(3)	0.	252,022.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SECOND HARVEST FOODBANK OF NW LOUISIANA - 700 EDWARDS AVENUE - NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	0.	222,708.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CASA COOK COUNTY 1100 S. HAMILTON 8-WEST CHICAGO, IL 60612	36-4461307	501(C)(3)	0.	196,689.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
BRADDOCK REDUX PO BOX 416 BRADDOCK, PA 15104	51-0446626	501(C)(3)	0.	193,522.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
WORLD VISION- GREATER NEW YORK 310 TIFFANY STREET BRONX, NY 10474	95-1922279	501(C)(3)	0.	150,778.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CASA SOUTH CAROLINA 1701 MAIN STREET NO 407 COLUMBIA, SC 29201	57-0776475	501(C)(3)	0.	85,464.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HOPE NYC 142-82 ROCKAWAY BLVD JAMAICA, NY 11436	45-4091053	501(C)(3)	0.	85,464.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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METRO WORLD CHILD 5606 COOPER AVE FLUSHING, NY 11385	11-3382193	501(C)(3)	0.	85,464.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SECAUCUS MUNICIPAL 1203 PATERSON PLANK ROAD SECAUCUS, NJ 07094	22-2083720	501(C)(3)	0.	77,692.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
ARKS HOME FOSTER FAMILY AGENCY 9645 ARROW RTE STE A RCH CUCAMONGA, CA 91730	20-0088130	501(C)(3)	0.	77,551.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SECOND HARVEST MOUNTAINEER FOOD BANK - 331 GREAT CIRCLE ROAD - NASHVILLE, TN 37228	62-1049447	501(C)(3)	0.	61,996.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
TOY RESCUE MISSION 607 S WINNIFRED ST TACOMA, WA 98465	91-1629854	501(C)(3)	0.	59,518.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HARLEM DREAM CENTER 1912 ADAM CLAYTON POWELL JR. BLVD NEW YORK, NY 10026	46-0711295	501(C)(3)	0.	58,271.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
LIGHTHOUSE OUTREACH MINISTRIES 154 42ND ST. COPIAGUE, NY 11726	01-0734579	501(C)(3)	0.	44,458.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
21 REASONS TO GIVE 18075 VENTURA BLVD STE 124 ENCINO, CA 91316	27-1168608	501(C)(3)	0.	38,605.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
METRO KIDZ 9001 PARAMOUNT BLVD. WHITTIER, CA 90240	95-4209721	501(C)(3)	0.	38,400.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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NACC DISASTER SERVICES 101 ESPLANADE BLVD., SUITE 400 HOUSTON, TX 77060	20-5077098	501(C)(3)	0.	31,981.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
AT YOUR SCHOOL CHILD SERVICES 4701 N. KEYSTONE AVE., STE. 475 INDIANAPOLIS, IN 46205	31-0989270	501(C)(3)	0.	31,801.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
RICHARD BRODSKY FOUNDATION 1247 MARA CT ATLANTIC BEACH, NY 11509	47-0941830	501(C)(3)	0.	31,079.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HOPE CHARITIES 20300 GOVERNORS HIGHWAY OLYMPIA FIELDS, IL 60461	27-5104762	501(C)(3)	0.	29,997.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
JORDAN OUTREACH MINISTRIES PO BOX 818 THERMAL, CA 92274	52-2354091	501(C)(3)	0.	29,840.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HEROES CARE 330 SUN VALLEY CIRCLE FENTON, MO 63026	01-0777850	501(C)(3)	0.	26,000.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CHILD CARE RESOURCE CENTER 14350 SYLVAN STREET VAN NUYS, CA 91401	95-3081695	501(C)(3)	0.	25,076.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CHILDREN'S HOME SOCIETY OF FLORIDA 482 S. KELLER ROAD ORLANDO, FL 32810	59-0192430	501(C)(3)	0.	25,000.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
MITZVAH CIRCLE FOUNDATION 1561 GEHMAN ROAD HARLEYSVILLE, PA 19438	26-3705891	501(C)(3)	0.	24,000.	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
COOK INLET TRIBAL COUNCIL 3600 SAN JERONIMO DRIVE ANCHORAGE, AK 99508	92-0094184	501(C)(3)	0.	22,994.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
ST. VINCENT DE PAUL 2939 12TH AVE S MINNEAPOLIS, MN 55407	41-0711616	501(C)(3)	0.	22,853.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SOLID AS A ROCK PDX INC. 11936 NE SANDY BLVD PORTLAND, OR 97220	82-1548759	501(C)(3)	0.	21,475.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CUMAC PO BOX 2721 PATERSON, NJ 07509	22-2657737	501(C)(3)	0.	20,988.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CHERRY'S KIDS 420 E 111TH ST APT 2205 NEW YORK, NY 10029	27-0968429	501(C)(3)	0.	19,420.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
BABY2BABY 6435 WILSHIRE BLVD LOS ANGELES, CA 90048	46-4503539	501(C)(3)	0.	17,409.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CHAUTAUQUA COUNTY RURAL MINISTRY PO BOX 362 DUNKIRK, NY 14048	16-1119647	501(C)(3)	0.	13,750.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
FAMILIES HELPING FAMILIES OF IOWA 3516 CENTER POINT RD NE CEDAR RAPIDS, IA 52402	71-0985937	501(C)(3)	0.	12,209.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CHRISTIAN APPALACHIAN PROJECT 485 PONDEROSA DRIVE PAINTSVILLE, KY 41240	61-0661137	501(C)(3)	0.	12,041.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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SUPPORT MILITARY SPOUSES 1100 COMMONS BLVD UNIT 907 MYRTLE BEACH, SC 29572	27-2266879	501(C)(3)	0.	12,000.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
NEW LIFE FELLOWSHIP 82-10 QUEENS BLVD ELMHURST, NY 11373	11-3204890	501(C)(3)	0.	11,648.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SILENT CRY 1809 7TH AVE 3E NEW YORK, NY 10026	45-4934038	501(C)(3)	0.	11,648.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
BANCO INTERNATIONAL 770 TAMARACK WAY LOS BANOS, CA 93635	94-2404560	501(C)(3)	0.	10,122.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
BUCKNER INTERNATIONAL 600 N PEARL ST STE 2000 DALLAS, TX 75201	75-0891443	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
COMMUNITY FOOD BANK 3003 S. COUNTRY CLUB RD. TUCSON, AZ 85713	51-0192519	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CORNERSTONE MINISTRIES 2200 CORNERSTONE LANE MURRYSVILLE, PA 15632	25-1448650	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
INDIAN MINISTRIES OF NORTH AMERICA PO BOX 3472 CLEVELAND, TN 37320	73-1659743	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
KINGDOM HEART TO HEART MINISTRIES 1603 SHANNON DR DUNCANVILLE, TX 75137	26-1339737	501(C)(3)	0.	10,089.	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.)

