



2019 Income Tax Returns

JOY IN CHILDHOOD FOUNDATION, INC.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20 _____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2019

Department of the Treasury
Internal Revenue Service

Name of exempt organization

JOY IN CHILDHOOD FOUNDATION, INC.

Employer identification number

26-0593784

Name and title of officer

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>5,920,585.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	_____
5a	Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KPMG LLP to enter my PIN 4 3 2 1 9 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____

Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0 4 5 0 2 3 1 3 5 5 6
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ Mary C. Honick

Date ▶ 6/26/20

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **JOY IN CHILDHOOD FOUNDATION, INC.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: _____
130 ROYALL STREET - MAIL STOP 2WA
 City or town, state or province, country, and ZIP or foreign postal code: _____
CANTON, MA 02021

D Employer identification number: **26-0593784**

E Telephone number: **(781) 737-3821**

F Name and address of principal officer: **KAREN RASKOPF**
130 ROYALL STREET - MAIL STOP 2WA, CANTON, MA 02021

G Gross receipts \$: **6,737,002.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

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

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2007** **M** State of legal domicile: **MA**

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION PROVIDES GRANTS TO CHARITABLE ORGANIZATIONS THAT PROVIDE JOY TO SICK AND HUNGRY KIDS.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 15.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0.
	6 Total number of volunteers (estimate if necessary) 6 170.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b Net unrelated business taxable income from Form 990-T, line 39 7b _____	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 5,842,788. Prior Year 6,371,778. Current Year
	9 Program service revenue (Part VIII, line 2g) 9 0. 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 46,213. 50,414.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -321,472. -501,607.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,567,529. 5,920,585.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 3,110,432. 5,696,509.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 0.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 405,435.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,093,343. 991,598.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 4,203,775. 6,688,107.
19 Revenue less expenses. Subtract line 18 from line 12 19 1,363,754. -767,522.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 8,517,702. Beginning of Current Year 7,729,411. End of Year
	21 Total liabilities (Part X, line 26) 21 1,579,034. 1,543,646.
	22 Net assets or fund balances. Subtract line 21 from line 20. 22 6,938,668. 6,185,765.

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: **MARY C HANINK** Preparer's signature: *Mary C Hanink* Date: **6/26/20** Check if self-employed PTIN: **P01244578**

Firm's name ▶ **KPMG LLP** Firm's EIN ▶ **13-5565207**

Firm's address ▶ **60 SOUTH STREET BOSTON, MA 02111** Phone no. **617-988-1000**

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	JOY IN CHILDHOOD FOUNDATION, INC.	26-0593784
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	130 ROYALL STREET - MAIL STOP 2WA	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CANTON, MA 02021	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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

KARI MCHUGH

- The books are in the care of ► 130 ROYALL STREET, CANTON, MA 02021

Telephone No. ► 781 737-5057 Fax No. ► 781 737-6057

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

1 I request an automatic 6-month extension of time until 11/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2019 or
- tax year beginning _____, 20____, and ending _____, 20____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

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

4a (Code:) (Expenses \$ 5,928,298. including grants of \$ 5,696,509.) (Revenue \$)

CHARITABLE GRANTMAKING TO ENSURE THE BASIC NEEDS OF COMMUNITIES THROUGH HUNGER RELIEF AND CHILDREN'S HEALTH.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 5,928,298.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

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

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 [X]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, 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 reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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 on 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 (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
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.
19 Describe on 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

