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Form	330

Department of the Treasury Internal Revenue Service

### \*\* PUBLIC DISCLOSURE COPY \*\* 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.



AF	or the	2021 calendar year, or tax year beginning and	ending				
B C a	heck if pplicabl	C Name of organization		D Employer identified	cation number		
	Addre	THE TOY FOUNDATION, INC.					
	Name chang			13-6161457			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)					
	Final return		1001	212-675-1141			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,498,710.		
Amended return NEW YORK, NY 10018 H(a) Is this a grou							
	Applica- tion F Name and address of principal officer: PAUL VITALE for sub				? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: 🗴 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🚺 4947(a)(1)	or 527	If "No," attach a	list. See instructions		
		te: WWW.TOYFOUNDATION.ORG		H(c) Group exemption	· · · · · · · · · · · · · · · · · · ·		
		organization: X Corporation Trust Association Other	L Year	of formation: 1961	State of legal domicile: NY		
Pa	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities: <u>SEE SC</u>	HEDULE O				
anc							
Activities & Governance		Check this box  if the organization discontinued its operations or disposed of the organization discontinued its operations of disposed of the organization discontinued its operations of the organization disconting discontinued its operation disconting discontinued its					
202					13		
<u>چ</u>		Number of independent voting members of the governing body (Part VI, line 1b)		0			
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		100			
tivil		Total number of volunteers (estimate if necessary)		0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
		Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		48,866,998.	3,083,913.		
anc				0.	0.		
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		105,696.	390,759.		
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-166,581.	-84,917.		
				48,806,113.	3,389,755.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		48,372,341.	3,388,902.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	512,578.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
per	b	Total fundraising expenses (Part IX, column (D), line 25)					
щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		122,421.	149,023.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		48,494,762.	4,050,503.		
	19	Revenue less expenses. Subtract line 18 from line 12		311,351.	-660,748.		
or				ginning of Current Year	End of Year		
Net Assets	20	Total assets (Part X, line 16)		4,895,558.	4,233,635.		
t As. d Bź	21	Total liabilities (Part X, line 26)		134,759.	129,829.		
		Net assets or fund balances. Subtract line 21 from line 20		4,760,799.	4,103,806.		
		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.

	Rignoture of officer		Data	
Sign	Signature of officer		Date	
Here	PAUL VITALE, CHIEF FINANCIAL OFFI	ICER		
	Type or print name and title	1	1 = .	
	Print/Type preparer's name	Preparer's signature	Date	
Paid	MEREDITH BELL	MALL	11/09/22	self-employed P01696827
Preparer	Firm's name 🕒 RSM US LLP	1	Firm	s EIN 🕨 42-0714325
Use Only	Firm's address 🕨 1250 H STREET, SUITE 700	)		
	WASHINGTON, DC 20005		Phon	e no.202-293-2200
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	IRS e-file Signature Authorization	OMB No, 1545-0047
arm 8879-TE	for a Tax Exempt Entity	
	For calendar year 2021, or fiscal year beginning, 2021, and ending, 20	- 2021
Department of the Treasury	Do not send to the IRS. Keep for your records.	
nternal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	EIN or SSN
lame of filer		13-6161457
	OUNDATION, INC.	
ame and title of officer or pe	rson subject to tax FAOL VIIALE CHIEF FINANCIAL OFFICER	
Part I Type of	Return and Return Information	
orm 5330 filers may ente r 10a below, and the amo whichever is applicable, bl han one line in Part I.	rn for which you are using this Form 8879-TE and enter the applicable amount, if any, from r dollars and cents. For all other forms, enter whole dollars only. If you check the box on line bunt on that line for the return being filed with this form was blank, then leave line <b>1b</b> , <b>2b</b> , <b>3</b> ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line <b>1b</b> , <b>2b</b> , <b>3</b> and <b>b</b> , <b>1b</b>	e 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, ne below. Do not complete more
1a Form 990 check h		
2a Form 990-EZ che		
3a Form 1120-POL		
4a Form 990-PF che		
5a Form 8868 check		
6a Form 990-T check		
7a Form 4720 check		8b
8a Form 5227 check 9a Form 5330 check		9b
9a Form 5330 check 10a Form 8038-CP ch		A REAL REAL REAL REAL REAL REAL REAL REA
Part II Declarat	ion and Signature Authorization of Officer or Person Subject to Tax	
021 electronic return and omplete. I further declare termediate service provid cknowledgement of receind f any refund. If applicable	, (EIN) and the accompanying schedules and statements, and, to the best of my knowledge and belief, the that the amount in Part I above is the amount shown on the copy of the electronic return. I der, transmitter, or electronic return originator (ERO) to send the return to the IRS and to rea pt or reason for rejection of the transmission, (b) the reason for any delay in processing the I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic furtion account indicated in the tax preparation software for payment of the federal taxes own	ey are true, correct, and I consent to allow my ceive from the IRS (a) an a return or refund, and (c) the date unds withdrawal (direct debit) ed on this return, and the
021 electronic return and omplete. I further declare ntermediate service provid cknowledgement of recei- f any refund. If applicable ntry to the financial institu- nancial institution to debi ater than 2 business days	accompanying schedules and statements, and, to the best of my knowledge and belief, th that the amount in Part I above is the amount shown on the copy of the electronic return. I der, transmitter, or electronic return originator (ERO) to send the return to the IRS and to rec	ey are true, correct, and l consent to allow my seive from the IRS (a) an e return or refund, and (c) the date inds withdrawal (direct debit) ed on this return, and the I Agent at 1-888-353-4537 no the processing of the electronic avment. I have selected a
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2021 electronic return and complete. I further declare ntermediate service provis acknowledgement of recei- of any refund. If applicable entry to the financial institu- tinancial institution to debi- ater than 2 business days observent of taxes to receiv- bersonal identification num <b>PIN: check one box only</b> I authorize <b>RSM</b> as my signature with a state age on the return's of As an officer or return. If I have i IRS Fed/State p Signature of officer or person subje <b>Part III Certifica</b> <b>ERO's EFIN/PIN.</b> Enter you number (EFIN) followed by certify that the above num- submitting this return in account of the seturn in account of the setur	accompanying schedules and statements, and, to the best of my knowledge and belief, the that the amount in Part I above is the amount shown on the copy of the electronic return. I der, transmitter, or electronic return originator (ERO) to send the return to the IRS and to rea pt or reason for rejection of the transmission, (b) the reason for any delay in processing the tauthorize the U.S. Treasury and its designated Financial Agent to initiate an electronic to the account indicated in the tax preparation software for payment of the federal taxes own the the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financia prior to the payment (settlement) date. I also authorize the financial institutions involved in the confidential information necessary to answer inquiries and resolve issues related to the p on ber (PIN) as my signature for the electronic return and, if applicable, the consent to electron to the tax year 2021 electronically filed return. If I have indicated within this return that a conscious consent screen. Description subject to tax with respect to the entity, I will enter my PIN as my signature on the ta ndicated within this return that a copy of the return is being filed with a state agency(ies) re rogram, I will enter my PIN on the return's disclasure consent screen. at to tax <b>b</b> <b>tition and Authentication</b> your five-digit self-selected PIN. To not enter all zeros meric entry is my PIN, which is my signature on the 2021 electronically filed return indicated cordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Autors	ey are true, correct, and I consent to allow my ceive from the IRS (a) an e return or refund, and (c) the date inds withdrawal (direct debit) ed on this return, and the I Agent at 1-888-353-4537 no the processing of the electronic ayment. I have selected a mic funds withdrawal. enter my PIN 12345 Enter five numbers, but do not enter all zeros opy of the return is being filed mentioned ERO to enter my PIN ax year 2021 electronically filed gulating charities as part of the Date 1000000000000000000000000000000000000
021 electronic return and complete. I further declare thermediate service provider method and the service provider model and the service provider than 2 business days between the financial institution to debiater than 2 business days between the fixed of taxes to receive between the service of the servic	accompanying schedules and statements, and, to the best of my knowledge and belief, the that the amount in Part I above is the amount shown on the copy of the electronic return. In der, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive it to eason for rejection of the transmission, (b) the reason for any delay in processing the iteration account indicated in the tax preparation software for payment of the federal taxes own the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financia prior to the payment (settlement) date. I also authorize the financial institutions involved in the confidential information necessary to answer inquiries and resolve issues related to the p other (PIN) as my signature for the electronic return. If I have indicated within this return that a concy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afore tiscosure consent screen.  Derson subject to tax with respect to the entity, I will enter my PIN as my signature on the the ndicated within this return that a copy of the return is being filed with a state agency(ies) regram, I will enter my PIN on the return's disclesure consent screen.  To rever the totax is a payment of the return is descent consent screen.  To and Authentication  Pyour five-digit self-selected PIN.  To any electronic filing identification  Pyour five-digit self-selected PIN.  To any electronic filing identification  Pyour five-digit self-selected PIN.  To any electronic filing identification  Pyour five-digit self-selected PIN.  Date	ey are true, correct, and I consent to allow my ceive from the IRS (a) an e return or refund, and (c) the date inds withdrawal (direct debit) ed on this return, and the I Agent at 1-888-353-4537 no the processing of the electronic ayment. I have selected a mic funds withdrawal. enter my PIN 12345 Enter five numbers, but do not enter all zeros opy of the return is being filed mentioned ERO to enter my PIN ax year 2021 electronically filed gulating charities as part of the Date 1000000000000000000000000000000000000
2021 electronic return and complete. I further declare intermediate service provision acknowledgement of receive fany refund. If applicable entry to the financial institu- inancial institution to debi- ater than 2 business days ayment of taxes to receiv- bersonal identification num <b>PIN: check one box only</b> <b>X</b> I authorize <b>RSM</b> as my signature with a state age on the return's of As an officer or return. If I have in IRS Fed/State p Signature of officer or person subje <b>Part III Certifica</b> <b>ERO's EFIN/PIN.</b> Enter you number (EFIN) followed by certify that the above num submitting this return in ac Business Returns.	accompanying schedules and statements, and, to the best of my knowledge and belief, the that the amount in Part I above is the amount shown on the copy of the electronic return. I der, transmitter, or electronic return originator (ERO) to send the return to the IRS and to rea pt or reason for rejection of the transmission, (b) the reason for any delay in processing the tauthorize the U.S. Treasury and its designated Financial Agent to initiate an electronic to the account indicated in the tax preparation software for payment of the federal taxes own the the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financia prior to the payment (settlement) date. I also authorize the financial institutions involved in the confidential information necessary to answer inquiries and resolve issues related to the p on ber (PIN) as my signature for the electronic return and, if applicable, the consent to electron to the tax year 2021 electronically filed return. If I have indicated within this return that a conscious consent screen. Description subject to tax with respect to the entity, I will enter my PIN as my signature on the ta ndicated within this return that a copy of the return is being filed with a state agency(ies) re rogram, I will enter my PIN on the return's disclasure consent screen. at to tax <b>b</b> <b>tition and Authentication</b> your five-digit self-selected PIN. To not enter all zeros meric entry is my PIN, which is my signature on the 2021 electronically filed return indicated cordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Autors	ey are true, correct, and l consent to allow my ceive from the IRS (a) an e return or refund, and (c) the date inds withdrawal (direct debit) ed on this return, and the I Agent at 1-888-353-4537 no the processing of the electronic ayment. I have selected a nic funds withdrawal. enter my PIN <u>12345</u> Enter five numbers, but do not enter all zeros opy of the return is being filed mentioned ERO to enter my PIN ax year 2021 electronically filed gulating charities as part of the Date <u>INFORMATIONER</u> d above. I confirm that I am thorized IRS <i>e-file</i> Providers for /22

