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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2011

Department of the Treasury

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2011 or tax year beginning JUL 12, 2011 and ending DEC 31, 2011 Name of foundation A Employer identification number JOYCE FAMILY FOUNDATION INC. 45-2684840 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 404-642-6900 250 PINE VALLEY ROAD SE City or town, state, and ZIP code C If exemption application is pending, check here 30067 MARIETTA, GA G Check all that apply: X Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, 2. check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination, (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 1,956,229. (Part I, column (d) must be on cash basis.) **S** Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books ıncome income (cash basis only) 3,000,000 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 11,060 11,060 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -63,41468 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1,364,561. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 469 469 STATEMENT 11 Other income 2,948,115 529 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees **b** Accounting fees c Other professional fees STMT 3 6,384. 6,384 0. 17 Interest 200 18 Taxes STMT 4 134. 134. 0. 19 Depreciation and depletion 20 Occupancy Travel, conferences, and meetings 22 Printing and publications STMT 5 21 21. 0. 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 <u>6,539</u> 6,539 1,000,000 1,000,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 1,000,000 1,006,539 6,539 Add lines 24 and 25 27 Subtract line 26 from line 12: 1,941,576 8 Excess of revenue over expenses and disbursements 4,990. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

Fo	rm 99	00-PF (2011) JOYCE FAMILY FOUNDATION		45-2	2684840 Page:
[p	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
<u> </u>	ai c	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		1,941,576.	1,956,229.
	1	Savings and temporary cash investments			
	3	Accounts receivable -			
	١.	Less: allowance for doubtful accounts			
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts ▶ Grants receivable			
	5	Receivables due from officers, directors, trustees, and other			
	١	disqualified persons			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
S.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations	-		
	1	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	, , , , , , , , , , , , , , , , , , , ,			
		Less accumulated depreciation			
	15	Other assets (describe)			
	40	Tabel access (to be appreciated by all filese)		1 041 576	1 056 220
_	17	Total assets (to be completed by all filers) Accounts payable and accrued expenses	0.	1,941,576.	1,956,229.
	18	Grants payable			
u	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abii	21	Mortgages and other notes payable			
ت		Other liabilities (describe)			
		,			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
co.		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted			
or Fund Balances	25	Temporarily restricted			
B	26	Permanently restricted			
ڃ		Foundations that do not follow SFAS 117, check here			
þ	0.7	and complete lines 27 through 31.			
ets	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds	0.	1,941,576.	
Net/	30	Total net assets or fund balances	0.	1,941,576.	
Z		Total fiet assets of fund balances	0.	1,741,370.	
	31	Total liabilities and net assets/fund balances	0.	1,941,576.	
					
<u></u>	art	Analysis of Changes in Net Assets or Fund B	aiaiices		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	0.
		r amount from Part I, line 27a		2	1,941,576.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	1,941,576.
		eases not included in line 2 (itemize)		5	0.
<u>6</u>	ıota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		1,941,576.
					Form 990-PF (2011)

	990-PF (2011) JOY	CE FAMILY FOUNDA	ATION I	NC.			4	<u>5-268</u>	4840	Page 3
Pa	- 	and Losses for Tax on I		t Income	/h) L	low acquired	Υ			
		ribe the kind(s) of property sold (e.ç arehouse; or common stock, 200 sh			(0) (low acquired - Purchase - Donation	(c) Date (mo., d	acquired ay, yr.)	(d) Dat (mo., d	
<u>1a</u>					<u> </u>					
b	SEE ATTACHED	STATEMENT			1					
<u>C</u>					<u> </u>					
<u>d</u>		· · · · · · · · · · · · · · · · · · ·			<u> </u>					
<u>e</u> _	· 		1		<u> </u>		L			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (i		
<u>a</u>			· -							
b	· · - · - · - · - · · - · · · - ·									
										
