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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0052 2013

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

the beginning to be a second

For	calen	dar year 2013 or tax year beginning	01-01 , 2013,	, and endin	9	12-	31 , 2013
		cundation			A Employer	identification number	
1	HE JO	Y BOX FOUNDATION			20-2338		
_		and street (or P O box number if mail is not delivered to street address)		Room/suite		number (see instructions)
		ONQUIL PLACE			(815)39	,	•
		wn, state or province, country, and ZIP or foreign postal code			Γ	tion application is pending,	shock hom
	-	ORD, IL 61107			O n exemp	on application is pending,	Check nete
			of a former public char	ity	D 1. Foreig	n organizations, check he	re
		Final return Amended re	turn	-			
		Address change Name chang	ae			in organizations meeting to here and attach computat	
H (Check t	ype of organization X Section 501(c)(3) exempt priva			{	•	
	7		taxable private foundat	tion		foundation status was terr 07(b)(1)(A), check here	
\perp		rket value of all assets at J Accounting method.	X Cash	Accrual	1		
		vear (from Part II, col (c), Other (specify)			1	ndation is in a 60-month te ction 507(b)(1)(B), check h	
	ine 16)	· ·	on cash basis)				
_		······································		T			(d) Disbursements
(Fig.	013	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books	in	come	income	purposes (cash basis only)
_	1 4	Contributions, gifts, grants, etc., received (attach schedule)	100 40	0	公共发展的		
	1 2	Check fithe foundation is not required to attach Sch B	CHARLES AND				
	_		Browning or Browning State of	THE PARTY CAN BE WAS DEAD	AN COMMON STANSAN	Committee and the second second second	DECOMPTO MESS A S. DAVIES NOT A S. O.
	3	Interest on savings and temporary cash investments		 			
	4						SUPPLY THE SECTION OF THE PARTY.
	5a	Gross rents			A WAY ON THE		PART TO THE PART OF THE PART O
	b	Net rental income or (loss)	State. Charles company netty in the	2000			
Ę	6a	Net gain or (loss) from sale of assets not on line 10	17 23 5 4 3 5 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
Revenue	b	Gross sales price for all assets on line 6a		THE PERSON ASSESSED OF	ANT WEST CONTRACTORS OF THE SECOND SE		
<u></u>	7	Capital gain net income (from Part IV, line 2)				all mineral and the second sec	
Œ	8	Net short-term capital gain				Elven 181	CONTROL OF THE PARTY OF T
	9	Income modifications					
	10a	Gross sales less returns and allowances					A STATE OF THE STA
	b	Less Cost of goods sold	R. V. S. F. S. C. S.	A CONTRACTOR OF THE PARTY OF TH	S A MA	Start China Charles Section 18 19 10 1 10 1 10 1 10 10 10 10 10 10 10 10	
	C	Gross profit or (loss) (attach schedule)		3,457_5827~164,2.5		111	
	11	Other income (attach schedule)	100,40	20	1 60	SOEN, UT	ANISOS T. P. II
	12	Total. Add lines 1 through 11	100,10	79	-/ O,		A CONTRACTOR OF THE PARTY OF TH
	13			 			
. 8	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
×	16a	Legal fees (attach schedule)		+			
Administrative E	D	Other professional fees (attach schedule)	·	+			
% ≧	17	•					
5£	17 18	Taxes (attach schedule) (see instructions)		+	_		
- iii	19	Depreciation (attach schedule) and depletion					NAME OF THE PARTY OF
ΞĒ	20	Occupancy					Landanian Colin - April 200 / 1/2 /
_ <u>~</u>	21	Travel, conferences, and meetings					
g ge	22	Printing and publications		 			
کوت		Other expenses (attach schedule)		 			
즟퉅	24	Total operating and administrative expenses.		+	_		
ĕ.a	==	Add lines 13 through 23		d	•		
₩U2 Operating	25	Contributions, gifts, grants paid	14 00				14 000
_	1	Total expenses and disbursements. Add lines 24 and 25	14,00			The state of the s	14,000
_	26	Subtract line 26 from line 12.	11,00				14,000
	1	Excess of revenue over expenses and disbursements .	86,40				TO THE PARTY OF
	a	Net investment income (if negative, enter -0-)	A Company	A CONTRACTOR	er Busieste und Sterring		
	b				The same of the sa	A STANDON OF THE PERSON OF THE	
	C	Adjusted net income (if negative, enter -0-)	The state of the state of the state of the	ATTENDED TO THE ATTENDED	LUCKER THE FAR		PROPERTY OF THE PARTY OF THE PA