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLOS ANDRADE DIRECTOR	1.00 0.	X					0.	0.	0.	
(2) CAROL AUSTIN DIRECTOR (THRU 8/19)	1.00 0.	X					0.	0.	0.	
(3) SHAUN CAIN DIRECTOR (BEG. 1/19)	1.00 0.	X					0.	0.	0.	
(4) VICTOR CARVALHO DIRECTOR (BEG. 1/19)	5.00 0.	X					0.	0.	0.	
(5) REGINA CHIN DIRECT. (THRU 10/19)	3.00 0.	X					0.	0.	0.	
(6) NICK DUNHAM DIRECTOR (THRU 2/19)	1.00 0.	X					0.	0.	0.	
(7) ALEX FERNANDEZ DIRECTOR	1.00 0.	X					0.	0.	0.	
(8) JEAN GROSSMAN DIRECTOR (THRU 3/19)	1.00 0.	X					0.	0.	0.	
(9) JASON MACEDA TREASURER	5.00 0.	X		X			0.	0.	0.	
(10) TOM MANCHESTER DIRECTOR	1.00 0.	X					0.	0.	0.	
(11) DRAYTON MARTIN DIRECTOR	2.00 0.	X					0.	0.	0.	
(12) KARI MCHUGH EXECUTIVE DIRECTOR	25.00 0.	X					0.	0.	0.	
(13) PARAG PATEL DIRECTOR (BEG. 1/19)	1.00 0.	X					0.	0.	0.	
(14) MATHIAS PIERCY DIRECTOR (BEG. 5/19)	1.00 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KAREN RASKOPF ----- CO-CHAIR	2.00 ----- 0.	X		X				0.	0.	0.
(16) JAMIL SHAIKH ----- DIRECTOR (BEG. 1/19)	1.00 ----- 0.	X						0.	0.	0.
(17) DAVID SISSON ----- CLERK	1.00 ----- 0.	X		X				0.	0.	0.
(18) KONSE SKRIVANOS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) ALEX SMIGELSKI ----- CO-CHAIR	2.00 ----- 0.	X		X				0.	0.	0.
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1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0.**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	2,797,440.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	3,574,338.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f ▶		6,371,778.				
	Program Service Revenue	2a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		0.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶		50,414.			50,414.
	4	Income from investment of tax-exempt bond proceeds . ▶		0.				
	5	Royalties ▶		0.				
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶		0.				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss) ▶		0.				
8a	Gross income from fundraising events (not including \$ 2,797,440. of contributions reported on line 1c). See Part IV, line 18	8a		282,911.				
			8b	813,633.				
			c	Net income or (loss) from fundraising events. ▶	-530,722.		-530,722.	
9a	Gross income from gaming activities. See Part IV, line 19	9a		31,899.				
			9b	2,784.				
			c	Net income or (loss) from gaming activities. ▶	29,115.		29,115.	
10a	Gross sales of inventory, less returns and allowances	10a		0.				
			10b	0.				
			c	Net income or (loss) from sales of inventory. ▶	0.			
Miscellaneous Revenue	11a	_____	Business Code					
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶		0.				
	12	Total revenue. See instructions ▶		5,920,585.			-451,193.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,696,509.	5,696,509.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (nonemployees):				
a Management	409,778.	97,887.	40,981.	270,910.
b Legal	3,194.		3,194.	
c Accounting	100,839.		100,839.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	184,557.	74,107.	110,450.	
12 Advertising and promotion	52,233.	52,233.		
13 Office expenses	75,333.	528.	74,805.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	20,860.	7,034.	13,826.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	10,279.		10,279.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	134,525.			134,525.
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	6,688,107.	5,928,298.	354,374.	405,435.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,442,403.	1	1,037,731.
	2 Savings and temporary cash investments.	2,220,271.	2	2,487,648.
	3 Pledges and grants receivable, net	4,818,286.	3	4,182,580.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	36,742.	9	21,452.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 251,925.		
	b Less: accumulated depreciation.	10b 251,925.	10c	0.
	11 Investments - publicly traded securities.	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,517,702.	16	7,729,411.	
Liabilities	17 Accounts payable and accrued expenses.	196,709.	17	211,673.
	18 Grants payable	1,382,325.	18	1,331,973.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25.	1,579,034.	26	1,543,646.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,704,868.	27	5,123,030.
	28 Net assets with donor restrictions.	2,233,800.	28	1,062,735.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	6,938,668.	32	6,185,765.
33 Total liabilities and net assets/fund balances.	8,517,702.	33	7,729,411.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,920,585.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,688,107.
3	Revenue less expenses. Subtract line 2 from line 1	3	-767,522.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,938,668.
5	Net unrealized gains (losses) on investments	5	14,619.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,185,765.

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 on 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 on Schedule O and describe any steps taken to undergo such audits . . .

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

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

JOY IN CHILDHOOD FOUNDATION, INC.

Employer identification number

26-0593784

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,536,674.	5,789,895.	5,956,457.	5,842,787.	6,371,778.	27,497,591.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	3,536,674.	5,789,895.	5,956,457.	5,842,787.	6,371,778.	27,497,591.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						8,002,545.
6 Public support. Subtract line 5 from line 4						19,495,046.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	3,536,674.	5,789,895.	5,956,457.	5,842,787.	6,371,778.	27,497,591.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,429.	4,981.	17,290.	46,213.	50,414.	123,327.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						27,620,918.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	70.58%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	74.16%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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>	3b		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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 of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization JOY IN CHILDHOOD FOUNDATION, INC.	Employer identification number 26-0593784
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **JOY IN CHILDHOOD FOUNDATION, INC.**

Employer identification number
26-0593784

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	NATIONAL DCP, LLC 20 E PARK DR WESTHAMPTON, NJ 08060	\$ 2,557,933.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **JOY IN CHILDHOOD FOUNDATION, INC.**

Employer identification number

26-0593784

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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **JOY IN CHILDHOOD FOUNDATION, INC.**

Employer identification number
26-0593784

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

JOY IN CHILDHOOD FOUNDATION, INC.

Employer identification number

26-0593784

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

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

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

Part II Conservation Easements.

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

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

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue, and assets.

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

Schedule D (Form 990) 2019

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 make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Term 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)		
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		251,925.	251,925.	
e Other				

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue... 7,324,950. Row 2: Amounts included on line 1 but not on Form 990... Row 3: Subtract line 2e from line 1... 6,737,002. Row 4: Amounts included on Form 990... Row 5: Total revenue... 5,920,585.