102521 01-11-22

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
· File a	separate	application	tor each	i 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 of print				Taxpayer	identificatio	on number	(TIN)
print	THE TOY FOUNDATION, INC.				13-616	51457	
File by the due date f filing your	or Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.				
return. Se instructior		oreign addi	ress, see instructions.				
Enter th	he Return Code for the return that this application is for (file	e a separat	e application for each return)				0 1
Applica	ation	Return	Application			F	Return
ls For		Code	Is For				Code
Form 9	90 or Form 990-EZ	01	Form 1041-A				08
Form 4	720 (individual)	03	Form 4720 (other than individual)				09
Form 9	90-PF	04	Form 5227				10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 9	90-T (trust other than above)	06	Form 8870				12
Form 9	90-T (corporation)	07					
<ul> <li>If thi</li> <li>box</li> <li>1</li> <li>the set of the se</li></ul>	e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit 	Group Exe and atta <u>NOVEMBE</u> anization's	mption Number (GEN) I ch a list with the names and TINs of <u>R 15, 2022</u> , to file return for: d ending	f this is fo all membe	r the whole ( ers the exter npt organiza 	group, che nsion is for	
[	Change in accounting period						
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	), enter the	tentative tax, less				_
	ny nonrefundable credits. See instructions.			<u>3a</u>	\$		0.
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069	), enter any	refundable credits and				
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$		0.
	alance due. Subtract line 3b from line 3a. Include your pa						_
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$		0.
Caution instruct	<ul> <li>If you are going to make an electronic funds withdrawal ions.</li> </ul>	(direct det	bit) with this Form 8868, see Form 84	53-TE and	d Form 8879	9-TE for pay	yment

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

Form 8868 (Rev. 1-2022)

	1 990 (2021) THE TOY FOUNDATION, INC.	13-6161457	Page <b>2</b>
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE TOY FOUNDATION'S MISSION IS TO BRING JOY AND COMFORT TO CHILDREN		
	IN NEED INFOUGH THE EXPERIENCE OF 1015 AND FLAT.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Ves	XNo
	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?	Ves	X No
Ŭ	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 n	neasured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		d
	revenue, if any, for each program service reported.	-,,	-
4a	(Code:) (Expenses \$2,788,021. including grants of \$2,680,582. ) (Revenu	e\$	,
	THE TOY BANK IS THE FOUNDATION'S SIGNATURE PROGRAM. MILLIONS OF		·
	BRAND-NEW TOYS ARE DONATED EACH YEAR TO THE TOY BANK BY TOY		
	MANUFACTURERS, DISTRIBUTORS, LICENSORS AND RETAILERS. THE FOUNDATION		
	DISTRIBUTES THEM, WITH LOGISTICAL ASSISTANCE FROM DELIVERING GOOD, GEAR		
	THE WORLD AND WORLD VISION, TO CHARITIES SERVING CHILDREN IN POVERTY,		
	KIDS IN HOSPITALS, FOSTER CHILDREN, MILITARY FAMILIES AND CHILDREN		
	SUFFERING IN THE WAKE OF NATURAL DISASTERS. THE FOUNDATION SERVED		
	NEARLY ONE MILLION CHILDREN IN NEED AROUND THE WORLD IN 2021 THROUGH		
	MORE THAN 25 CHILDREN'S CHARITIES ACROSS THE COUNTRY.		
4b	(Code:) (Expenses \$	e\$	
	THE TOY FOUNDATION CREATED THE CHILDREN'S HOSPITAL PLAY GRANTS PROGRAM		
	TO BRING THE HEALING POWER OF PLAY TO CHILDREN IN HOSPITAL SETTINGS,		
	ESPECIALLY THOSE IN UNDERSERVED COMMUNITIES.		
	UNDERGOING COMPLICATED MEDICAL PROCEDURES, FACING LIFE-THREATENING		
	ILLNESSES AND INJURIES, AND FEELING ISOLATED AND HELPLESS ARE COMMON		
	EXPERIENCES FOR CHILDREN AND THEIR FAMILIES IN HEALTHCARE SETTINGS.		
	ACCESS TO PLAY CAN HELP RELIEVE THIS STRESS, CREATE EASE, AND HAVE AN		
	OVERALL POSITIVE IMPACT ON CHILDREN'S RELATIONSHIPS AND WELL-BEING.		
	THE CHILDREN'S HOSPITAL PLAY GRANTS PROGRAM DISTRIBUTES GRANTS TO		
	CHILDREN'S HOSPITALS THROUGHOUT THE UNITED STATES TO ENABLE THEM TO		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$	,
	THE TOY FOUNDATION'S PUBLIC SERVICE ANNOUNCEMENTS, RUN IN PARTNERSHIP		·
	WITH THE GENIUS OF PLAY, GENERATED OVER 658 MILLION AUDIENCE		
	IMPRESSIONS AND MORE THAN \$35.2 MILLION IN DONATED MEDIA VALUE. THE		
	"WORLDWIDE HEADQUARTERS OF PLAY" CAMPAIGN AND THE "DEAR PARENTS"		
	CAMPAIGN TOGETHER HAD OVER 102,000 AIRINGS IN THE TOP MARKETS OF NEW		
	YORK, LOS ANGELES, CHICAGO, PHILADELPHIA, DALLAS, HOUSTON, BOSTON,		
	ATLANTA AND TAMPA AS WELL AS MANY OTHER MARKETS ACROSS THE UNITED		
	STATES. ALL EXPENSES FOR THIS PROGRAM WERE FROM DONATED SERVICES, SO NO		
	EXPENSES FOR IT WERE REPORTED ON THE ABOVE EXPENSE LINE.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 405,318. including grants of \$ 340,000.) (Revenue \$	)	
4e	Total program service expenses 3,602,316.		
		Form <b>9</b>	<b>90</b> (2021)

Form 990 (2021) THE TOY FOUNDATION, INC.
Part IV Checklist of Required Schedules

13-6161457 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
0		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- <sup>0</sup>		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	<u> </u>
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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
21	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
		<u> </u>		1

Form 990 (2021)

Eorm	000	(2021)
FOUL	990	(2021)

THE TOY FOUNDATION, INC.