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2013)



Page 2

2	2	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
ă.H.	50. 8	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		86,400	86,400
	2	Savings and temporary cash investments			
	3	Accounts receivable		The six the same of	
		Less allowance for doubtful accounts			a rear rate so so so a service de la constante
	4	Pledges receivable	A CONTRACTOR OF THE PARTY OF TH		A Philadelphia and the state of
		Less allowance for doubtful accounts	The state of the s	and the second s	THE STATE ST
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)	April 1997 September 1997	1983 1983 V. V. P. S.	TOWN TO SELECT THE PARTY OF THE
	'	Less allowance for doubtful accounts	N. WOOD - LATER TON THE WALTER AND	San White A 1920 of House Control of Street	MAZON - SV SZAMS W V V V V V V V V V V V V V V V V V V
幺	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
A	1 -	Investments - U.S. and state government obligations (attach schedule)			
	:	Investments - corporate stock (attach schedule)			
	i	•			
		Investments - corporate bonds (attach schedule)	1 v 28 (30 212 22 23 24 25 24 2		TOTAL PART LIVER A SOLE
	11	Investments - land, buildings, and equipment basis	CONTRACTOR SERVICES SERVICES SERVICES AND	ANTICLE AND	高級 3性変素 外心できてき (1) かかいへい
		Less accumulated depreciation (attach schedule)			
	1	Investments - mortgage loans	<u></u> ,		
	13	Investments - other (attach schedule)			MARKET CAMERICAN SERVICE CONTROL OF THE CONTROL OF
	14	Land, buildings, and equipment basis			Carrier Carrier Land
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		Instructions. Also, see page 1, item l)	0	86,400	86,400
	17	Accounts payable and accrued expenses			
a n	18	Grants payable			
Ē	19	Deferred revenue			
壹	20	Loans from officers, directors, trustees, and other disqualified persons			
_iabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe	'		
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here · · · · · ▶ X			
88		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted		86,400	
Balances	25	Temporarily restricted			
	26	Permanently restricted			
Fund		Foundations that do not follow SFAS 117, check here ▶			
Ť	ł	and complete lines 27 through 31.			
9	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
88	29	Retained earnings, accumulated income, endowment, or other funds			
Ž	30	Total net assets or fund balances (see instructions)	0	86,400	
Ž	31	Total liabilities and net assets/fund balances (see			
	ļ	instructions)	0	86,400	LEAST PROPERTY OF THE PARTY OF
	12.				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	0 (must agree with		
	end-o	f-year figure reported on prior year's return)		<u> </u>	
2	Enter	amount from Part I, line 27a		2	86,400
				3	
		nes 1, 2, and 3		4	86,400
-		ases not included in line 2 (itemize)		5	
	T-4-1	est accepts as find balances at and of year (line 4 minus line 5) - Part II colu	imn (h) line 30		95 400