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses... 8,077,853. Row 2: Amounts included on line 1 but not on Form 990... Row 3: Subtract line 2e from line 1... 7,504,524. Row 4: Amounts included on Form 990... Row 5: Total expenses... 6,688,107.

Part XIII Supplemental Information.

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

SEE PAGE 5

Series of horizontal lines for providing supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE (IRC) SECTION 501(C) AND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(A). THE FOUNDATION MET THE IRS QUALIFICATIONS FOR PUBLIC CHARITY STATUS FOR THE 60 MONTH PERIOD ENDED DECEMBER 31, 2019 AND, AS SUCH, HAS TERMINATED PRIVATE FOUNDATION STATUS AND IS CURRENTLY OPERATING AS A PUBLIC CHARITY ORGANIZED UNDER IRS SECTION 501(C)(3).

THE FOUNDATION FOLLOWS THE GUIDANCE OF FASB ASC 740, INCOME TAXES, RELATED TO UNCERTAINTIES IN INCOME TAXES, WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION BELIEVES IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2019.

SCHEDULE D, PART XI, LINE 4D

FUNDRAISING EVENT EXPENSE:	\$(813,633)
RAFFLE DIRECT EXPENSE:	\$(2,784)
TOTAL:	\$(816,417)

SCHEDULE D, PART XII, LINE 4D

FUNDRAISING EVENT EXPENSE:	\$(813,633)
RAFFLE DIRECT EXPENSE:	\$(2,784)
TOTAL:	\$(816,417)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization
JOY IN CHILDHOOD FOUNDATION, INC.

Employer identification number
26-0593784

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | | | |
|----------------------------|----------------------------------|----------------------------|---------------------------------------|
| a <input type="checkbox"/> | Mail solicitations | e <input type="checkbox"/> | Solicitation of non-government grants |
| b <input type="checkbox"/> | Internet and email solicitations | f <input type="checkbox"/> | Solicitation of government grants |
| c <input type="checkbox"/> | Phone solicitations | g <input type="checkbox"/> | Special fundraising events |
| d <input type="checkbox"/> | In-person solicitations | | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

Total

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		VENDOR DINNER	MANHATTAN GALA	19.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	750,365.	555,480.	1,774,506.	3,080,351.
	2 Less: Contributions	688,740.	486,280.	1,622,420.	2,797,440.
	3 Gross income (line 1 minus line 2)	61,625.	69,200.	152,086.	282,911.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	104,708.	25,148.	289,950.	419,806.
	7 Food and beverages	64,110.	81,530.	46,270.	191,910.
	8 Entertainment	25,000.		12,942.	37,942.
	9 Other direct expenses	51,829.	30,658.	81,488.	163,975.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				813,633.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-530,722.

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			2,784.	2,784.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					2,784.
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					29,115.

9 Enter the state(s) in which the organization conducts gaming activities: MA,
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: SEE SUPPLEMENTAL PAGE

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	100.0000 %
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JOY IN CHILDHOOD FOUNDATION, INC.

Address ▶ 130 ROYALL STREET - MAIL STOP 2WA CANTON, MA 02021

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:
 - Name ▶ TRACY FINN
 - Gaming manager compensation ▶ \$ _____
 - Description of services provided ▶ OVERALL SUPERVISION
 - Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART III, LINE 9B EXPLANATION

THE RAFFLE IS FOR DUNKIN BRAND EMPLOYEES ONLY; THE RAFFLE IS NOT ADVERTISED OUTSIDE OF THE CORPORATE OFFICE OR TO THE PUBLIC. THE RAFFLE TAKES PLACE IN THE OFFICE.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

JOY IN CHILDHOOD FOUNDATION, INC.

Employer identification number

26-0593784

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HEALTHCARE OF ATLANTA 1577 NORTHEAST EXPRESSWAY ATLANTA, GA 30329	58-2367819	501(C)(3)	79,965.				SUPPORT SICK AND HUNGRY KIDS
(2) EASTERN MAINE MEDICAL CENTER 43 WHITING HILL RD BREWER, ME 04412	01-0211501	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(3) AUGUSTA FOOD BANK 161 MT VERNON AVE AUGUSTA, ME 04330	01-0545734	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(4) NEW HAMPSHIRE CATHOLIC CHARITIES 700 EAST INDUSTRIAL PARK DRIVE	02-0222163	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(5) CHILDHOOD CANCER LIFELINE PO BOX 395 HILLSBORO, NH 03244	02-0486350	501(C)(3)	12,500.				SUPPORT SICK AND HUNGRY KIDS
(6) UPPER VALLEY HAVEN INC 713 HARTFORD AVENUE	03-0277908	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(7) VERMONT'S CAMP TA-KUM-TA PO BOX 459 SOUTH HERO, VT 05486	03-0362578	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(8) MERRIMACK VALLEY YMCA 360 MERRIMACK ST, BLDG K, STE 270	04-2104378	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(9) INTERFAITH SOCIAL SERVICES 105 ADAMS STREET QUINCY, MA 02169	04-2104853	501(C)(3)	35,000.				SUPPORT SICK AND HUNGRY KIDS
(10) BOYS & GIRLS CLUB OF GREATER SALEM INC. PO BOX 24 SALEM, MA 01970	04-2104912	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(11) NURTURY INC 2201 WASHINGTON STREET ROXBURY, MA 02119	04-2105893	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(12) SHRINERS HOSPITALS FOR CHILDREN 516 CAREW STREET SPRINGFIELD, MA 01104	04-2121377	501(C)(3)	14,000.				SUPPORT SICK AND HUNGRY KIDS