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KINGDOM KIDS 109 FRASIER BAY RD COLUMBIA, SC 29229	47-3787167	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
MORNING STAR PRAYER CENTER 4600 WICHITA ST FORT WORTH, TX 76119	26-4191640	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
NEW BEGINNING COVENANT MINISTRIES 1207 MCMILLAN DR CEDAR HILL, TX 75104	26-3826998	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
OK TO SHARE 515 SOUTH CHESNUTT HOLDENVILLE, OK 74848	27-0132117	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
PANTEGO BIBLE CHURCH 8001 ANDERSON BLVD FORT WORTH, TX 76120	75-1153890	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
POSITIVE REFLECTION PO BOX 226095 DALLAS, TX 75222	20-0998253	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
RCCG 7331 BRIZA LOOP SAN RAMON, CA 94582	27-2077053	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
RECH 2651 RECHE CANYON ROAD SUITE 5037 COLTON, CA 92324	95-6085904	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SHOUT YOUTH MINISTRIES 142 E. JACKSON ST. ORLANDO, FL 32801	80-0496233	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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SWAGG 115 KELLY DR WAXAHACHIE, TX 75167	46-4971608	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
UNION GOSPEL MISSION 77 9TH STREET EAST SAINT PAUL, MN 55101	41-0705847	501(C)(3)	0.	10,089.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
NORTH STAR FOUNDATION 67 GLENFIELD RD N ATTLEBORO, MA 02760	04-3414626	501(C)(3)	0.	9,576.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
YOU CAN HEALTH SERVICES 600 W MANCHESTER AVE STE 5 LOS ANGELES, CA 90044	37-1541995	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
61ST STREET ELEMENTARY 6020 S FIGUEROA STREET LOS ANGELES, CA 90003	95-6001908	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
AEOLIAN ELEMENTARY SCHOOL 11600 AEOLIAN STREET WHITTIER, CA 90606	95-6121772	115	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
AFTER-SCHOOL ALL-STARS LOS ANGELES 6501 FOUTAIN AVE. LOS ANGELES, CA 90028	91-2162719	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
ARISE CHRISTIAN CHURCH 6949C LA TIJERA BOULEVARD LOS ANGELES, CA 90045	95-4680823	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
BARACK OBAMA CHARTER SCHOOL 13305 S SAN PEDRO ST LOS ANGELES, CA 90061	90-1043918	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