<u>d</u>	1 264 E61	****		1 407 07	· -				<u> </u>	414
_e	1,364,561.	ng gain in column (h) and owned by		1,427,97	2.					,414.
—	complete only for assets shown					((1) Gains (C) col. (k), but r	ol. (h) gain i not less than	minus -0-) or	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		···		(from col. (h		
<u>a</u>										
<u>b</u>			ļ							
<u>C</u>										
<u>d</u>			ļ. <u>.</u>							44.4
<u>e</u>			<u> </u>			1			-63	<u>,414.</u>
2 Ca	apital gain net income or (net ca	$\{$ If gain, also ente $\{$ If (loss), enter -0			}	2			-63	,414.
3 No	et short-term capital gain or (los	ss) as defined in sections 1222(5) ai	nd (6):							
lf	gain, also enter in Part I, line 8,	column (c).	` '] [
	(loss), enter -0- in Part I, line 8	40404			Ш	3		N/A		
Ь.		nder Section 4940(e) for		·.			ncome			
(For o	ptional use by domestic private	foundations subject to the section	4940(a) tax or	net investment in	ncome	.)			N/A	
If sec	tion 4940(d)(2) applies, leave th	nie nart hlank								
11 566	non 4340(u)(z) applies, leave ti	iis part biank.								
Wast	the foundation liable for the sec	tion 4942 tax on the distributable an	nount of any y	ear in the base pei	riod?				Yes	└── No
		ify under section 4940(e). Do not co					.=.			
1 E		each column for each year; see instr	ructions before	making any entri	es.		 , ·			
	(a) Base period years	(b)			(c)		.	Distrib	(d) ution ratio	
Ca	lendar year (or tax year beginni	ng in) Adjusted qualifying dis	stributions	Net value of no	nchar	itable-use asse	ets	(col. (b) divi	ded by col.	(c))
	2010									
	2009									
	2008		····							
	2007									
	2006			l <u>.</u> .						_
		•								
	otal of line 1, column (d)						2			
		5-year base period - divide the total	on line 2 by 5,	or by the number	of yea	ars				
th	e foundation has been in existe	nce if less than 5 years					3			
4 Er	iter the net value of noncharitat	le-use assets for 2011 from Part X,	line 5				4			
5 M	ultiply line 4 by line 3						5			
6 Er	nter 1% of net investment incon	ne (1% of Part I, line 27b)					6			
7 Δ	dd lines 5 and 6						7			
. તા	Julio Valid V						···			
	nter qualifying distributions from	•					8			
	line 8 is equal to or greater thar se the Part VI instructions.	n line 7, check the box in Part VI, line	e 1b, and comp	piete that part usin	ig a 19	% tax rate.	· · · · · · · · · · · · · · · · · · ·			

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	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	, or 4	948 -	- see II	nstru	CTIOI	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔙 and enter "N/A" on line 1.)					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					_	
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%	P	1			1	<u>00.</u>
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).)					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				<u>0.</u>
3	Add lines 1 and 2		3			1	00.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			1	<u>00.</u>
6	Credits/Payments:						
	2011 estimated tax payments and 2010 overpayment credited to 2011						
	Exempt foreign organizations - tax withheld at source						
	: Tax paid with application for extension of time to file (Form 8868)						
	Backup withholding erroneously withheld						_
7	Total credits and payments. Add lines 6a through 6d		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			1	00.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	ed 🚩	11				
	art VII-A Statements Regarding Activities					Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	itervene	IN			162	
	any political campaign?				1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for defin	•			1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p	DUDIISHE	a or				
	distributed by the foundation in connection with the activities.						37
	Did the foundation file Form 1120-POL for this year?				1c		X
đ	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	^					
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	on					
	managers. > \$0.						v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.				2		<u> </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporate	ration, c	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or By attack logislation that effectively amends the governing instrument on that he mandatory dispetures that conflict with	tha atata	low				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with	ine State	iaw			х	
7	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year?				7	X	
′	If "Yes," complete Part II, col. (c), and Part XV.					^	
R۶	Enter the states to which the foundation reports or with which it is registered (see instructions)						
Ja	GA	·					
Ь	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate	<u> </u>					
	of each state as required by General Instruction G? If "No," attach explanation	,			 8b	х	
9		for cale	ndar	•	""		
•	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	, Juit			9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and address	s S	TMT	6	10	Х	- -
	A						

		5-2684	<u>840</u>		<u> Page 5</u>
	art VII-A Statements Regarding Activities (continued)		***		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)]	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privi	leges?			
	If "Yes," attach statement (see instructions)		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
	Website address ► N/A				
14	The books are in care of ▶ JEFFREY JOYCE Telephone no. ▶				
	Located at ► 3200 WINDY HILL RD, STE 915 W, ATLANTA, GA Z	P+4 ►30	<u> 339</u>	-85	70
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		_X_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign				
	country				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	[ļ		
	a disqualified person?	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	If the foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days.)	X No		ļ	
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			i	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here				
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2011?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5)):				
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			- 1	
	before 2011?	X No		-	
	If "Yes," list the years				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
	statement - see instructions.)	N/A	2b		
C	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
		X No			
b	olf "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp	ose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,				
	Form 4720, to determine if the foundation had excess business holdings in 2011.)	N/A	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the	at			
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?		4b		<u> </u>
		Forn	n 990	-PF(2011)

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to:				1	
(1) Carry on propaganda, or otherwise attempt to influence legislation (secti	ion 4945(e))?	Y	es X No		
Influence the outcome of any specific public election (see section 4955);	; or to carry on, directly or indi				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	es?	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizat	ion described in section				ļ
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or		[
the prevention of cruelty to children or animals?			es X No	ŀ	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	inder the exceptions described	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see inst	ructions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption					- }
expenditure responsibility for the grant?		N/A LY	es L No		
If "Yes," attach the statement required by Regulations section 53.49					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	o pay premiums on				
a personal benefit contract?		Y	es X No	-	1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a If "Yes" to 6b, file Form 8870.	a personal benefit contract?		-	6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es X No		1
b If "Yes," did the foundation receive any proceeds or have any net income attri	butable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	stees, Foundation Ma	anagers, Highl	y		
1 List all officers, directors, trustees, foundation managers and their	r compensation.				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense ount, other lowances
JEFFREY JOYCE	DIRECTOR				
3200 WINDY HILL RD, STE 915 W					
ATLANTA, GA 30339-8570	0.00	0.	0.		0.
CYNTHIA JOYCE	DIRECTOR				
3200 WINDY HILL RD, STE 915 W					
ATLANTA, GA 30339-8570	0.00	0.	0.		0.
	_		·		
				<u> </u>	
2 Compensation of five highest-paid employees (other than those in		, enter "NONE."	(d) Cooper transfer		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	l acci	Expense ount, other lowances
NONE					
			L	L	
			<u></u>	<u> </u>	
Total number of other employees paid over \$50,000			▶		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Manager Paid Employees, and Contractors (continued)	rs, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b)	Type of service (c) Compensa	tion
NONE		
Total number of others receiving over \$50,000 for professional services	N	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sucnumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	th as the Expenses	
1 N/A		