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

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

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Schedule I (Form 990) (2019)

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(1) DANA FARBER 44 BINNEY STREET BOSTON, MA 02445	04-2263040	501(C)(3)	806,741.				SUPPORT SICK AND HUNGRY KIDS
(2) METROWEST YMCA 280 OLD CONNECTICUT PATH	04-2281530	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(3) BAY STATE COMMUNITY SERVICES, INC. 1120 HANCOCK STREET QUINCY, MA 02169	04-2468492	501(C)(3)	12,000.				SUPPORT SICK AND HUNGRY KIDS
(4) FENWAY COMMUNITY HEALTH CENTER, INC. 1340 BOYLSTON ST BOSTON, MA 02215	04-2510564	501(C)(3)	7,500.				SUPPORT SICK AND HUNGRY KIDS
(5) CENTRO 11 SYCAMORE ST WORCESTER, MA 01608	04-2714991	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(6) BOSTON CHILDREN'S HOSPITAL 401 PARK DR, SUITE 602 BOSTON, MA 02115	04-2774441	501(C)(3)	110,000.				SUPPORT SICK AND HUNGRY KIDS
(7) WEYMOUTH COUNCIL FOR THE HUNGRY 40B RESERVOIR PARK DR ROCKLAND, MA 02370	04-3099272	501(C)(3)	7,500.				SUPPORT SICK AND HUNGRY KIDS
(8) UMASS MEMORIAL CHILDREN'S MEDICAL CENTER, 333 SOUTH STREET SHREWSBURY, MA 01545	04-3108190	501(C)(3)	171,361.				SUPPORT SICK AND HUNGRY KIDS
(9) DREAM DAY ON CAPE COD 165 NAN KE RAPE PATH BREWSTER, MA 02631	04-3181222	501(C)(3)	7,500.				SUPPORT SICK AND HUNGRY KIDS
(10) TUFTS MEDICAL CENTER INC 800 WASHINGTON ST #231 BOSTON, MA 02111	04-3400617	501(C)(3)	256,364.				SUPPORT SICK AND HUNGRY KIDS
(11) THE DIMOCK CENTER 55 DIMOCK ST ROXBURY, MA 02119	04-3487827	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(12) JETT FOUNDATION 36 CORDAGE PARK CIRCLE, SUITE 328	04-3563445	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS

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(1) HASBRO CHILDREN'S HOSPITAL 139 POINT ST PROVIDENCE, RI 02903	05-0258954	501(C)(3)	32,500.				SUPPORT SICK AND HUNGRY KIDS
(2) THE TOMORROW FUND 593 EDDY ST PROVIDENCE, RI 02903	05-0450569	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(3) BOYS & GIRLS CLUBS OF WARWICK 42 FREDERICK STREET WARWICK, RI 02888	05-6019193	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(4) YALE NEW HAVEN PO BOX 1849 NEW HAVEN, CT 06508	06-0646652	501(C)(3)	162,870.				SUPPORT SICK AND HUNGRY KIDS
(5) HOLE IN THE WALL GANG FUND INC 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	06-1157655	501(C)(3)	90,000.				SUPPORT SICK AND HUNGRY KIDS
(6) HENRY VISCARDI SCHOOL 201 I U WILLETTS ROAD ALBERTSON, NY 11507	11-2024514	501(C)(3)	30,000.				SUPPORT SICK AND HUNGRY KIDS
(7) ST. MARY'S HOSPITAL FOR CHILDREN 29-01 216TH ST BAYSIDE, NY 11360	11-2728736	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(8) WEST ISLIP YOUTH ENRICHMENT SERVICES INC. PO BOX 105 WEST ISLIP, NY 11795	11-2832268	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(9) NEW GROUND INC. 70 ACORN LANE LEVITTOWN, NY 11756	11-3108137	501(C)(3)	7,000.				SUPPORT SICK AND HUNGRY KIDS
(10) STONY BROOK FOUNDATION UNIVERSITY ADVANCEMENT	11-6077945	501(C)(3)	30,000.				SUPPORT SICK AND HUNGRY KIDS
(11) MOUNT SINAI HOSPITAL DEVELOPMENT OFFICE NEW YORK, NY 10029	13-1624096	501(C)(3)	30,000.				SUPPORT SICK AND HUNGRY KIDS
(12) MUSCULAR DYSTROPHY ASSOCIATION 6315 FLY ROAD, SUITE 102	13-1665552	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS

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(1) BLYTHEDALE CHILDREN'S HOSPITAL 95 BRADHURST AVENUE VALHALLA, NJ 10595	13-1739922	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(2) MEMORIAL SLOAN KETTERING CANCER CENTER OFFICE OF DEVELOPMENT, 1275 YORK AVE, BOX 7	13-1924236	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(3) CYSTIC FIBROSIS FOUNDATION 455 PATROON CREEK BLVD., SUITE 108	13-1930701	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(4) CITY HARVEST FOOD BANK 6 EAST 32ND STREET 5TH FLOOR	13-3170676	501(C)(3)	66,333.				SUPPORT SICK AND HUNGRY KIDS
(5) ENCOURAGE KIDS FOUNDATION 1560 BROADWAY, SUITE 600 NEW YORK, NY 10036	13-3442216	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(6) THE FOOD BANK FOR WESTCHESTER, INC. 200 CLEARBROOK AVENUE ELMSFORD, NY 10523	13-3507988	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(7) NEWYORK-PRESBYTERIAN MORGAN STANLEY CHILD NEWYORK-PRESBYTERIAN OFFICE OF DEVELOPMENT	13-3957095	501(C)(3)	134,318.				SUPPORT SICK AND HUNGRY KIDS
(8) MUSICIANS ON CALL INC. 110 WEST 40TH ST, SUITE 702	13-4067116	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(9) CHILDREN'S SPECIALIZED HOSPITAL FOUNDATION 150 NRE PROVIDENCE ROAD	13-6844298	501(C)(3)	42,000.				SUPPORT SICK AND HUNGRY KIDS
(10) DOUBLE H RANCH 97 HIDDEN VALLEY ROAD	14-1752888	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(11) UNITED HEALTH SERVICES FOUNDATION, INC. 10-42 MITCHELL AVENUE BINGHAMTON, NY 13903	16-1199153	501(C)(3)	8,000.				SUPPORT SICK AND HUNGRY KIDS
(12) LUCY'S LOVE BUS 21 WATER ST, SUITE 302 AMESBURY, MA 01913	20-4036256	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS

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(1) FOOD BANK OF SOUTHERN TIER 388 UPPER OAKWOOD AVE ELMIRA, NY 14903	20-8808059	501(C)(3)	7,000.				SUPPORT SICK AND HUNGRY KIDS
(2) THE VALERIE FUND 2101 MILLBURN AVENUE MAPLEWOOD, NJ 07040	22-2126867	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(3) HACKENSACK UMC FOUNDATION 160 ESSEX ST, SUITE 101 LODI, NJ 07644	22-2339534	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(4) THE RWJ UNIVERSITY HOSPITAL FOUNDATION 10 PLUM STREET, SUITE 910	22-2378007	501(C)(3)	7,500.				SUPPORT SICK AND HUNGRY KIDS
(5) COMMUNITY FOOD BANK OF NEW JERSEY 31 EVANS TERMINAL HILLSIDE, NJ 07205	22-2423882	501(C)(3)	30,000.				SUPPORT SICK AND HUNGRY KIDS
(6) ST. JOSEPH'S HEALTHCARE SYSTEM INC. PO BOX 29000 NEWARK, NJ 07101	22-2448138	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(7) FOOD BANK OF WESTERN NY 91 HOLT ST BUFFALO, NY 14206	22-2470820	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(8) REGIONAL FOOD BANK OF NORTHEAST NY INC 965 ALBANY SHAKER ROAD	22-2470885	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(9) FOOD FOR FREE 11 INMAN ST CAMBRIDGE, MA 02139	22-2561771	501(C)(3)	30,000.				SUPPORT SICK AND HUNGRY KIDS
(10) CAMP SUNSHINE AT SEBAGO LAKE INC 35 ACADIA ROAD CASCO, ME 04015	22-2582877	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(11) MASSACHUSETTS DOWN SYNDROME CONGRESS 20 BURLINGTON MALL RD, STE 261	22-2596246	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(12) COMMUNITY SERVINGS, INC. 18 MARBURY TERRACE JAMAICA, MA 02130	22-3154028	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS

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(1) GREATER ATTLEBORO AREA COUNCIL FOR CHILDR 4 HODGES STREET ATTLEBORO, MA 02760	22-3172923	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(2) FOUNDATION FOR MORRISTOWN MEDICAL CENTER 475 SOUTH ST MORRISTOWN, NJ 07960	22-3392808	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(3) NEWARK BETH ISRAEL MEDICAL CENTER INC. 201 LYONS AVE NEWARK, NJ 07112	22-3452311	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(4) THE OASIS HAVEN FOR WOMEN & CHILDREN INC 59 MILL ST PATERSON, NJ 07501	22-3491573	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(5) TABLE TO TABLE 611 US HIGHWAY 46W, SUITE 240	22-3646125	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(6) POLICE ATHLETIC LEAGUE OF PHILADELPHIA 3068 BELGRADE ST	23-1507837	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(7) COMMITTEE TO BENEFIT THE CHILDREN 263 S. YORK ROAD HATBORO, PA 19040	23-2173939	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(8) CHILDREN'S HOSP OF PHILADELPHIA PO BOX 781352 PHILADELPHIA, PA 19178	23-2237932	501(C)(3)	111,621.				SUPPORT SICK AND HUNGRY KIDS
(9) SPINA BIFIDA ASSOCIATION OF GREATER NE 219 E MAIN ST STE 100B MILFORD, MA 01757	23-7305430	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(10) CHILDREN'S HOSP OF VOLUNTEERS 1200 EVERETT DRIVE, BOX 71	23-7356912	501(C)(3)	109,621.				SUPPORT SICK AND HUNGRY KIDS
(11) NORTH STAR REACH 674 SOUTH WAGNER ROAD ANN ARBOR, MI 48103	26-0347065	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(12) ON BELAY, INC. PO BOX 391 NEWMARKET, NH 03857	26-0648162	501(C)(3)	12,500.				SUPPORT SICK AND HUNGRY KIDS