Pa	rt IV   Cl	necklist of Required Schedules (continued)			
				Yes	No
22	Did the c	rganization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
		olumn (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23		rganization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
		er officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
			23	х	
24a		rganization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
		of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		r K. If "No," go to line 25a	24a		x
b		rganization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		rganization maintain an escrow account other than a refunding escrow at any time during the year to defease			
		xempt bonds?	24c		
d		rganization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		on with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b		panization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
		ransaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		L, Part I	25b		x
26		rganization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
		officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlle	d entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27		rganization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator c	r founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (in	cluding an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the	organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructio	ons for applicable filing thresholds, conditions, and exceptions):			
а	A curren	or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," co	mplete Schedule L, Part IV	28a		x
b	A family	member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
с	A 35% c	ontrolled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," co	mplete Schedule L, Part IV	28c		X
29	Did the c	rganization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the c	rganization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contribut	ions? If "Yes," complete Schedule M	30		x
31	Did the c	rganization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the c	rganization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule	N, Part II	32		X
33	Did the c	rganization own 100% of an entity disregarded as separate from the organization under Regulations			
		301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the	organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
		ne 1	34		X
		rganization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b		o line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
		e meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	,	complete Schedule R, Part V, line 2	36		X
37		rganization conduct more than 5% of its activities through an entity that is not a related organization	1		
		is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38		rganization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1	<u>.</u> _	
De	Note: Al	Form 990 filers are required to complete Schedule O tatements Regarding Other IRS Filings and Tax Compliance	38	X	L
Pa					
	С	heck if Schedule O contains a response or note to any line in this Part V			$\square$
				Yes	No
		number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the	number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form		6161457	P	Page <b>5</b>
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	b If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	, , , , , , , , , , , , , , , , , , , ,			X
				<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic	it		
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а		payor? <b>7a</b>	X	──
b		<u>7b</u>	Х	──
С				
	to file Form 8282?	<u>7c</u>		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е				X
f				X
g			N/A	
h		98-C? 7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	A 8		_
9	Sponsoring organizations maintaining donor advised funds.			
а		<b>vu</b>		──
b		A 9b		
10	Section 501(c)(7) organizations. Enter:			
a				
b				
11	Section 501(c)(12) organizations. Enter:			
a				
b				
10-	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? $N/$	A 12-		-
a		A 13a		
Ь	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
-				
		44-		x
14a				+
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<u>14b</u>		+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
17				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	A 17		
	If "Yes," complete Form 6069.			
				1

Form	990 (2021) THE TOY FOUNDATION, INC.			616145		P	age <b>6</b>
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, a	nd for a '	'No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sect	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		13			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			[	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	s filed?		4		х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		х
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point d	one or				
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockhol	ders, or				
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:				
	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u></u>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue	Code.)				
				г		Yes	No
	Did the organization have local chapters, branches, or affiliates?			·····	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha				101		
			- <b>C</b> IC - Alt - <b>C</b>	Г	10b	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the fo	erm?	11a	A	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				10-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			Г	12a 12b	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i>			·····	120		
C		,			12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			·····	13	x	
14	Did the organization have a written whistleblower policy?			Г	14	x	
15	Did the process for determining compensation of the following persons include a review and approval				17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~ ,					
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization			F	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	ith a				
	taxable entity during the year?			[	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization	's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, CA, CO, CT, DC, FI	L,GA,	HI,IL,KS,	КҮ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (section 5	01(c)(3)s	only) a	availat	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X   Own website   Another's website   X   Upon request   Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest po	licy, and	financ	cial	
	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 boo	ks and	records	▶			
	PAUL VITALE - 212-675-1141						
	1375 BROADWAY, 1001, NEW YORK, NY 10018				_	000	
132006	12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES				Form	390	(2021)

Form 990 (2		13-6161457	Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year endir	ng 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any hours for	directo						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or o	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	n per		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co loyee	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) PAMELA MASTROTA	37.50									
EXECUTIVE DIRECTOR				Х				140,462.	0.	28,726.
(2) ANDREW WEINER	3.00									
CHAIR		Х		Х				0.	0.	0.
(3) VOIN TODOROVIC	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) KATHLEEN CAMPISANO	2.00									
TRUSTEE		Х						0.	0.	0.
(5) MICHAEL KEATON	2.00									
TRUSTEE		Х						0.	0.	0.
(6) SEAN MCGOWAN	2.00									
TRUSTEE		Х						٥.	0.	0.
(7) NIK NAYAR	2.00									
TRUSTEE		Х						0.	0.	0.
(8) ANDREW QUARTIN	2.00									
TRUSTEE		Х						0.	0.	0.
(9) MAURA REGAN	2.00									
TRUSTEE		Х						0.	0.	0.
(10) GLENN ABELL	2.00									
TRUSTEE		Х						0.	0.	0.
(11) STEPHANIE BAILEY	2.00									
TRUSTEE		X						٥.	0.	0.
(12) SUNNY LAURIDSEN	2.00									
TRUSTEE		Х						0.	0.	0.
(13) ASHLEY MADY	2.00									
TRUSTEE		Х						0.	0.	0.
(14) MICHAEL RINZLER	2.00									
TRUSTEE		Х						0.	0.	0.
(15) RICHARD BARRY	2.00									
TRUSTEE THRU 12/31/2021		Х						0.	0.	0.
(16) JOHN GESSERT	2.00									
TRUSTEE THRU 2/28/2021		Х						0.	0.	0.
(17) LISA MCKNIGHT	2.00									
TRUSTEE THRU 12/31/2021		X						0.	0.	0.

Form 990 (2021) THE TOY FOUNI	DATION, INC	•							13-61	5145	7	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	verage Position (do not check more than one box, unless person is both an					an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	n		<b>(F)</b> Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa om th anizat d relat anizat	ie tion ted
(18) JULIAN MONTOYA	2.00				_								
TRUSTEE THRU 12/31/2021		х						0.		0.			٥.
(19) CAREN SHALEK	2.00	77											0
TRUSTEE THRU 2/28/2021 (20) DARREN TRAUB	2.00	Х						0.		0.			0.
TRUSTEE THRU 12/31/2021	2.00	х						0.		٥.			0.
(21) ROBERT WANN	2.00												
TRUSTEE THRU 2/28/2021		х						0.		٥.			٥.
(22) PAUL VITALE	3.00												
CHIEF FINANCIAL OFFICER				X				0.		0.			0.
1b Subtotal								140,462.		٥.		28,	726.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0. 140,462.		0.		28	0.
2 Total number of individuals (including but n							o re	,	000 of reportable			,	
compensation from the organization													1
										ſ		Yes	No
3 Did the organization list any <b>former</b> officer,	-		•	•	•			• • •	•		3		x
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su</li> </ul>	m of reportabl	e co	mpe	nsa	tion	and	oth	ner compensation from th	ne organization			v	
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a											4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5	х	
Section B. Independent Contractors		201	01 30	<u>cn ș</u>	5613	011 .				1			
1 Complete this table for your five highest con the organization. Report compensation for the	•	•							•	ensat	ion fro	om	
(A) Name and business			, nam	<u>g</u>	<u></u>			(B) Description of s		С	<b>)</b> ompe		on
CHILDREN'S HOSPITAL ASSOCIATION								ľ					
P.O. BOX 79311, BALTIMORE, MD 21279								SUPPORT				127,	366.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t		se lis <sup>.</sup> 1	ted	above) who received mo	ore than				

	1 990				FOUNDAT	rion,	INC.			13-616145	7 Page <b>9</b>
	rt VI			even	lue						
			Check if Schedule O	cont	ains a resp	onse	or note to any line	e in this Part VIII			
								(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								Total revenue	function revenue	business revenue	from tax under
											sections 512 - 514
ts ts	1 a	а	Federated campaigns		1a						
iran	k	b	Membership dues		1b						
Contributions, Gifts, Grants and Other Similar Amounts	c	С	Fundraising events		1c		313,000.				
ar /	c	d	Related organizations		1d						
s, C	e	е	Government grants (conti	ributi	ons) <b>1e</b>						
rsion	f	F	All other contributions, gifts,	, gran	ts, and						
the			similar amounts not included	d abov	/e <b>1f</b>		2,770,913.				
d dr	ç	g	Noncash contributions included in	lines	1a-1f <b>1g</b>	\$	2,680,582.				
ရှိ ပိ	ł	h	Total. Add lines 1a-1f		<u></u>		►	3,083,913.			
							Business Code				
e	2 8	а									
e rvi	k	b									
am Ser	c	С									
Program Service Revenue	c	d									
<sup>b</sup> B	e	е									
2	f	F	All other program service	reve	nue						
	ç	g	Total. Add lines 2a-2f				►				
	3		Investment income (inclue	ding	dividends	, intere	st, and				
			other similar amounts) $\dots$				►	46,142.			46,142.
	4		Income from investment of	of tax	k-exempt b	ond p	roceeds 🕨 🕨				
	5		Royalties	· · <u>· · · · · · ·</u>							
					(i) Re	eal	(ii) Personal				
	6 a	а	Gross rents	6a							
	k	b	Less: rental expenses $\dots$	6b							
	c	С	Rental income or (loss)	6c							
	c	d	Net rental income or (loss	s)			<b>&gt;</b>				
	7 a	а	Gross amount from sales of		(i) Secu		(ii) Other				
			assets other than inventory	7a	2,310	,445.					
	k	b	Less: cost or other basis								
enu			and sales expenses								
evenue			Gain or (loss)			,617.					
			Net gain or (loss)				<b>&gt;</b>	344,617.			344,617.
Other R	8 8		Gross income from fundraisi								
ð			including \$								
			contributions reported on								
			Part IV, line 18								
			Less: direct expenses				143,127.				
			Net income or (loss) from		-		····· 🕨	-84,917.			-84,917.
	9 a		Gross income from gamir	-							
			Part IV, line 19								
			Less: direct expenses			-					
			Net income or (loss) from			ies	▶				
	10 a		Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold								
		C	Net income or (loss) from	sale	s of invent	ory					
S							Business Code				
Miscellaneous Revenue	11 a	a									
ent	k	b									
scellaneo Revenue	C	C									
Mis	C		All other revenue								
_			Total. Add lines 11a-11d					<b>2 2 2 2 3</b>			
	12		Total revenue. See instruction	ons				3,389,755.	0.	0.	305,842.