2		
3		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	_
N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	•	<u>o.</u>
	Form 990-PF (20	11)
	101111 000 11 120	٠.,

Pa	Int X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		 -
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0.
C	Fair market value of all other assets	1c	2,635,076.
d	Total (add lines 1a, b, and c)	1d	2,635,076.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,635,076.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	39,526.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,595,550.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	61,512.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	61,512.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	100.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	61,412.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	61,412.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	61,412.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		1 000 000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,000,000.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	1 000 000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,000,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	•
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,000,000.

Form **990-PF** (2011)

4940(e) reduction of tax in those years.

Page 9

Part XIII 'Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				<u> </u>
line 7				61,412.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from			,	
Part XII, line 4: ▶\$ 1,000,000.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior			•	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount	U•			61,412.
e Remaining amount distributed out of corpus	938,588.			01,412.
· F	938,388.			0.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	938,588.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	938,588.			
IO Analysis of line 9:	330,300.			
a Excess from 2007				
b Excess from 2007				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011 938,588.			L	5 000 DE (004)

Part XIV Private Operating F	OUNDATIONS (See In		A guestion 9\		38484U Faye II
1 a If the foundation has received a ruling of			-A, question 3)	N/A	
•					
foundation, and the ruling is effective for			n costion	14049(1)(2) or []4	040(-)/5)
b Check box to indicate whether the found		ng roundation described t	Prior 3 years	4942(j)(3) or4	942(j)(5) T
2 a Enter the lesser of the adjusted net	Tax year (a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
income from Part I or the minimum	(8) 2011	(8) 2010	(6) 2003	(4) 2000	(6) 10121
investment return from Part X for					
each year listed			-		-
b 85% of line 2a		<u> </u>			
c Qualifying distributions from Part XII,					
line 4 for each year listed		<u> </u>			
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	•				
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	•		if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see inst	ructions.)		·	
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who			ributions received by the	e foundation before the clo	ose of any tax
year (but only if they have contributed in	iore than \$5,000). (See s	section 507(d)(2).)			
JEFFREY JOYCE					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large port	ion of the ownership of a p	partnership or
NONE			_		
2 Information Regarding Contributi	on, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:		
Check here 🕨 🗓 if the foundation o				not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations u	nder other conditions, o	complete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
b The form in which applications should b	e submitted and informa	tion and materials they st	nould include;		
c Any submission deadlines:					
d Any restrictions or limitations on according	a ouch on his constant	al arana chardable fields	kindo of institutions	other feeters	
d Any restrictions or limitations on awards	s, such as by geographic	ai ai eas, charitadie fields,	KINGS OF INSTITUTIONS, OF	other factors;	

Tare 70 Tours Tare 1				
3 Grants and Contributions Paid During the	Year or Approved for Future F	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	Amount
a Paid during the year				
NA DE LOVID. COL LEGIS	MONTE		DENOMANA MA	
ALBRIGHT COLLEGE P.O. BOX 15234	NONE		RENOVATIONS TO GINGRICH LIBRARY	
READING PA 19612-5234			GINGRICH DIBRARI	1,000,000.
Mindand, III 19011 5151				2,000,000,
	-			
Total			<u>▶ 3a</u>	1 000 000
b Approved for future payment				
NONE				
NONE				
Total			▶ 3b	0,

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
group amounts amount of morning managed.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a					
b				-	
C					
d					
e					<u> </u>
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash		·			
investments					
4 Dividends and interest from securities			14	11,060.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	469.	
8 Gain or (loss) from sales of assets other					
than inventory			18	-63,414.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C)==:t				
d			<u> </u>		
e					
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	-51,885.	<u> </u>
13 Total. Add line 12, columns (b), (d), and (e)				13	-51,885.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No Explain below how each activity for which incor			contrit	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than t	by providing 10	nos for such purposes).			
					