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

JOY IN CHILDHOOD FOUNDATION, INC.

Employer identification number

26-0593784

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OPEN HEART MAGIC 67 E. MADISON, SUITE 1504 CHICAGO, IL 60603	27-0095889	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(2) TESORI FAMILY FOUNDATION INC 101 MARKETSIDE AVENUE, STE 494, #345	27-1153318	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(3) FEEDING OUR COMMUNITIES PARTNERS PO BOX 5275 MANKATO, MN 56002	27-2374187	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(4) CLEVELAND CLINIC PHILANTHROPY INSTITUTE ATTN: ABBY MILLAR	34-0714585	501(C)(3)	149,355.				SUPPORT SICK AND HUNGRY KIDS
(5) AKRON-CANTON REGIONAL FOOD BANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388	501(C)(3)	7,500.				SUPPORT SICK AND HUNGRY KIDS
(6) ALSAC/ST. JUDE CHILDREN'S RESEARCH 220 EAST 42ND STREET, SUITE 435	35-1044585	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(7) FOOD BANK OF NORTHWEST INDIANA 6490 BROADWAY MERRIVILLE, IN 46410	35-1528285	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(8) LA RABIDA CHILDREN'S HOSPITAL 6501 SOUTH PROMONTORY DR CHICAGO, IL 60649	36-2170143	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(9) LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E CHICAGO AVE, BOX 4 CHICAGO, IL 60611	36-2170833	501(C)(3)	50,000.				SUPPORT SICK AND HUNGRY KIDS
(10) ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PARKWAY SUITE 600	36-3297360	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(11) UNIVERSITY OF CHICAGO MEDICAL CENTER 5235 S HARPER COURT, 4TH FLOOR	36-3488183	501(C)(3)	36,000.				SUPPORT SICK AND HUNGRY KIDS
(12) DUPAGE CHILDRENS MUSEUM 301 N WASHINGTON STREET	36-3565001	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS

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

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

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Schedule I (Form 990) (2019)

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(1) JOURNEYCARE FOUNDATION, INC. 2050 CLAIRE COURT GLENVIEW, IL 60025	36-3820916	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(2) UNIVERSITY OF ILLINOIS BOARD OF TRUSTEES 1747 W ROOSEVELT ROAD, SUITE 302 (MC 792)	37-6000511	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(3) HUNGER TASK FORCE, INC. 201 S HAWLEY COURT MILWAUKEE, WI 53214	39-1345847	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(4) SPECIAL SPACES 9028 MIDDLEBROOK PIKE KNOXVILLE, TN 37919	42-1641574	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(5) END 68 HOURS OF HUNGER 24 OLD ROCHESTER RD, CENTER BARNSTEAD	45-0998251	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(6) TEAM IMPACT 500 VICTORY ROAD, 4TH FL QUINCY, MA 02171	45-1837673	501(C)(3)	100,000.				SUPPORT SICK AND HUNGRY KIDS
(7) LI FRAUMENI SYNDROME ASSOCIATION PO BOX 6458 HOLLISTON, MA 01746	45-2284811	501(C)(3)	9,000.				SUPPORT SICK AND HUNGRY KIDS
(8) THE URBAN FARMING INST OF BOSTON, INC. 487 R NORFOLK ST MATTAPAN, MA 02126	45-3961022	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(9) ELISHA PROJECT 29 WEEDON AVENUE RUMFORD, RI 02916	45-4507647	501(C)(3)	35,000.				SUPPORT SICK AND HUNGRY KIDS
(10) THE THOMAS PROMISE FOUNDATION 4424 GALL BLVD ZEPHYRILLIS, FL 33542	46-0808046	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(11) GABRIELS CHILDREN OF THE GREEN MNTNS, INC 107 NESHOBE BEACH ROAD BOMOSEEN, VT 05732	46-2530832	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(12) KITCHENS FOR GOOD 404 EUCLID AVE SAN DIEGO, CA 92114	46-3278605	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

JOY IN CHILDHOOD FOUNDATION, INC.