THE TOY FOUNDATION. TNC 13-6161457 Page 10

#### 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 (C) Management and general expenses (D) (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 3,388,902 3,388,902. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 175,791. 87,895, trustees, and key employees 43,948. 43,948. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 283,281. 147,987. 109,074. Other salaries and wages 26,220. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,280 1,968, 492 820. 29,499 17,699, 4,425 7,375. Other employee benefits 9 20,727 11,229. 4,316 5,182. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 14,927. 14,927, Legal b 14,295. 14,295, С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees 4,923. 4,923. f Other. (If line 11g amount exceeds 10% of line 25, g 102,408 66,404. 25,816 10,188. column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses \_\_\_\_\_ 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 1,999, 7,506, OTHER EXPENSES 12,470. 2,965. а b С d All other expenses е 4,050,503, 3,602,316, 268,635 179,552. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

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

THE	101	FOUN

		Check if Schedule O contains a response or	note to any line	in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,626,348.	1	1,109,585.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			114,953.	4	10,250.
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Description of all second second second selections all all second second			100,706.	9	107,133.
		Land, buildings, and equipment: cost or othe	1 1				· · ·
		basis. Complete Part VI of Schedule D		42,313.			
	Ь	Less: accumulated depreciation		11,753.	0.	10c	30,560.
	11	Investments - publicly traded securities		,	2,590,507.	11	2,950,678.
	12	Investments - other securities. See Part IV, li				12	, , ,
	13	Investments - program-related. See Part IV, I			13		
	14				14		
	15	Intangible assets		463,044.	15	25,429.	
	16	Other assets. See Part IV, line 11			4,895,558.	16	4,233,635.
	17	Total assets. Add lines 1 through 15 (must			17,474.	17	16,814.
		Accounts payable and accrued expenses	15,000.	18	10,011.		
	18	Grants payable	102,285.	19	113,015.		
	19	Deferred revenue		102,203.		115,015.	
	20					20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or t					
ij		trustee, key employee, creator or founder, su		butor, or 35%			
Liabilities		controlled entity or family member of any of	-			22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24). Cor	mplete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			134,759.	26	129,829.
<i>(</i> 0		Organizations that follow FASB ASC 958,	check here 🕨				
š		and complete lines 27, 28, 32, and 33.					
lan	27			·····	4,760,799.	27	4,103,806.
Ba	28	Net assets with donor restrictions			28		
pun		Organizations that do not follow FASB AS					
Ľ.		and complete lines 29 through 33.					
o N	29	Capital stock or trust principal, or current fur				29	
set	30	Paid-in or capital surplus, or land, building, c	r equipment fur	nd		30	
As	31	Retained earnings, endowment, accumulate	d income, or oth	ner funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,760,799.	32	4,103,806.
-	33	Total liabilities and net assets/fund balances			4,895,558.	33	4,233,635.

Form **990** (2021)

### THE TOY FOUNDATION, INC.

Form 990 (2021)
Part X Balance Sheet

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)         2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Vertical Part X, line 32, column (A)	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       3,389,         2       Total expenses (must equal Part IX, column (A), line 25)       2       4,050,         3       Revenue less expenses. Subtract line 2 from line 1       3       -660,         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4,760,	<u></u>
2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	
2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	
3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	755.
3 Revenue less expenses. Subtract line 2 from line 1       3       -660,         4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       4,760,	503.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4,760,	748.
5 Net unrealized gains (losses) on investments5 3,	799.
	755.
6 Donated services and use of facilities	
7 Investment expenses 7	
8 Prior period adjustments 8	
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))	806.
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	X
Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a    Were the organization's financial statements compiled or reviewed by an independent accountant?    2a	Х
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:	
X    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,	1
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	1
Act and OMB Circular A-133? 3a	Х
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name	of the	organization	
	01 010	or gameation	

Nam	Name of the organization Employer identification numb										
			Y FOUNDATION, I						13-6161457		
Pa	rtI	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck 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).)									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general j	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
		university:									
10		An organization that norma									
		activities related to its exem							-		
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	Ifter June 30, 1975.		
		See section 509(a)(2). (Con	-								
11		An organization organized a	•								
12		An organization organized a	-	•	-			•			
		more publicly supported or	-						Sneck the box on		
_		lines 12a through 12d that	• •					-	aivin a		
а		<b>Type I.</b> A supporting orga			• • • •	-					
		the supported organization			majority d	i the direc		es or the st	ipporting		
b		organization. <b>You must c</b> <b>Type II.</b> A supporting org	-		ion with it	ounnorto	d organizatio	n(n) hy hay	ina		
U	L	control or management o	-				•		•		
		organization(s). You mus			ame perso	ns that coi		je trie supp	Joned		
с		Type III functionally inte			in connect	ion with a	and functional	lv integrate	ed with		
Ŭ	L	its supported organization						ly integrate	a with,		
d		<b>Type III non-functionally</b>		-				ted organiz	zation(s)		
		that is not functionally int						-			
		requirement (see instructi			•		-				
е		Check this box if the orga	-	-				II. Type III			
		functionally integrated, or						, .,			
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0						
g		vide the following informatior	•								
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	-	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)		
Tota											

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Page 2
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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.)

Sec	tion A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16,237,453.	23,918,957.	14,650,521.	48,866,997.	3,083,913.	106,757,841.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16,237,453.	23,918,957.	14,650,521.	48,866,997.	3,083,913.	106,757,841.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						66,843,965.
6	Public support. Subtract line 5 from line 4.						39,913,876.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	16,237,453.	23,918,957.	14,650,521.	48,866,997.	3,083,913.	106,757,841.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	66,645.	36,876.	48,812.	48,247.	46,142.	246,722.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		150,000.	24,999.			174,999.
11	<b>Total support.</b> Add lines 7 through 10						107,179,562.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	1,302,096.
	First 5 years. If the Form 990 is for th	-				01(c)(3)	
	organization, check this box and stop	•					
Sec	ction C. Computation of Publi						, <u> </u>
	Public support percentage for 2021 (li			olumn (f))		14	37.24 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	34.32 %
	33 1/3% support test - 2021. If the c					ore, check this bo	k and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on li				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te			-		·····	
b	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		-				
				,,,	,		

Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021 THE TOY FOUNDATION, INC. 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.)

Se	ction A. Public Support	<u>, prodoc comp</u>					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202 <sup>.</sup>	1 (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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
7:	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
I	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 <sup>.</sup>	1 <b>(f)</b> Total
9	Amounts from line 6						
10;	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
I	• Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-			-		
80	check this box and stop here						
	Public support percentage for 2021 (I			olumn (f))		15	04
	Public support percentage from 2020 ( Public support percentage from 2020		-			16	<u> </u>
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (f))		17	%
18						18	%
	a 33 1/3% support tests - 2021. If the					·	
	more than 33 1/3%, check this box ar <b>3 3 1/3% support tests - 2020.</b> If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	
	line 18 is not more than 33 1/3%, che						
20	<b>.</b>						

1

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? *If "Yes," provide detail in* Part VI.
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

132024 01-04-21

Yes

1

2

No

		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 on lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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? 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.	
Section C. Type II Supporting Organizations	

 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)? 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)
 1
 1

	oponica orga	112011011131.	
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	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 \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a 2b 3a 3b

Yes No

Part V	V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	1 4
1 [	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu			
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
<b>2</b> R	ecoveries of prior-year distributions	2		
<b>3</b> O	ther gross income (see instructions)	3		
<b>4</b> A	dd lines 1 through 3.	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
c	ollection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
7 0	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
	verage monthly value of securities	1a		
	verage monthly cash balances	1b		
	air market value of other non-exempt-use assets	1c		
	otal (add lines 1a, 1b, and 1c)	1d		
	iscount claimed for blockage or other factors			
	xplain in detail in Part VI):			
	cquisition indebtedness applicable to non-exempt-use assets	2		
	ubtract line 2 from line 1d.	3		
	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> Ei	nter 0.85 of line 1.	2		
<b>3</b> M	inimum asset amount for prior year (from Section B, line 8, column A)	3		
<b>4</b> Ei	nter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			
er	nergency temporary reduction (see instructions).	6		
7	Check have if the surrent year is the experimetion's first as a new function			

THE TOY FOUNDATION, INC.

Schedule A (Form 990) 2021

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

13-6161457

Page 6

e Excess from 2021

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued	<u>d) (</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	0	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

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

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

OTHER INCOME			
2018 AMOUNT: \$ 150,000.			
2019 AMOUNT: \$ 24,999.			

### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

# 2021

Employer identification number

13-6161457

THE	TOY	FOUNDATION	INC.