				<u>-</u> <u>-</u>	
			_		
			_		
					
					
				<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
					
		· · · · · · · · · · · · · · · · · · ·			
					

Part XVII	Information Regarding Transfers To and Transactions and Relations	ships With Noncharitable
	Exempt Organizations	

N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??		•		e following with any other organization	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Yes	No
(c) Other saests b Other transactions: (1) Sales of assets to a noncharitable exempt organization (1) Sales of assets to a noncharitable exempt organization (2) Perchased a seests from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (3) Rental of tacilities, equipment, or other assets (4) Perchannel of services or membership or fundrasing solicitations (5) Loris or loan guarantees (6) Perchannel of services or membership or fundrasing solicitations (6) Perchannel of services or membership or fundrasing solicitations (7) High X High High X High High X High Hi					ations?			
22) Other assets 14 2			ation to a noncharitable e	exempt organization of:				
b Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembusivement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrassing solicitations (5) Econs for loan guarantees (6) Performance of services or membership or fundrassing solicitations (7) Amount involved (8) Rembusive and of the above or Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services goven by the reporting foundation. If the foundation creaved less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (9) Amount involved (1) Amount involved (2) Amount involved (3) Amount involved (4) Amount involved (5) Amount involved (6) Amount involved (7) Amount involved (8) Amount involved (9) Amount								
(1) Sales of assets from a nonchantable exempt organization (2) Purchases of assets from a nonchantable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembulsement arrangements (5) Loans or loan guarantes (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Loans or loan guarantes (8) Performance of services or membership or fundrasing solicitations (8) Loans or loan guarantes (8) Performance of services or membership or fundrasing solicitations (9) Loans or loan guarantes (9) Loans or loan guarantes (10) Loans or loan guarantes (11) Loans or loan guarantes (11) Loans or loans or loan guarantes (12) Loans or loan guarantes (13) Loans or loan guarantes (14) Loans or loan guarantes (15) Loans or loan guarantes (16) Loans or loan guarantes (17) Loans or loan guarantes (18) Loans or loan guarantes (18) Loans or loan guarantes (18) Loans or loan guarantes (19) Loans or loans the fair market value in any transaction or sharing arrangements, show in a surface guarantes or loans guarantes (19) Loans guarantes (19) Loans guarantes guarantes guarantes guarantes guarantes guarantes guarantes guarantes guarantes guara	• •					1a(2)		X
(2) Purchases of assets from a noncharitable exempt organization (3) Rental of decimes, equipment, or other assets (4) Reimbursoment arrangements (5) Loans or fixing quarintees (6) Performance of services or membership or fundraising solicitations (7) Exemplication of the appropriate of the property o	-							1.7
(4) Reinbursoment arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing selectations (6) Performance of services or complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or paid employes d if the answer to any of the above is Yes, 'complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services grower by the reporting foundation. If the roundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (b) Amount involved (c) Amount involved (c) Amount involved (d) Amount involved (e) Amount involved (f) Amount involved (h) Amount involved (f) Amount involved (h) Amount involved							,	
(4) Rembursement arrangements (5) Loans or loan pursantes (6) Performance of services or membership or fundrassing solicitations (6) Performance of services or membership or fundrassing solicitations (8) Performance of services or membership or fundrassing solicitations (8) Performance of services or membership or fundrassing solicitations (8) The services given by the reporting foundation. If the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangements are services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the goods, other assets, or services given by the value of the value of the goods, other assets, or services given by the value of given by the	• •		·	iization				
(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) the value of the goods, other assets, or services received. A) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) the value of the goods, other assets, or services received. A) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) pesseption of transfers, transactions, and sharing arrangements. N/A Ves								
d if the answer to any of the above is Yes, Complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	` '	•	ı					· ·
d if the answer to any of the above is Yes, Complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.	• •	=	amharchin or fundraicing	collectations				Y
d if the answer to any of the above is Yes, Complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.								Y
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received. a Imma no (b) Amount involved (c) Name of norcharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A			•		ave show the fair market value of the goods of		etc	
a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c) other section 501(c) of the Code (other than section 501(c) other							, iois,	
Sign Under penalties of pepury, I declare that I have examined this return, including accompanying schadules and statements, and to the best of my knowledge								
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship	(a) Line no	•	·	· · · · ·	(d) Description of transfers, transactions, and	sharing an	rangeme	nts
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, 'complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship		• •	† · · · · · · · · · · · · · · · · · · ·	N/A				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes							_	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes			 					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes			<u> </u>					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes	<u> </u>		1					
b If Yes,* complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign 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 peripister occlaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge about the preparer shown below (see inst:)? Signature of officer or totals Print/Type preparer's name Preparer's signature Date Check if self-employed Print/Type preparer's name Preparer's signature Print/Type preparer's			-	· · ·	itions described	٦.,	-	٦
(a) Name of organization N/A Columber of precipion of relationship			, , , , ,	or in section 527?	Ļ.	Yes	LX	_ No
N/A Sign Here 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 peripheter Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see instr.)? Signature of officer or total peripheter Declaration of preparer (other than taxpayer) is based on all information of which preparer shown below (see instr.)? No Signature of officer or total peripheter Declaration of preparer signature Print/Type preparer's name Preparer's signature Paul_INE REYNOLDS Preparer's signature Preparer's name ▶ HLB GROSS COLLINS, P.C. Firm's name ▶ HLB GROSS COLLINS, P.C. Firm's address ▶ 3330 CUMBERLAND BOULEVARD, # 900 ATLANTA, GA 30339 Phone no. 770-433-1711	b if yes, c			(h) Type of organization	(a) Description of relational			
Under penalties of perpury, 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 permitter peclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see inst.)? Signature of officer or visite Print/Type preparer's name Preparer's signature Date Check if self-employed P00172434			janization	(b) Type of organization	(c) Description of relationsi	пр		
Sign And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instr.)? X Yes		N/A						
Sign And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instr.)? X Yes						•		
Sign And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instr.)? X Yes								
Sign And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instr.)? X Yes	<u></u>	- "						
Sign Here Signature of officer or vistes Signature Signatu	Under	penalties of perjury, I declare	that I have examined this retu	urn, including accompanying schedules and st	atements, and to the best of my knowledge			
Here Signature of officer or visites Date Title	Sign and b	elief, it is true, correct, and per	inplete Peclaration of prepare	or (other than taxpayer) is based on all informat	retu	im with the	e prepar	er
Paid Preparer Use Only Paid Print/Type preparer's name Preparer's signature Proparer's signature Preparer's signature Preparer's signature Proparer's signature Preparer's signature Proparer's sig	Here	7.7	Source	18/20/12	OFFICER			T
Paid Preparer Use Only Firm's address ▶ 3330 CUMBERLAND BOULEVARD, # 900 ATLANTA, GA 30339 PAULINE REYNOLDS Pool 72434 Firm's EIN ▶ 58-1367012 Phone no. 770-433-1711	Sigi	nature of officer or tuste	21 4	Date	· ·			
Paid Preparer Use Only Firm's address ► 3330 CUMBERLAND BOULEVARD, # 900 ATLANTA, GA 30339 Phone no. 770-433-1711				eparer's signature	Date Check If PTIN			
Preparer Use Only Firm's name ► HLB GROSS COLLINS, P.C. Firm's address ► 3330 CUMBERLAND BOULEVARD, # 900 ATLANTA, GA 30339 Phone no. 770-433-1711			<i></i>		self- employed			
Preparer Use Only Firm's name ► HLB GROSS COLLINS, P.C. Firm's address ► 3330 CUMBERLAND BOULEVARD, # 900 ATLANTA, GA 30339 Phone no. 770-433-1711	Paid	PAULINE RE	YNOLDS (T	Ruline Kesnetto	8/20/12 PO	0172	434	
Use Only Firm's address ► 3330 CUMBERLAND BOULEVARD, # 900 ATLANTA, GA 30339 Phone no. 770-433-1711	Preparer			INS, P.C.				
ATLANTA, GA 30339 Phone no. 770-433-1711	Use Only			<u>-</u>		-		_
ATLANTA, GA 30339 Phone no. 770-433-1711		Firm's address ► 33	30 CUMBERLA	ND BOULEVARD, # 9	00			
						<u> 433-</u>	<u> 171</u>	1
					Fo	rm 990	-PF	2011)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Employer identification number