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26-0593784

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CAMP KIDS ARE KIDS 605 NORTH MICHIGAN AVENUE, 4TH FLOOR	46-4137339	501(C)(3)	26,000.				SUPPORT SICK AND HUNGRY KIDS
(2) REGIONAL FOOD BANK OF NORTHEAST FLORIDA 1116 EDGEWOOD AVE N SANTA ROSA, CA 95403	46-5014769	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(3) CAMP CASCO PO BOX 330 SUDBURY, MA 01776	47-2125590	501(C)(3)	12,400.				SUPPORT SICK AND HUNGRY KIDS
(4) DANIELS TABLE INC. 102 FOUNTAIN STREET FRAMINGHAM, MA 01702	47-3166043	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(5) RETTS ROOST 22 AUTUMN RIVER LN OGUNQUIT, ME 03907	47-3723204	501(C)(3)	12,250.				SUPPORT SICK AND HUNGRY KIDS
(6) GRAHAMTASTIC CONNECTION 21 BRADEEN STREET, SUITE 107	51-0468171	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(7) CAMP SUNRISE 750 E. PRATT STREET, SUITE 1700	52-0591656	501(C)(3)	45,000.				SUPPORT SICK AND HUNGRY KIDS
(8) CAPITAL AREA FOOD BANK 4900 PUERTO RICO AVE NE	52-1167581	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(9) THE MARFAN FOUNDATION 22 MANHASSET AVENUE	52-1265361	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(10) CHILDREN'S HOSPITAL OF THE KING'S DAUGHTER 601 CHILDREN'S LANE NORFOLK, VA 23507	54-0506321	501(C)(3)	33,000.				SUPPORT SICK AND HUNGRY KIDS
(11) DUKE UNIVERSITY 300 W. MORGAN STREET SUITE #1200	56-0532129	501(C)(3)	27,000.				SUPPORT SICK AND HUNGRY KIDS
(12) SECOND HARVEST FOOD BANK OF METROLINA 500B SPRATT STREET CHARLOTTE, NC 28206	56-1352593	501(C)(3)	8,000.				SUPPORT SICK AND HUNGRY KIDS

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

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Schedule I (Form 990) (2019)

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**Grants and Other Assistance to Organizations,
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26-0593784

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(1) MEDICAL UNIV OF SOUTH CAROLINA FNDN 59 BEE STREET, MSC 201 CHARLESTON, SC 29425	57-6028985	501(C)(3)	123,100.				SUPPORT SICK AND HUNGRY KIDS
(2) ATLANTA COMMUNITY FOOD BANK INC 732 JOSEPH E. LOWERY BLVD NW	58-1376648	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(3) NEMOURS FOUNDATION 1600 ROCKLAND ROAD WILMINGTON, DE 19803	59-0634433	501(C)(3)	65,000.				SUPPORT SICK AND HUNGRY KIDS
(4) ST JOSEPH'S 2700 W DR MARTIN LUTHER KING JR BLVD	59-1100828	501(C)(3)	109,545.				SUPPORT SICK AND HUNGRY KIDS
(5) FEEDING SOUTH FLORIDA 2501 SW 32 TERRACE HALLANDALE, FL 33009	59-2097520	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(6) FEEDING AMERICA 4702 TRANSPORT DRIVE TAMPA, FL 33605	59-2116576	501(C)(3)	267,520.				SUPPORT SICK AND HUNGRY KIDS
(7) SUNSYSTEM DEVELOPMENT CORP 550 E ROLLINS STREET, 6TH FLOOR	59-2219301	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(8) GIVE KIDS THE WORLD VILLAGE 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	59-2654440	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(9) CAMP BOGGY CREEK 30500 BRANTLEY BRANCH RD EUSTIS, FL 32736	59-3012889	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(10) NORTH BROWARD HOSPITAL DISTRICT 1608 SE 3RD AVE, SUITE 507	59-6012065	501(C)(3)	50,000.				SUPPORT SICK AND HUNGRY KIDS
(11) END HUNGER CONNECTICUT 65 HUNGERFORD STREET HARTFORD, CT 06106	61-1545835	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(12) BLOUNT COUNTY BOY AND GIRLS CLUB 520 S WASHINGTON ST MARYVILLE, TN 37804	62-0475743	501(C)(3)	14,000.				SUPPORT SICK AND HUNGRY KIDS

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Schedule I (Form 990) (2019)