Organization type (check	k one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization	E	mployer identification number
THE TOY	FOUNDATION, INC.		13-6161457
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$466,9	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$108,01	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$937,5	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$851,1	Person       Payroll         22.       Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

Schedule	B (Form 990) (2021)			Page <b>3</b>
Name of o	rganization		Employe	r identification number
THE TOY	FOUNDATION, INC.		13-	6161457
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is nee	eded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estir (See instructi		(d) Date received
1	PUZZLES & RORY'S STORY			
		\$4	08,674.	06/18/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estir (See instructi		(d) Date received
1	PUZZLES & GAMES			
		\$	58,318.	11/18/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estir (See instructi		(d) Date received
	PUSH DOLLS			
2		\$1	.08,054.	12/06/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estir (See instructi		(d) Date received
	LOVIE T-SHIRTS & FRIENDLY PLUSHIE			
3		\$7	94,385.	07/12/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estir (See instructi		(d) Date received
3	16" BABY DOLLS			
		\$1	.43,202.	11/04/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estir (See instructi		(d) Date received
4	1636 DJ DANCE + 1345 SUPER SPEEDWAY			
4		2	.03,370.	04/22/21

Schedule B (Form 990) (2021)

#### Name of organization Employer identification number THE TOY FOUNDATION, INC. 13-6161457 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I PINK RADIO FLYER STROLL 'N TRIKES \$139/EACH 4 8,896. 04/28/21 \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I RIPTIDE, OASIS, RIPPER & SUPER SPEEDY 4 638,856. 11/09/21 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I SOCCER TRADING CARDS, T-SHIRTS, FOLDABLE CARD BINDERS 5 71,000. 04/21/21 \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Schedule B (Form 990) (2021)

Page 3

Schedule E	3 (Form 990) (2021)				Page <b>4</b>
Name of or	ganization			Employer identification	on number
THE TOY	FOUNDATION, INC.			13-6161457	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns of completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional factors and the copies of the	<ul> <li>(a) through (e) and the following</li> <li>, charitable, etc., contributions of \$1</li> </ul>	a line entry. For ora	anizations	for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is h	eld
-		(e) Transfe	r of gift		
-	Transferee's name, address,	and ZIP + 4	Rel	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is h	eld
		(e) Transfe	r of gift		
-	Transferee's name, address,	and ZIP + 4	Rel	ationship of transferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gi		(d) Description of how gift is h	
Part I		(c) use urgi			
		(e) Transfe	r of gift		
-	Transferee's name, address,	and ZIP + 4	Rel	ationship of transferor to transferee	
(a) No. from		[			
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is he	eld
—					
		(e) Transfe			
	Transferee's name, address,	and ZIP + 4	Rel	ationship of transferor to transferee	

SC	HEDULE D	Supplementa	I Financial Statements		OMB No. 1545-0047
	(Form 990) Complete if the organization answered "Yes" on Form 990,		nization answered "Yes" on Form 990,	2021	
Depart	ment of the Treasury		11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	Revenue Service		0 for instructions and the latest informatio	n.	Inspection
Nam	e of the organizatio	THE TOY FOUNDATION, INC.			nployer identification number 13-6161457
Pa		tions Maintaining Donor Advised answered "Yes" on Form 990, Part IV, line	I Funds or Other Similar Funds or A 6.	Accou	Ints. Complete if the
			(a) Donor advised funds	<b>(b)</b> Fu	inds and other accounts
1	Total number at end	l of year			
2		contributions to (during year)			
3	Aggregate value of	grants from (during year)			
4		end of year			
5			riting that the assets held in donor advised fu	inds	
	are the organization	's property, subject to the organization's e	exclusive legal control?		Yes No
6			lvisors in writing that grant funds can be used		
	for charitable purpo	ses and not for the benefit of the donor or	donor advisor, or for any other purpose conf	erring	
	impermissible privat	e benefit?			Yes No
Pa	t II Conserva	tion Easements. Complete if the orga	anization answered "Yes" on Form 990, Part	IV, line 7	7.
1	Purpose(s) of conse	rvation easements held by the organizatio	n (check all that apply).		
	Preservation of	of land for public use (for example, recreati	ion or education) Preservation of a hi	storicall	y important land area
	Protection of	natural habitat	Preservation of a ce	ertified h	nistoric structure
	Preservation of	of open space			
2	Complete lines 2a t	nrough 2d if the organization held a qualifie	ed conservation contribution in the form of a	conserv	ation easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of cor	servation easements		2a	
b	Total acreage restrie	cted by conservation easements		2b	
с	Number of conserva	ation easements on a certified historic stru	cture included in (a)	2c	
d			fter 7/25/06, and not on a historic structure		
	listed in the Nationa	l Register	·	2d	
3			ased, extinguished, or terminated by the org	anizatior	n during the tax
	year 🕨				C C
4	Number of states w	here property subject to conservation ease	ement is located		
5		on have a written policy regarding the period			
	•	rcement of the conservation easements it			Yes No
6			nandling of violations, and enforcing conserva		
-	•	3, 13, -	<b>3</b>		5

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

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?  Yes	
•	In Dark VIII, describe how the experimetion response tion according to response and experiments and	

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

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

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

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 000, Rost VIII, line 1	► ¢

	(ii) Assets included in Form 990, Part X 📃 🕨 💲	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	a Revenue included on Form 990, Part VIII, line 1 🚬 🕨 🕈	
b	Assets included in Form 990, Part X 🛛 🕨 🕈	

b	Assets included in Form 990	, Part X			
LHA	For Paperwork Reduction A	Act Notice	, see the Ins	structions	for Form 990

Schedule D (Form 990) 2021

No

Sche		UNDATION, INC.						13-616		P	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Tre	asures, or	r Othe	r Simi	lar Assets	s (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the f	ollowing that	make s	ignifica	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	c	l 🗌 Loa	n or exc	hange progra	am					
b	Scholarly research	e	e 🗌 Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they f	urther th	le organizatio	n's exe	mpt pur	pose in Part	XIII.		
5	During the year, did the organization solicit o	or receive donations of	of art, histori	cal treas	sures, or othe	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	anizatio	n answered "	'Yes" or	Form 9	990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi								_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	:							
									Amour	t	
	Beginning balance										
	Additions during the year							d			
е	Distributions during the year										
f	Ending balance						<b>1</b>	f			
	Did the organization include an amount on F		-				lity?	L	Yes		
_	If "Yes," explain the arrangement in Part XIII.										
Par	<b>t V</b> Endowment Funds. Complete i	-						a vooro book	(a) [a]		haali
		(a) Current year	(b) Prior	year	(C) TWO year	SDACK	(a) 1110	ee years back	(e) Fou	i years	DACK
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		. (line <b>1</b> n	l							
2	Provide the estimated percentage of the curr			iumn (a)	) neid as:						
a L	Board designated or quasi-endowment		_%								
b	Permanent endowment	% %									
С		-									
20	The percentages on lines 2a, 2b, and 2c sho		tion that are	hold or	d administar	od for th		vization			
Ja	Are there endowment funds not in the posse	ssion of the organiza	alion that are	neiu ai	iu auminister		ie orgai	IIZALION		Yes	No
	by: (i) Unrelated organizations								3a(i)	100	
									3a(ii)		
h	(ii) Related organizations										
1	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm			5.							
	Complete if the organization answere		). Part IV. lin	e 11a. S	ee Form 990	Part X	line 10				
	Description of property	(a) Cost or c	, ,		or other				(d) Boc	k volu	10
	Description of property	basis (investr		• •	or other (other)	• •	preciati		( <b>u)</b> B00	n vail	iC.
10	Land	· · · · ·			(0.1.01)	uc	p. coluti				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment				42,313.		1	1,753.		30	560.
	Other		V aal v 7	) <i>l'a</i>							560.
rotal	. Add lines 1a through 1e. (Column (d) must e	<u>iqual Form 990, Part</u>	<u>х, column (E</u>	<u>y. Iine 1</u>	<u>UC.)</u>		<u></u>	···· 🚩 📘	- /-		000.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-of-vear market value
	(b) Dook value		a of year market value
) Financial derivatives			
) Closely held equity interests ) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	o-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	()
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(5)			
(5) (6)			
(5) (6) (7) (8) (9)			
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	▶	
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			
(5) (6) (7) (8) (9) part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability			(b) Book value
(5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			
(5) (6) (7) (8) (9) part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability			
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes			
(5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			
(5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			
(5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 THE TOY FOUNDATION, INC.			13-616145	7 Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	38,667,085.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,755.		
b	Donated services and use of facilities	2b	35,278,498.		
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	35,282,253.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,384,832.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,923.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	4,923.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,389,755.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	39,324,078.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	35,278,498.		
b	Prior year adjustments				
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	35,278,498.
3	Subtract line 2e from line 1			3	4,045,580.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,923.		
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	4,923.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,			5	4,050,503.
Pa	rt 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.