J(OYCE FAMILY FOUNDATION INC.	45-2684840						
Organization type(check	one).							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt chantable trust not treated as a private foundation	1						
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
· -	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.						
General Rule								
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mor plete Parts I and II.	re (in money or property) from any one						
Special Rules								
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.	_						
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
contributions for the contributions for the contributions of the contributions for the contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one use exclusively for religious, charitable, etc., purposes, but these contributions did cked, enter here the total contributions that were received during the year for an excomplete any of the parts unless the General Rule applies to this organization beckle, etc., contributions of \$5,000 or more during the year.	i not total to more than \$1,000. xclusively religious, charitable, etc ,						
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Sch n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or c et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

JOYCE FAMILY FOUNDATION INC.

45-2684840

Part I	Contributors (see instructions). Use duplicate copies of Part I if	addıtional space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEFFREY JOYCE 3200 WINDY HILL RD, STE 915 W ATLANTA, GA 30339-8570	\$ <u>3,000,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

JOYCE FAMILY FOUNDATION INC.

45-2684840

(a) No. from Part I (a) No. from Part I	h Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
No. from Part I (a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. From Part I (a) No. From Part I			
No. from Part I (a) No. from Part I			
No. rom Part I (a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. rom art I (a) No. rom art I (a) No. rom art I (a) No. rom art I			
No. rom Part I (a) No. rom Part I (a) No. rom Part I (a) No. rom Part I			
No. irom Part I (a) No. irom Part I (a) No. irom Part I (a) No. irom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. rom (a) No. rom eart I			
No. rom Part I (a) No. rom Part I (a) No. rom Part I		\$	
No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. rom art I (a) No. rom			
No. rom art I (a) No. rom		s	
No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
No. rom			
No. rom		\$	
Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number JOYCE FAMILY FOUNDATION INC 45-2684840 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