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(1) SECOND HARVEST FOOD BANK OF MIDDLE TN 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	62-1049447	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(2) THE HUNTSVILLE HOSPITAL FOUNDATION, INC. 801 CLINTON AVENUE EAST	63-0752604	501(C)(3)	6,300.				SUPPORT SICK AND HUNGRY KIDS
(3) TREASURE COAST FOOD BANK 401 ANGLE ROAD FT PIERCE, FL 34947	65-0123281	501(C)(3)	7,000.				SUPPORT SICK AND HUNGRY KIDS
(4) JOE DIMAGGIO CHILDREN'S HOSP FOUND. 3329 JOHNSON STREET HOLLYWOOD, FL 33021	65-0492343	501(C)(3)	54,900.				SUPPORT SICK AND HUNGRY KIDS
(5) LEE MEMORIAL 9800 S. HEALTHPARK DRIVE #405	65-0645343	501(C)(3)	94,857.				SUPPORT SICK AND HUNGRY KIDS
(6) OKIZU FOUNDATION 83 HAMILTON DR, SUITE 200 NOVATO, CA 94949	68-0291178	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(7) CAMP PERIWINKLE 3400 BISSONNET ST #185 HOUSTON, TX 77005	76-0093914	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(8) THE COMMUNITY HOPE CENTER INC 2420 OLD VINELAND ROAD KISSIMMEE, FL 34746	80-0855060	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(9) FIRST DESCENTS 3001 BRIGHTON BLVD, STE 623	81-0539964	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(10) CREATIVE HUB WORCESTER 657 MAIN ST WORCESTER, MA 01610	81-2613929	501(C)(3)	7,000.				SUPPORT SICK AND HUNGRY KIDS
(11) CHILDREN'S HOSP OF COLORADO 13123 EAST 16TH AVE AURORA, CO 80045	84-0166760	501(C)(3)	160,242.				SUPPORT SICK AND HUNGRY KIDS
(12) CAMP CARTWHEEL 3711 EAST SUNSET ROAD LAS VEGAS, NV 89120	88-0302673	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS

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

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Schedule I (Form 990) (2019)

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Name of the organization

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FAMILY REACH 1719 ROUTE 10, STE 303 PARSIPPANY, NJ 07054	91-2192211	501(C)(3)	77,000.				SUPPORT SICK AND HUNGRY KIDS
(2) BANNER HEALTH FOUNDATION 2901 N CENTRAL AVENUE, SUITE 190	94-2545356	501(C)(3)	45,000.				SUPPORT SICK AND HUNGRY KIDS
(3) CHOC CHILDRENS FOUNDATION 1201 WEST LA VETA AVE ORANGE, CA 92868	95-2321786	501(C)(3)	153,044.				SUPPORT SICK AND HUNGRY KIDS
(4) THE PAINTED TURTLE 1300 4TH ST, SUITE 300	95-4612481	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 136.

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

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

Schedule I (Form 990) (2019)

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

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

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

SCHEDULE I, PART I, LINE 2

THE FOUNDATION HAS A GRANT APPROVAL PROCESS FOR ALL GRANT FUNDS THAT ARE DISTRIBUTED. THE GRANT AWARDS ARE FIRST APPROVED BY THE BOARD OF DIRECTORS AND THEN THE FUNDS ARE DISPERSED. THE GRANTS ARE TRACKED IN THE ACCOUNTING SOFTWARE BY RECIPIENT.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

JOY IN CHILDHOOD FOUNDATION, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

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Employer identification number

26-0593784

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

THE FINANCE COMMITTEE AND EACH MEMBER OF THE BOARD OF DIRECTORS WILL
REVIEW THE FINAL FORM 990 AND APPROVE THE FINAL FORM 990 BEFORE THE FORM
990 IS FILED WITH THE IRS.

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

THE FOUNDATION HAS A CONFLICT OF INTEREST POLICY AND AN ANNUAL SIGN OFF.
THE BOARD OF DIRECTORS IS ASKED ANNUALLY TO VERIFY/CONFIRM THAT THERE ARE
NO NEW CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

THE ORGANIZATION DID NOT COMPENSATE ITS TOP MANAGEMENT OFFICIAL OR OTHER
OFFICERS OF THE ORGANIZATION. THE ORGANIZATION DID NOT HAVE ANY EMPLOYEES
DURING THE YEAR.

FORM 990, PART VI, SECTION C, LINE 19

ALL DOCUMENTS REQUIRED BY LAW ARE PROVIDED TO THE PUBLIC UPON REQUEST.
ADDITIONALLY, FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE FOUNDATION IS ESTABLISHED TO BRING TOGETHER A WIDE NETWORK OF
STAKEHOLDERS, INCLUDING DUNKIN' DONUTS AND BASKIN-ROBBINS
FRANCHISEES, SUPPLIERS, CREW MEMBERS AND EMPLOYEES, TO ENGAGE IN

Name of the organization JOY IN CHILDHOOD FOUNDATION, INC.	Employer identification number 26-0593784
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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FUNDRAISING AND GRANT MAKING TO CHARITABLE ORGANIZATIONS THAT PROVIDE JOY TO SICK AND HUNGRY KIDS. THE FOUNDATION IS ALSO ESTABLISHED TO MORE GENERALLY SUPPORT THOSE WHO SERVE IN THEIR COMMUNITIES IN AN EFFORT TO IMPROVE COMMUNITY STRENGTH AND CAPACITY.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DUNKIN' BRANDS GROUP, INC. 130 ROYALL ST. MAILSTOP 2WA CANTON, MA 02021	MANAGEMENT SERVICES	409,777.
JVJ SOLUTIONS GROUP 47 DUNHAM RD BILLERICA, MA 01821	GRAPHIC DESIGN	106,218.