	SCHEDULE G	Suppleme	ntal Information Regardin	g Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
A lat all states in which the organization   Impact of the organization Impact of the organization Impact of the organization Impact of the organization Impact of the organization number   Impact of the organization Impact of the organization answered "Ves" on Form 990, Part IV, line 17. Form 990-EZ filers are not Impact of the organization raised funds through any of the following activities. Check all that apply. Impact of the organization raised funds through any of the following activities. Check all that apply. Impact of the organization raised funds through any of the following activities. Check all that apply.   Impact of the organization raised funds through any of the following activities. Check all that apply. Impact of the organization raised funds through any of the following activities. Check all that apply.   Impact of the organization raised funds through any of the following activities. Check all that apply. Impact of the organization raised funds through any of the following activities. Check all that apply.   Impact of the organization raised funds through any of the following activities. Check all that apply. Impact of the organization for on-government grants   Impact of the organization form 990, Part VI) or entity in connection with professional fundraising services? Impact of the organization   Impact of the organization and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is the organization. Impact of the organization   Impact of the organization and address of individual or entities (fundraisers) Impact of the organization Impact of the organization   Impact of the organization Impact of the organization Impact of the organizatio	(Form 990)						or 19,	or if the	2021
Induced in the organization       Employer identification number         THE TOY FOUNDATION, INC.       Employer identification number         Tail 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.       Complete its part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.       Image: Check all that apply.         2       Indicate whether the organization raised funds through any of the following activities. Check all that apply.       Image: Check all that apply.         3       Indicate whether the organization raised funds through any of the following activities. Check all that apply.       Image: Check all that apply.         2       Did the organization have a written or oral agreement with any individual (ncluding officers, directors, trustees, or key employees listed in form 990, Part IV) or entity in connection with processional fundrainging services?       Yes       No         0       In the address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       Image: Check all that apply.       Image: Check all that apply.         (i) Name and address of individual or entities (fundraiser)       Image: Check all that apply.       Image: Check all that apply.       Image: Check all that apply.         (ii) Activity       Image: Check a	Department of the Treasury		•						
THE TOY FOUNDATION, INC.       13-6161457         Partine fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-E2 files are not required to complete this part.       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a Mail solicitations       e Solicitation of non-government grants         b Internet and email solicitations       g Special fundraising events         2 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 higher badi individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Activity       (ii) Prove the organization for oral greements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (iii) Activity       (iii) Prove the organization for oral greements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (iv) Gross receipts for mactivity isted in coll (i) for retained by fundraiser isted in coll (ii) activity       (iii) Prove the organization for oral greements under which the fundraiser isted in coll (i) or entity (fundraiser isted in coll (iii) Activity       (iv) Gross receipts for organization (iii) for organization (iii) or entity (fundraiser isted in coll (iii) (iii) Activity       (iv) Amount paid (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)			to www.irs.gov/Form990 for ins	truction	s and	the latest informati	on.	<b>F</b>	•
Part 1       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       Mail solicitations       e         b       Internet and email solicitations       f         c       Phone solicitations       g         d       Inperson solicitations       g         d       Inperson solicitations       g         d       Inperson solicitations       g         d       Inperson solicitations       g         d       Indepreson solicitations       g       Solicitation of government grants         d       Indepreson solicitations       g       Solicitation of government grants       g         d       Indepreson solicitations       g       Solicitation at more specific solicitati	Name of the organization								
required to complete this part.         1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a	Part I Fundrais		1	varad "N	'aa" ar		ina 1		
1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e       Solicitation of government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       Internet and email solicitations       g       Special fundraising events         d       Internet and email solicitations       g       Special fundraising events         d       Internet and email solicitations       g       Special fundraising events         d       Internet and email solicitations       g       Special fundraising events         d       Internet and email solicitations       g       Special fundraising services?       Yes       No         b       Internet and email address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (i) Activity       (ii) Gross receipting from activity for oral agreement with any individual for literations?       (iv) Amount paid to (or retained by) organizzation         ion entity (fundraiser)       (iii) Activity       (ive asian)       (ive asian)       (ive asian)         isted in col. (i)       isted in col. (i)       isted in col. (ive a				vered "Y	es" or	Form 990, Part IV, I	ine i	7. Form 990-E	z mers are not
A is a listications     A is a listication of non-government grants     A is a listication of a government grants     A is a listication     A is a listication of a government grants     A is a listication     A is a listica	•	· · ·		ing activ	vities. (	Check all that apply.			
c       Phone solicitations       g       Special fundraising events         d       Inperson solicitations         2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Ves       No         b 1"Yes, "Ist 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.       (ii) Activity       (iii) Activity       (iv) Gross receipts from activity is to (or retained by) indialiser is to lease organization.       (v) Arnount paid to (or retained by) organization         (i) Name and address of individual or entity (fundraiser)       (ii) Activity       Ves       No       It or retained by indialiser is to lease organization         (ii) Name and address of individual or entity (fundraiser)       (iii) Activity       Ves       No       It of or retained by organization         (iii) Activity       Ves       No       It of or entained by organization       (v) Arnount paid to (or retained by organization         (iii) Activity       Ves       No       It of or entained by organization       (v) Arnount paid to (or entained by organization         (iii) Activity       Ves       No       It of or entained by organization       (v) Arnount paid to (or entained by organization         (iii) Activity <t< td=""><td></td><td>•</td><td></td><td>Ũ</td><td></td><td></td><td></td><td></td><td></td></t<>		•		Ũ					
d	<b>b</b> Internet and	email solicitations	f Solici	tation of	gover	nment grants			
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         b If "Yes," list the 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.       (ii) Activity       (iii) Ordite form 900, Part VII) or entity in connection with professional fundraisers is to be compensated at least \$5,000 by the organization.       (iii) Activity       (iii) Ordite form 900, Part VIII or entity for a clivity       (iv) Amount paid for or retained by organization         (i) Name and address of individual or entity in connection with professional fundraisers)       (iv) Amount paid for orretained by organization       (iv) Amount paid for orretained by organization         (i) Name and address of individual or entity (fundraiser)       (iv) Activity       (iv) Gross receipts form activity       (v) Amount paid for orretained by organization         (ii) Name and address of individual or entity (fundraiser)       (iii) Activity       (iv) Arount paid for orretained by organization       (v) Amount paid for orretained by organization         (iii) Activity       Yes       No       (iv) Amount paid for orretained by organization       (v) Amount paid for orretained by organization         (iii) Activity       Yes       No       (v) Amount paid for ordet and the proves of the paid for ordet and the paid foret and the paid for ordet and the paid for ordet and t	c 🔄 Phone solici	tations	g 🔛 Speci	al fundra	aising	events			
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         b // "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.       (ii) Care and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (iii) Care and address of individual or entity (fundraiser)       (iii) Activity       (iii) Care and address of individual or entity (fundraiser)       (v) Amount paid for or entity (fundraiser)       (v) Amount paid to (or retained by) organization         (i) Name and address of individual or entities (fundraiser)       (iii) Activity       Yes       No       (v) Amount paid to (or retained by) organization         (i) Name and address of individual or entity (fundraiser)       (iii) Activity       Yes       No       (v) Amount paid to (or retained by) organization         (i) Name and address of individual or entity (fundraiser)       (iii) Activity       Yes       No       (v) Amount paid to (or retained by) organization         (i) Name and address of individual or entity (fundraiser)       (iii) Activity       Yes       No       (v) Amount paid to (or retained by) organization         (i) Name and address of individual organization       (iii) Activity       Yes       No       (v) Amount paid to (or entity)         (i) Name and address of individual organizat	· ·								
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 entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Det individual for entities (fundraiser)       (iii) Compensated at least \$5,000 by the organization         (i) Name and address of individual or entities (fundraiser)       (iii) Activity       (iii) Det individual for entities (fundraiser)       (iv) Gross receipts for activity for or entited by organization         (ii) Name and address of individual or entities (fundraiser)       (iii) Activity       Ves No       No       (iv) Amount paid to (or retained by) organization         (iii) Activity       Ves No       Individual       Individual       (iv) Amount paid to (or retained by) organization         (iii) Activity       Ves No       Individual       Individual       (vi) Amount paid to (or retained by) organization         (iii) Activity       Ves No       Individual       Individual       (vi) Amount paid to (or retained by) organization         (iii) Activity       Ves No       Individual       Individual       (vi) Amount paid to (or (or (or (or (or (or (or (or (or (o							tees,		
compensated at least \$5,000 by the organization.         (i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Activity       (iii) Activity       (iv) Gross receipts from activity for activity organization       (v) Amount paid to (or retained by) organization         Yes       No       Image: State of the organization       Yes       No       Image: State of the organization       (vi) Amount paid to (or retained by) organization       (vi) Amount paid to (or retained by) organization         Yes       No       Image: State of the organization       Yes       No       Image: State of the organization         Yes       No       Image: State of the organization       Yes       No       Image: State of the organization         Yes       No       Image: State of the organization       Yes       No       Image: State of the organization         Yes       No       Image: State of the organization       Image: State of the organization       Yes       No       Image: State of the organization       Yes       No         Yes       No       Image: State of the organization is registered or incensed to solicit contributions or has been notified it is exempt from registration       Yes       No       No <th< td=""><td>, , ,</td><td></td><td>, ,</td><td>•</td><td></td><td>e e</td><td>ho fu</td><td></td><td></td></th<>	, , ,		, ,	•		e e	ho fu		
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Activity       (iii) Coress receipts from activity       (v) Amount paid to (or retained by) fundraiser (or retained by) organization         Vers       No       Vers       No       Vers       No       Vers       No         Image: State of the state of		-		SUALLE LO	agreer	nems under which u	le lui		Je
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       Image and address of individual pain of the catagory have catagory from activity       (ii) Gross receipts to (or retained by) organization         vector       Yes       No       Vector       Vector <td< td=""><td></td><td></td><td></td><td></td><td></td><td>[</td><td></td><td></td><td></td></td<>						[			
Image custod of contributions?       from activity       fundraiser       to (or retained by) organization         Yes       No       Isted in col. (i)       Image custod of contributions?       Image custod of contributions of the custod of contributions of the custod of contributions of the custod of custod of custod of contributions of the custod of cust	(i) Name and addres	s of individual		(iii) fund	Did raiser	(iv) Gross receipts			
Yes       No       No         Yes       No       Image: Control of the second formation of the second form registration	or entity (fund	draiser)	(ii) Activity	have or cor	ustody ntrol of			fundraiser	to (or retained by)
Image:								tea in col. (I)	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration				Yes	No				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration					1				
· · ·	Total	<u></u>		<u></u>					
		ich the organizatio	n is registered or licensed to solici	t contrib	utions	or has been notified	it is (	exempt from I	registration