P	art IV Capital Gains and Los	sses for Tax on Investment Income				
		describe the kind(s) of property solution in the describe the kind(s) of property solution is described by the common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	MORGAN STANLEY	2038H		P	07/15/11	12/14/11
	MORGAN STANLEY			P	07/15/11	
	MORGAN STANLEY			P	07/15/11	
d	MORGAN STANLEY	2042H		P	07/15/11	
	MORGAN STANLEY			P	07/15/11	11/15/11
	MORGAN STANLEY			P		12/08/11
	CAPITAL GAINS					
h						
1						
<u>k</u>						
1	··· <u>·</u>					
m						
<u>_n</u>	· · · · · · · · · · · · · · · · · · ·					
0						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a	198,718.		229,937.			-31,219.
b	66,688.		78,750.			-12,062.
С	75,976.		77,063.			-1,087.
d	319,506.		324,366.			-4,860.
е	21,616.		25,740.	<u></u>		-4,124.
f	679,889.		692,119.			<u>-12,230.</u>
g	2,168.					2,168.
<u>h</u>						
1						
<u>k</u>						
1						
<u>m</u>		············				
<u>n</u>						
0_			100100			
	Complete only for assets showing	ng gain in column (h) and owned by			ses (from col. (h))	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	but n	of col. (h) gain ove ot less than "-0-")	
a		· · · · · · · · · · · · · · · · · · ·				<u>-31,219.</u>
<u>b</u>						<u>-12,062.</u>
c						<u>-1,087.</u>
d						-4,860.
e						-4,124.
<u>f</u>						<u>-12,230.</u>
g						2,168.
<u>h</u>						
1_						
<u></u>						
<u>k</u>	· - ·					
<u></u>	· 					
m						
<u>n</u>						
0						
2	Capital gain not income or (not co	ipital loss) { If gain, also enter If (loss), enter If (loss)	in Part I, line 7 1			_63 /1/
	Capital gain net income or (net ca			2		<u>-63,414.</u>
	If gain, also enter in Part I, line 8,		nd (6):			
	If (loss) enter "-0-" in Part I, line 8			ا ہ	NT / A	

FORM 990-PF DIVIDENDS	AND	INTERI	EST	FROM	SEC	JRITIES	STATEMENT	1
SOURCE		GROSS	AMO	UNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
MORGAN STANLEY 2019H	_	·		72.		0.		72.
MORGAN STANLEY 2038H				706.		0.		06.
MORGAN STANLEY 2039H				286.		0.	5,2	
MORGAN STANLEY 2040H			4	411.		972.	3,4	
MORGAN STANLEY 2042H			_	628.		0.		28.
MORGAN STANLEY 2044H MORGAN STANLEY 2994H			2	124.		1,196. 0.	9	28. 1.
TOTAL TO FM 990-PF, PART I, LN	4 =		13,	228.		2,168.	11,0	60.
FORM 990-PF	O	THER II	VCO1	Œ	- 1		STATEMENT	2
DESCRIPTION		I	REV	A) ENUE BOOKS	S	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
NONDIVIDEND DISTRIBUTION 2039H REBATE PAYMENTS 2044H				4	435. 34.	435		
TOTAL TO FORM 990-PF, PART I,	LINE	11		4	469.	469	•	
FORM 990-PF OT	HER I	PROFESS	SION	IAL FI	EES		STATEMENT	3
	(]			(B)		(C)	(D)	
	EXPEN PER I	NSES BOOKS		IVVI T INC		ADJUSTED NET INCOM		
INVESTMENT MGMT FEES		5,384.		6	,384	•		0.
TO FORM 990-PF, PG 1, LN 16C		5,384.			,384	-		0.

FORM 990-PF	TAX	ES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
FOREIGN TAXES	134.	134.		0.		
TO FORM 990-PF, PG 1, LN 18	134.	134.		0.		
FORM 990-PF	OTHER E	XPENSES	S'	PATEMENT 5		
DESCRIPTION		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INVESTMENT EXPENSES PAID WITH SALE PROCEEDS	21.	21.		0.		
TO FORM 990-PF, PG 1, LN 23	21.	21.		0.		
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S'	FATEMENT 6		
NAME OF CONTRIBUTOR	ADDR	ESS				
JEFFREY JOYCE		 WINDY HILL RI NTA, GA 30339-				