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COMMUNITY WORSHIP CENTER/ FUENTE DE VIDA CHRISTIAN CHURCH - 15709 S NORMANDIE AVE - GARDENA, CA 90247	95-4505921	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CONSOLER RESOURCES 18159 PIER DR. VICTORVILLE, CA 92392	30-0369313	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
CROPS, INC 34255 LANCASTER RD LANCASTER, CA 93536	20-3979973	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
ETHNOS COMMUNITY CHURCH PO BOX 927154 SAN DIEGO, CA 92192	91-2160450	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
FIEGUEROA ELEMENTARY SCHOOL 510 W 111TH STREET LOS ANGELES, CA 90044	95-6001908	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
FIRST SOUTHERN BAPTIST CHURCH HOLLYWOOD CA - 1528 N WILTON PL - HOLLYWOOD, CA 90028	95-1945716	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
GIRLS CLUB OF LOS ANGELES 2057 W CENTURY BLVD LOS ANGELES, CA 90047	23-7203822	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
GOSPEL MISSION BAPTIST CHURCH 7301 AVALON BLVD LOS ANGELES, CA 90003	95-4160787	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HOPE 4 KIDS 1846 W SANTA CRUZ ST SAN PEDRO, CA 90732	30-0214102	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

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IGLESIA EVANGELICA LATINA 1250 BELLEVUE AVE. LOS ANGELES, CA 90026	26-0079111	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
LIFESTEPS 4041 BRIDGE STREET FAIR OAKS, CA 95628	33-0720982	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
LOMA VISTA ELEMENTARY SCHOOL 300 LYNN DR. VENTURA, CA 93003	95-3768449	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
LOS FELIZ CHARTER SCHOOL FOR THE ARTS - 2709 MEDIA CENTER DRIVE - LOS ANGELES, CA 90065	20-3001046	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
LOVELAND 400 N LA BREA AVE STE 500 INGLEWOOD, CA 90302	82-4744532	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
NEVIN AVENUE ELEMENTARY SCHOOL 1569 E. 32ND STREET LOS ANGELES, CA 90011	95-6001908	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
NEW GENERATIONS 2304 ZANKER RD SAN JOSE, CA 95131	35-2606291	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
NUEVA VISION COMMUNITY SCHOOL 18858 ERWIN ST. TARZANA, CA 91335	26-0787757	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SANTA MARIA FAMILY CENTER 9209 COLIMA RD STE 4400 WHITTIER, CA 90605	27-1879748	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