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

Schedule G (Form 990) 2021

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 TOY OF THE YEAR	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	371,210.			371,210.
	2	Less: Contributions	313,000.			313,000.
	3	Gross income (line 1 minus line 2)	58,210.			58,210.
	4	Cash prizes				
(0)	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				143,127.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	143,127.
		Net income summary. Subtract line 10 from li			,	-84,917.
Pa	πΙ	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
enue		\$15,000 OF FORM 990-EZ, IINE 68.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))

Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac No," explain:				
10a	We	ere any of the organization's gaming licenses re	woked suspended or te	rminated during the tax y	lear?	Yes No
		Yes," explain:				

132082 10-21-21

Sch	nedule G (Form 990) 2021 THE TOY FOUNDATION, INC.	13-61	L6145	7	Pa	ge <b>3</b>
	Does the organization conduct gaming activities with nonmembers?			Yes		No
	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:		<b>ل</b> ے،			
	a The organization's facility		13a			%
	o An outside facility		13b			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:					
	Name					
	Address					
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes		No
ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amour of gaming revenue retained by the third party ▶\$	ıt				
C	c If "Yes," enter name and address of the third party:					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation    \$					
	Description of services provided					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?			Yes		No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he				
_	organization's own exempt activities during the tax year 🕨 💲					
Pa	<b>art IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	1d Part	: III, lin	es 9,	9b, 10	)b,

art IV Supplemental Information (continued)	Pag

SCHEDULE I (Form 990)	Go	arants and Oth vernments, ar	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
	Compl	ete if the organizatio	n answered "Yes" Attach to For		rt IV, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo		nation.		Inspection
Name of the organization	FOUNDATION, INC.		-				Employer identification number 13-6161457
Part I General Information on	,						
1 Does the organization maintain criteria used to award the grant		-			-		
2 Describe in Part IV the organiza	tion's procedures for monit	oring the use of grant	funds in the United	States.			
	ance to Domestic Organiz ore than \$5,000. Part II can			1 0	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address of organ or government	ization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PLAYWORKS EDUCATION ENERGIZE	D						
1423 BROADWAY PMB 161							
OAKLAND, CA 94612	94-3251867	501(C)(3)	30,000.	٥.			GENERAL SUPPORT
NATIONAL ASSC. OF CHILDREN							
C/O HOSPITAL & RELATED							
INSTITUTIONS, INC., 600 13TH	I						
STREET, SUITE 500 - WASH	51-0120256	501(C)(3)	240,954.	0.			GENERAL SUPPORT
SAVE THE CHILDREN FEDERATION 501 KINGS HIGHWAY E., SUITE FAIRFIELD, CT 06825		501(C)(3)	50,000.	0.			GENERAL SUPPORT
ART EDUCATION NEWARK							
C/O NEWARK ARTS, 17 ACADEMY							
STREET, SUITE 702 - NEWARK,	NJ						
07102	22-2412819	501(C)(3)	25,000.	0.			GENERAL SUPPORT
THE STRONG ONE MANHATTAN SQUARE							
ROCHESTER, NY 14607	16-0954168	501(C)(3)	75,000.	٥.			GENERAL SUPPORT
GENIUS OF PLAY							
1375 BROADWAY, SUITE 1001							
NEW YORK, NY 10018	13-5591570	501(C)(3)	50,000.	0.			GENERAL SUPPORT
2 Enter total number of section 50	01(c)(3) and government org	ganizations listed in th	e line 1 table				▶ <u> </u>
3 Enter total number of other orga							
LHA For Paperwork Reduction Ac	t Notice, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2021

13-6161457 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BOOK							
1319 F ST. NW., SUITE 1000							
WASHINGTON, DC 20004	52-1779606	501(C)(3)	40,000.	0.			GENERAL SUPPORT
THINKGIVE							
26 ELM STREET							
CONCORD, MA 01742	46-1826783	501(C)(3)	20,000.	0.			GENERAL SUPPORT
OUTLODEN'S HOSDERAL ASSOCIATION							
CHILDREN'S HOSPITAL ASSOCIATION P.O.BOX 79311							
BALTIMORE, MD 21279	51-0120256	501(C)(3)	127,366.	0.			GENERAL SUPPORT
,,							
BLACK INVENTORS HALL OF FAME							
175 N. MAIN ST							
WHARTON, NJ 07855	85-3629825	501(C)(3)	25,000.	0.			GENERAL SUPPORT
DEENA DAULG INGUIME ON GENDED IN							
DEENA DAVIS INSTITUTE ON GENDER IN MEDIA - 4712 ADMIRALTY WAY, STE							
455, - MARINA DEL REY, CA 90292	86-1943473	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ALAMEDA COUNTY FOSTER PARENT							
ASSOCIATION - 51 LA PALOMA CT							
EL SOBRANTE, CA 94803	94-2948156	501(C)(3)	0.	22,254.	FMV	TOYS	GENERAL SUPPORT
WIN WNDEWOUGE / MIGGION OF LOUIS							
WIN WAREHOUSE / MISSION ST. LOUIS 5100 SAN FRANCISCO AVE							
ST LOUIS, MO 63115	20-8983607	501(0)(3)	0.	140,617.	Е.W.7	TOYS	GENERAL SUPPORT
51 10013, MO 05115	20-0905007	501(0)(3)	0.	140,017.	r H V	1015	GENERAL SUFFORT
VARIETY CLUB-THE CHILDREN'S							
CHARITY - 600 S. ADAMS, SUITE 230							
- BIRMINGHAM, MI 48009	38-2140520	501(C)(3)	0.	25,982.	FMV	TOYS	GENERAL SUPPORT
SUMMIT MISSIONS							
3700 BOETTLER OAKS DR	24 1705021	E01(0)(2)		04 000		TOYO	
UNIONTOWN, OH 44685	34-1785031	DOT(C)(3)	0.	84,289.	сыv	TOYS	GENERAL SUPPORT

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A TOUCH OF KINDNESS							
4428 PACIFIC BLVD							
VERNON, CA 90058	75-3002144	501(C)(3)	0.	120,276.	FMV	TOYS	GENERAL SUPPORT
GIVING FRIENDS							
4825 BALDWIN STREET							
BRONX, NY 10475	85-0609954	501(C)(3)	0.	71,000.	FMV	TOYS	GENERAL SUPPORT
OPERATION COMPASSION							
114 STUART ROAD NE							
CLEVELAND, TN 37312	62-1697490	501(C)(3)	0.	295,347.	FMV	TOYS	GENERAL SUPPORT
KIDS OFF THE BLOCK							
11627 S. MICHIGAN AVE.							
CHICAGO, IL 60628	52-2413262	501(C)(3)	0.	43,321.	FMV	TOYS	GENERAL SUPPORT
· · · ·				, ,			
WORLD VISION SEATTLE							
4200 INDUSTRY DR EAST							
FIFE, WA 98424	95-1922279	501(C)(3)	0.	551,876.	FMV	TOYS	GENERAL SUPPORT
FEED THE CHILDREN							
333 N. MERIDIAN							
OKLAHOMA CITY, OK 73107	73-6108657	501(C)(3)	0.	802,872.	FMV	TOYS	GENERAL SUPPORT
VENICE FAMILY CLINIC							
2509 PICO BLVD							
SANTA MONICA, CA 90405	95-2769432	501(C)(3)	0.	13,036.	FMV	TOYS	GENERAL SUPPORT
THE GOODNESS PROJECT							
2550 MCMILLAN PKWY							
FORT WORTH, TX 76137	68-0512138	501(C)(3)	0.	91,977.	FMV	TOYS	GENERAL SUPPORT
HYPE ATHLETICS							
2525 S BEECH DALY ST							
DEARBORN HEIGHTS, MI 48125	20-5698007	501(C)(3)	0.	144,549.	FMV	TOYS	GENERAL SUPPORT

Schedule I (Form 990)

13-6161457 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSSLINES							
15 N. GLENSTONE AVE							
PRINGFIELD, MO 65802	46-2851972	501(C)(3)	0.	91,977.	FMV	TOYS	GENERAL SUPPORT
EROES CARE							
30 SUN VALLEY CIRCLE							
ENTON, MO 63026	01-0777850	501(C)(3)	0.	91,977.	FMV	TOYS	GENERAL SUPPORT
OOLS 4 SUCCESS 55 UNION BLVD							
LLENTOWN, PA 18109	84-3537851	501(C)(3)	0.	29,159.	FMV	TOYS	GENERAL SUPPORT
				,			
NITED WAY OF WESTCHESTER							
36 CENTRAL PARK AVENUE							
HITE PLAINS, NY 10606	13-1997636	501(C)(3)	0.	29,159.	FMV	TOYS	GENERAL SUPPORT
IRST RESPONDERS CHILDREN'S							
OUNDATION - 38 EAST 32ND STREET							
UITE 602 - NEW YORK, NY 10016	05-0536854	501(C)(3)	0.	25,282.	FMV	TOYS	GENERAL SUPPORT

Schedule I (Form 990)

THE TOY FOUNDATION, INC. Schedule I (Form 990) 2021

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

WAYS INCLUDING WRITTEN AGREEMENTS. REGULAR CONTACT BY PHONE AND

PARTICIPATION AT CHARITABLE EVENTS, REVIEW OF FINANCIAL INFORMATION

WRITTEN QUARTERLY REPORTS FROM NATIONAL PARTNER GRANTEES AND GENERAL

OVERSIGHT OF GRANTEE ORGANIZATIONS.