Form 8868	(Rev. 1-2012)					Page 2
If you are	e filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box	>	X
	complete Part II if you have already been granted an a			led Form	8868.	
	e filing for an Automatic 3-Month Extension, complete					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	copies needed).	
			Enter filer's	identifyi	ng number, see ins	tructions
Type or print	Name of exempt organization or other filer, see instru-	ctions		Employe	r identification numb	er (EIN) or
	JOYCE FAMILY FOUNDATION INC.	•		\mathbf{x}	45-268484	.0
due date for filing your	Number, street, and room or suite no. If a P.O box, so	ee instruc	tions.	Social se	cunty number (SSN	
return See	250 PINE VALLEY ROAD SE					
instructions	City, town or post office, state, and ZIP code. For a form	oreign add	ress, see instructions.			
Enter the B	leturn code for the return that this application is for (file	a copara	to application for each return)			0 4
	etam code for the return that this application is for (file	a sopaia	e application for each return)			0 4
Application	n	Return	Application			Return
is For		Code	Is For			Code
Form 990		01				
Form 990-B		02	Form 1041-A			08
Form 990-E		01	Form 4720			09
Form 990-P		04	Form 5227			10
	(sec 401(a) or 408(a) trust) (trust other than above)	05 06	Form 6069 Form 8870		· · · · · · · · · · · · · · · · · · ·	11
	not complete Part II if you were not already granted	·	<u> </u>	iously file	nd Form 9969	1 12
Telepho	JEFFREY JOYCE iks are in the care of \blacktriangleright 3200 WINDY HILI ne No. \blacktriangleright 404-642-6900 ganization does not have an office or place of business		FAX No. >	ΓA, G	A 30339-85	70
	for a Group Return, enter the organization's four digit (f this is fo	r the whole group, c	heck this
	. If it is for part of the group, check this box					
	uest an additional 3-month extension of time until					
5 For ca	alendar year, or other tax year beginning	JUL 1:		DEC	31, 2011	
	tax year entered in line 5 is for less than 12 months, cl Change in accounting period	heck reas	on: X Initial return	Final r	return	
	in detail why you need the extension					
ADI	DITIONAL TIME IS NECESSARY T	ro fi	LE A COMPLETE & ACC	CURAT	E TAX RETU	RN.
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6060 a	nter the tentative tax loss any			
	efundable credits. See instructions.	o, 0000, 0	ntor the terreative tax, less arry	8a	\$	0.
	application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		•	
	ayments made. Include any prior year overpayment alle	_				
previ	iously with Form 8868			8b	\$	0.
c Balar	nce due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using			
EFTP	S (Electronic Federal Tax Payment System). See instru			8c	_\$	0.
Under penalt	Signature and Verificat ties of perjury, I declare that I have examined this form, includi		st be completed for Part II on panying schedules and statements, and to	•	of my knowledge and b	elief.
it is true, cori	rect, and complete, and that I am authorized to prepare this fo	rm.	, 0	2021 0		
Signature >	Title ▶ C	CPA		Date		

Form 8868 (Rev. 1-2012)

Form 8868 (Rev. 1-2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	box		<u> </u>
Note. Only complete Part II if you have already been granted an				8868	
• If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month E			al (no c	opies needed).	
				ng number, see ins	
Type or Name of exempt organization or other filer, see instru	ictions	Enter mer s		r identification num	
print	.01.0710		Linploye	i identinication num	ibei (Liiv) oi
File by the JOYCE FAMILY FOUNDATION INC			\mathbf{x}	45-26848	4.0
due date for Number, street, and room or suite no. If a P.O. box, s		tions		ecurity number (SSI	
return See 250 PINE VALLEY ROAD SE	ee manuc	uons.	Social Se	culty number (55)	N)
instructions City, town or post office, state, and ZIP code. For a fe	oroign add	Irona con instructions			
MARIETTA, GA 30067	oreigi i add	ness, see instructions			
MARIETTA, GA 50007	-				
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
4 11 11	Τ				
Application	Return	Application			Return
<u>Is For</u>	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A	 		08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension on a prev	iously file	ed Form 8868.	
JEFFREY JOYCE					
 The books are in the care of ➤ 3200 WINDY HILI 	L RD,	<u>STE 915 W - ATLAN'</u>	ΓA, G	A 30339-8	570
Telephone No. ► 404-642-6900		FAX No. 🕨			
 If the organization does not have an office or place of business 				. •	
If this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) i	f this is fo	r the whole group,	check this
box ▶ . If it is for part of the group, check this box ▶	and atta	ch a list with the names and EINs of	all memb	ers the extension is	s for.
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2012.			
5 For calendar year, or other tax year beginning	JUL 1:	2, 2011 , and ending	DEC	31, 2011	
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: X Initial return	Final r	return	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NECESSARY	ro FI	LE A COMPLETE & AC	CURAT	E TAX RETU	JRN.
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			•
nonrefundable credits. See instructions			8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			
tax payments made Include any prior year overpayment all	lowed as a	credit and any amount paid			
previously with Form 8868.			8b	s	0.
c Balance due. Subtract line 8b from line 8a Include your pa	yment wit	h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instru	-		8c	s	0.
		st be completed for Part II o			
Under penalties of perjury, I declare that I have examined this form, includ		•	-	of my knowledge and t	pelief.
it is true, correct, and complete, and that I am authorized to prepare this fo	orm.	<u>, </u>		,	
Signature ► Title ► (CPA		Date	>	