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SINGLE MOTHERS OUTREACH 23780 NEWHALL AVE., STE 203 NEWHALL, CA 91321	95-4646004	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SOL DEL VALLE COMMUNITY CENTER 10725 PENROSE ST SUN VALLEY, CA 91352	95-4131307	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
ST. MARY'S PARISH/ SCHOOL PO BOX 85728 SAN DIEGO, CA 92186	27-3935876	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SUNRISE ELEMENTARY SCHOOL 11821 COBBLE BROOK DR. RANCHO CORDOVA, CA 95742	27-0609600	115	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
TEMPLO CALVARIOS COMMUNITY DEV CORP - 2501 W. 5TH STREET - SANTA ANA, CA 92703	77-0601589	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
THE DREAM CENTER 2301 BELLEVUE AVE. LOS ANGELES, CA 90026	41-2269686	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
THE MIDNIGHT MISSION 601 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90014	95-1691293	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
TOTAL DELIVERANCE CHURCH 418 W AVE J LANCASTER, CA 93534	95-4778101	501(C)(3)	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
VAUGHN NEXT CENTURY LEARNING CENTER - 13330 VAUGHN STREET - SAN FERNANDO, CA 91340	95-4423356	501(C)(3)	0.	8,259.	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
WEST VERNON ELEMENTARY 4312 S GRAND AVE LOS ANGELES, CA 90037	95-6001908	115	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
WILMINGTON PARK ELEMENTARY 1140 MAHAR AVE. WILMINGTON, CA 90744	95-6001908	115	0.	8,259.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
WNY SHARES/TEACHER'S DESK 22 NORTHAMPTON ST BUFFALO, NY 14203	47-2033964	501(C)(3)	0.	8,147.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SANTA CLAUS INC. 824 6TH ST #4509 SAN BERNADINO, CA 92410	95-6101275	501(C)(3)	0.	7,900.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
SECOND HARVEST FOODBANK OF METROLINA INC. - 500 SPRATT ST STE B - CHARLOTTE, NC 28206	56-1352593	501(C)(3)	0.	6,041.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
DENVER HEALTH FOUNDATION 655 BROADWAY, SUITE 750 DENVER, CO 80203	84-1085196	501(C)(3)	0.	5,756.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
AID FOR KIDS 18 MARKET SQUARE HOULTON, ME 04730	20-3918985	501(C)(3)	0.	5,430.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK
HANDS IN SERVICE PO BOX 725 SELLERSVILLE, PA 18960	26-1992241	501(C)(3)	0.	5,092.	FMV	TOYS	TO SUPPORT PROGRAM-RELATED WORK

Schedule I (Form 990)

**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

**2018**

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](http://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 .....

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018





**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 2018, JEAN BUTLER, EXECUTIVE DIRECTOR, RECEIVED FROM THE TOY ASSOCIATION \$257,582 OF REPORTABLE COMPENSATION, \$20,880 OF RETIREMENT BENEFITS AND \$19,487 OF NONTAXABLE COMPENSATION FOR HER SERVICES RENDERED TO THE FOUNDATION. DURING 2018, PAUL VITALE, CHIEF FINANCIAL OFFICER, RECEIVED

**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.

FROM THE TOY ASSOCIATION \$324,897 OF REPORTABLE COMPENSATION, \$22,000

OF RETIREMENT BENEFITS AND \$40,709 OF NONTAXABLE COMPENSATION FOR HIS

SERVICES RENDERED TO THE FOUNDATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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](http://www.irs.gov/Form990) for instructions and 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	549	22,620,720. 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.		

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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:

OTHER PROGRAM ACTIVITIES

EXPENSES \$ 11,776. INCLUDING GRANTS OF \$ 11,776. REVENUE \$ 0.

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 15A:

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

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

Schedule O (Form 990 or 990-EZ) (2018)

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

ON PAGE 4 OF SCHEDULE D PART XI LINE 2B AND PART XII LINE 2A.

THE ASSOCIATION HAS A POLICY FOR DETERMINING COMPENSATION WHICH UTILIZES A

THIRD PARTY TO DO A FULL COMPENSATION STUDY OF SENIOR MANAGEMENT EVERY

THREE YEARS. ANNUALLY, THE ASSOCIATION REVIEWS THE ASAE STUDY AS WELL AS

OTHER STUDIES TO CONSIDER CURRENT AND FUTURE COMPENSATION OF ALL EMPLOYEES.

THIS PROCESS IS DISCLOSED ON THE ASSOCIATION'S FORM 990.

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

AL, AK, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MN, MI, MS, MO, NH, NJ, NM, NY, NC, ND

OR, OH, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI

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.