Page 2

SC	HEDULE J	Compensation Information	L	OMB No. 1545-004			
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2021			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			2U2 I		
	tment of the Treasury	Attach to Form 990.		Open to Inspe		ic	
	al Revenue Service ne of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide	•		mher	
man	le of the organization	THE TOY FOUNDATION, INC.	13-61		Jii nui	libei	
Pa	rt I Question	s Regarding Compensation	15 01	01457			
	duootion				Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990		163		
		line 1a. Complete Part III to provide any relevant information regarding these items.	000,				
	First-class or c		nal use				
	Travel for com	i i i i i i i i i i i i i i i i i i i					
		ation and gross-up payments I Health or social club dues or initiation fee					
	Discretionary :	spending account Personal services (such as maid, chauffer	ur, chef)				
	_ *						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2			
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	\$				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	committee Written employment contract					
	Independent compensation consultant						
	Form 990 of o	ther organizations Approval by the board or compensation of	ommittee				
_							
4		I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	-				x	
		e payment or change-of-control payment?		41		X	
b		eive payment from a supplemental nonqualified retirement plan?				X	
C	c Participate in or receive payment from an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
-	contingent on the r						
а	-			5a		x	
		ation?				X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r	et earnings of:					
а	The organization?			6a		x	
		ation?				X	
		or 6b, describe in Part III.					
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5				
	not described on lir	nes 5 and 6? If "Yes," describe in Part III		. 7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ıe				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section	1 53.4958-6(c)?	<u></u>	. 9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	2021	

13-6161457

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAMELA MASTROTA	(i)	139,848.	0.	614.	11,254.	22,262.	173,978.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

PART I, LINE 3:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS ESTABLISHED BY THE

USE OF AN INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER

ORGANIZATIONS, COMPENSATIONS SURVEYS AND STUDIES, AND APPROVAL BY THE

FOUNDATION'S BOARD OR BOARD COMMITTEE.

FORM 990, PART VII, LINE 5:

THE TOY FOUNDATION DOES NOT ISSUE W-2S FOR EMPLOYEES. W-2S ARE ISSUED

BY AN UNRELATED 501(C)(6) ORGANIZATION, THE TOY ASSOCIATION.

THE TOY FOUNDATION DOES NOT COMPENSATE ITS CHIEF FINANCIAL OFFICER. THE

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

SERVICES OF THE FOUNDATION'S CHIEF FINANCIAL OFFICER TO THE FOUNDATION.

DURING 2021, PAUL VITALE, CHIEF FINANCIAL OFFICER, RECEIVED FROM THE

TOY ASSOCIATION \$363,791 OF REPORTABLE COMPENSATION, \$23,200 OF

RETIREMENT BENEFITS AND \$43,266 OF NONTAXABLE COMPENSATION FOR HIS

SERVICES RENDERED TO BOTH THE TOY ASSOCIATION AND THE TOY FOUNDATION.

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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

2021 Open to Public Inspection

Employer identification number

13 - 6161457

Name of the organization

### THE TOY FOUNDATION, INC.

Pa	rτ		ypes	5 (	of Property								
						(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on	(d Method of c noncash contrib	letermin	•	s
1	Δ	vrt - Wo	rks of	ar	t								
2					easures								
3					iterests								
4					cations								
5					usehold goods								
6					ehicles								
7					S								
8		ntellectu	-	-	• • • • • • • • • • • • • • • • • • • •								
9					cly traded								
10					ely held stock								
11					nership, LLC, or								
	tr	rust inte	erests										
12	S	Securitie	es - Mi	sc	ellaneous								
13	G	Qualified	d cons	er	vation contribution -								
	Н	listoric	struct	ure	es								
14	G	Qualified	d cons	er	vation contribution - Other								
15	R	Real est	ate - F	les	idential								
16													
17	Real estate - Other												
18													
19													
20													
21													
22					ts								
23					nens								
24					ifacts								
25		Other			TOY C .	X	140,645	2	680,582.	FMV			
25 26				۰.	,								
				(. /	)								
27				(.	)								
28		Other		(	) 								
29					s 8283 received by the organ							0	
	to	or which	n the d	org	anization completed Form 82	283, Part V, L	onee Acknowledg	ement	29				
												Yes	No
30a					did the organization receive I								
					least three years from the da		l contribution, and	which isn't requir	ed to be u	sed for			
			• •		s for the entire holding period	1?					30a		Х
b	lf	"Yes,"	descr	ib	e the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						31		X				
32a	22a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash												
	С	ontribu	itions?	,							32a	х	
b	lf	"Yes,"	descr		e in Part II.								
33	lf	the or	ganiza	tio	n didn't report an amount in	column (c) fo	r a type of property	for which colum	n (a) is che	cked,			
		lescribe	-										
LHA					k Reduction Act Notice, see	e the Instruc	tions for Form 990	).		Schedule	M (Forr	n 990)	2021

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

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF ITEMS RECEIVED

SCHEDULE M, LINE 32B:

THE FOUNDATION USES THE LOGISTIC SERVICES OF DELIVERING GOOD, GEAR THE

WORLD AND WORLDVISION, UNRELATED 501(C)(3) ORGANIZATIONS, TO PICK UP

AND DELIVER THE TOYS DONATED TO THE FOUNDATION'S TOY BANK PROGRAM.

Page **2** 

SCHEDULE O	Supplemental Information to Form 990 or 99	
(Form 990) Department of the Treasury	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 Form 990-EZ.	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization	THE TOY FOUNDATION, INC.	Employer identification number 13-6161457
FORM 990, PART I, 1	JINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE TOY FOUNDATION	S MISSION IS TO BRING JOY, COMFORT AND LEARNING TO	
CHILDREN IN NEED TH	ROUGH THE EXPERIENCE OF TOYS AND PLAY.	
FORM 990, PART III	LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
CREATE STIMULATING	AND CALMING SENSORY EXPERIENCES; OFFER IN-ROOM	
TECHNOLOGY TO BROAD	CAST PLAY ACTIVITIES; UPGRADE WAITING AREAS;	
ASSEMBLE THERAPEUT	C PLAY KITS; AND MORE.	
FORM 990, PART III	LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAM ACTIV	VITIES	
EXPENSES \$ 298,928	INCLUDING GRANTS OF \$ 290,000. REVENUE \$ 0.	
DIVERSITY & INCLUS	CON	
EXPENSES \$ 106,390	INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0.	
FORM 990, PART VI,	SECTION B, LINE 11B:	
FORM 990 WAS PROVID	DED TO THE FINANCE COMMITTEE AND THE FOUNDATION'S	
EXECUTIVE DIRECTOR	FOR THEIR REVIEW AND IS FILED ONLY AFTER EACH OF THE	
BOARD MEMBERS IS PI	ROVIDED WITH A COPY.	
FORM 990, PART VI,	SECTION B, LINE 12C:	
THE FOUNDATION REQU	JIRES ITS BOARD MEMBERS TO REVIEW THE	
CONFLICT-OF-INTERES	T POLICY ON AN ANNUAL BASIS AND SIGN AN ANNUAL	

DISCLOSURE OF POTENTIAL CONFLICTS. ANY POTENTIAL CONFLICTS WOULD BE

REVIEWED BY THE EXECUTIVE DIRECTOR AND THE CHAIRMAN TO DETERMINE IF ANY

Name of the organization

Employer identification number 13-6161457

FURTHER ACTION IS REQUIRED BY THE BOARD.

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

THE FOUNDATION HAS A POLICY FOR DETERMINING COMPENSATION WHICH UTILIZES A

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

THREE YEARS. ANNUALLY, THE FOUNDATION REVIEWS VARIOUS COMPENSATION STUDIES

TO CONSIDER CURRENT AND FUTURE COMPENSATION OF ALL EMPLOYEES.

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

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

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

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE

UPON REQUEST OR FROM ITS WEBSITE (WWW.TOYFOUNDATION.ORG). THE FOUNDATION'S

STATEMENTS OF ACTIVITIES AND FINANCIAL POSITION ARE AVAILABLE IN ITS ANNUAL

REPORT WHICH IS AVAILABLE UPON REQUEST IN WRITING OR FROM ITS WEBSITE. THE

FOUNDATION'S CERTIFICATE OF INCORPORATION AND INTERNAL REVENUE SERVICE

NOTICE OF EXEMPT STATUS UNDER SECTION 501(C)(3) ARE AVAILABLE UPON REQUEST.

IN ADDITION, FORM 990 MAY BE AVAILABLE ON ANOTHER UNRELATED ORGANIZATION'S

WEBSITE.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND

OVERSIGHT OF THE FINANCIAL STATEMENT HAS NOT CHANGED FROM THE PRIOR

YEAR.