Form 88	368 (Rev. 1·2012)						Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		▶	X
	nly complete Part II if you have already been granted an a				868.		
• If you	are filing for an Automatic 3-Month Extension, complete						
Part	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies ne	eded).	
			Enter filer's	identifyin	g numbe	r, see instr	uctions
Type or	Name of exempt organization or other filer, see instru-	ctions		Employer	ıdentifica	tion numbe	r (EIN) or
print							
File by the				X		<u>684840</u>	<u> </u>
due date fi filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social sec	cunty num	nber (SSN)	
return Sea							
	City, town or post office, state, and ZIP code. For a fo	oreign add	iress, see instructions.				
	MARIETTA, GA 30067				· · · -		
Entor th	e Retum code for the retum that this application is for (file	a copara	to application for each return)			ſ	0 4
citer ui	e Return code for the return that this application is for the	s a separa	te application for each return)	•		ı	<u> </u>
Applica	tion	Return	Application			<u>-</u>	Return
is For		Code	Is For				Code
Form 99	90	01		•			
Form 99	90-BL	02	Form 1041-A				08
Form 99	90-EZ	01	Form 4720				09
Form 99	90-PF	04	Form 5227				10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 99	90-T (trust other than above)	06	Form 8870				12
STOP!	Do not complete Part II if you were not already granted	l an autor	natic 3-month extension on a prev	iously file	d Form 8	868.	
	JEFFREY JOYCE		ame 045 ** 3 ***	~		20 055	
	books are in the care of 3200 WINDY HILI	L RD,		l'A, G	A 303	39-85	70
	phone No. ► 404-642-6900		FAX No.				
	e organization does not have an office or place of business					. •	
	s is for a Group Return, enter the organization's four digit	-	emption Number (GEN) In the control of the c				
ox ▶			BER 15, 2012.	all memb	ers trie ex	tension is i	or.
	or calendar year 2011, or other tax year beginning	10121	, and ending	n			
	the tax year entered in line 5 is for less than 12 months, or	heck reas		Final r	eturn		·
Ϊ	Change in accounting period	NIOON TODA	on.		otali i		
7 S	state in detail why you need the extension						
	ADDITIONAL TIME IS NECESSARY	TO FI	LE A COMPLETE & AC	CURAT	E TAX	RETUI	RN.
_							
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
_	onrefundable credits. See instructions			8a	\$		<u> </u>
	this application is for Form 990-PF, 990-T, 4720, or 6069,	•		ļ			
ta	ax payments made Include any prior year overpayment al	llowed as	a credit and any amount paid				•
	previously with Form 8868.			8b	\$		0.
	Balance due. Subtract line 8b from line 8a. Include your pa	-	th this form, if required, by using				0
	FTPS (Electronic Federal Tax Payment System). See instructional		at he completed for Dart II	8c	\$		<u> </u>
لمحاا	_		st be completed for Part II o	_	f muslemand	ladaa aad k -1	ınf
it is true	enalties of perjury, I declare that I have examined this form, incluc , correct, রাব্য somplete, and that I am aythorized to prepare this fo	any accom orm.	panying scriedules and statements, and to				
Signatu	(V_{α})			Data		7/28/	12

Form 8868 (Rev. 1-2012)

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

of you Do not Electrated required of time Persor	to are filing for an Automatic 3-Month Extension, complete at are filing for an Additional (Not Automatic) 3-Month Extension for an Additional (Not Automatic) 3-Month Extended to complete Part II unless you have already been granted to onic filing (e-file). You can electronically file Form 8868 if yet to file Form 990-T), or an additional (not automatic) 3-month of the forms listed in Part I or Part II with the extend Benefit Contracts, which must be sent to the IRS in page	tension, of an automa you need a onth extens ception of per format	complete only Part II (on page 2 of attic 3-month extension on a previous a 3-month automatic extension of tirsion of time. You can electronically for Form 8870, Information Return for	this form). sly filed Fo ne to file (ile Form 8 Transfers	orm 8868. 6 months for a corpo 868 to request an e Associated With Ce	xtension rtain
Part	ww.irs.gov/efile and click on e-file for Charities & Nonprofits		pubmit original (no conice no	adad)		
Part I o	oration required to file Form 990-T and requesting an autor only er corporations (including 1120-C filers), partnerships, REM ncome tax returns.		· · · · · · · · · · · · · · · · · · ·	· ·	Þ	
Type o	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification numb	per (EIN) or
	JOYCE FAMILY FOUNDATION IN	C.		X	45-268484	.0
File by th	le Name to the standard of the DO I		tions.		curity number (SSN	
filing you return S	250 PINE VALLEY ROAD SE				outing manipul (out	,
nstructio						0 4
Applic	ation	Return	Application			Return
s For	, - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Code	Is For		···	Code
	90	01	Form 990-T (corporation)			07
<u> 1</u> S	90-BL	02	Form 1041-A			08
Form 9	90-EZ	01	Form 4720			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
Tele If the lifth boox 1 l	request an automatic 3-month (6 months for a corporation	Group Exe and atta required torganiza , an	emption Number (GEN) ich a list with the names and EINs or to file Form 990-T) extension of time tion return for the organization named	f this is fo f all memb until	r the whole group, or the whole group, or the extension The extension	
3a I	Change in accounting period f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e				
	nonrefundable credits. See instructions.	oi 0003, C	into the territative tax, less arry	3a	\$	0.
-	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	34		<u> </u>
	estimated tax payments made. Include any pnor year over			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa					_
	by using EFTPS (Electronic Federal Tax Payment System).			3c	<u> </u>	0.
CHUTIC	n. If you are going to make an electronic fund withdrawal v	with this Fo	orm 8868, see Form 8453-EO and Fo	orm 8879	EO for payment inst	ructions.

E felear