Form 990-PF (2013) THE J	OY BOX FOUNDATION			20-2338	3308 Page 3
Capital Gains a	nd Losses for Tax on Inves	tment income			
(a) List and describe 2-story brick wareho	the kind(s) of property sold (e.g., real estouse, or common stock, 200 shs MLC Co	tate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr , mo , day)	(d) Date sold (yr , mo , day)
1a					
b					
c					
d					
е		<u> </u>	<u> </u>		<u>-</u> -
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expen		(h) Gai (e) plus (n or (loss) f) minus (g)
a					
b		<u> </u>			
С					
d					
e					
Complete only for assets showing	gain in column (h) and owned by the	foundation on 12/3	1/69	(I) Coins (Co	d (h) com minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j	of col (i)	col (k), but not	il (h) gain minus less than -0-) or rom col (h))
a					
b					· · · · · · · · · · · · · · · · · · ·
С					
d					
0					
	f If gain, also	enter in Part I, line	7		
2 Capital gain net income or (net ca	If (loss), ent	ter -0- in Part I, line	7 5	2	
	s) as defined in sections 1222(5) and				
If gain, also enter in Part I, line 8,	column (c) (see instructions). If (loss),	enter -0- ın	· · · }		
Part I, line 8	. <u> </u>			3	· · · · · · · · · · · · · · · · · · ·
	der Section 4940(e) for Red			nt Income	
(For optional use by domestic private	foundations subject to the section 494	IO(a) tax on net inve	estment income)		
and the second s					
If section 4940(d)(2) applies, leave thi	s рап ріапк				
Was the foundation liable for the secti	on 4942 tax on the distributable amou	int of any year in the	e base period?		Yes No
If "Yes," the foundation does not quali	fy under section 4940(e) Do not com	plete this part			
	each column for each year, see the ins		king any entnes		
(a)	(h)		(c)	Door	(d)
Base penod years Calendar year (or tax year beginning	in) Adjusted qualifying distributions	Net value of r	noncharitable-use a		nbution ratio divided by col (c))
2012					· · · · · · · · · · · · · · · · · · ·
2012	-		· · · · · · · · · · · · · · · · · · ·		
2010					
2009					
2008				 	
				2	· — — — —
	5-year base period - divide the total on				
number of years the foundation h	as been in existence if less than 5 year	ars		3	
				1	
4 Enter the net value of nonchantal	ble-use assets for 2013 from Part X, lii	ne5		4	<u>.</u>
5 Multiply line 4 by line 3				5	0
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)			6	
6 Lines 170 of fict arecouncillation	(1,001,001,001,000				
7 Add lines 5 and 6				7	0
/ Add sites 5 and 6				·	
8 Enter qualifying distributions from	Part XII line 4			8	
5 Enter qualitying distributions from	n line 7, check the box in Part VI, line 1				
, ,	Time 7, Cleck the box in Part VI, line	io, and winpiete the	at part using a 170	IDA TOLE. SEE LITE	
Part VI instructions					*****

•					
E	990-PF (2013) THE JOY BOX FOUNDATION 2		20200		
	990-PF (2013) THE JOY BOX FOUNDATION 2 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s		38308		age 4
	Exempt operating foundations described in section 4940(d)(2), check here	1232	Bu ucuon	o) Odbros	2000年かり
1a	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			7.7	¥ 21
	Domestic foundations that meet the section 4940(e) requirements in Part V, check	4		A CONTRACTOR	
b		23.57.50		Secultura.	
	here and enter 1% of Part I, line 27b				
С	, , ,	99 A			77. A.
_	Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2			_
2		3			
3	Add lines 1 and 2	4			
4		5			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5 47500F	hitter for a second	Scotlie de	<u>(</u>
6	Credits/Payments				
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a				
b	Exempt foreign organizations - tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
đ	Backup withholding erroneously withheld	7.44.5	BEAR STONE	A COL	gay of
7	Total credits and payments Add lines 6a through 6d	7			
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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be. Credited to 2014 estimated tax Refunded	11			
	Statements Regarding Activities		1997771134	·	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?	• •	<u>1a</u>		X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				l
	instructions for the definition)?		<u>1b</u>	SERVICE A	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities			74.524 X.	10 11 1
C	Did the foundation file Form 1120-POL for this year?		1c	Designation Control	X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		62		10 (A)
	(1) On the foundation \$ (2) On foundation managers \$	_			DAY:
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers. \$		16-913		(P. 19
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	• •	2	141241240	X Parties
	If "Yes," attach a detailed description of the activities		1000		100 60
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	• •	· · 		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				X
b	tf "Yes," has it filed a tax return on Form 990-T for this year?		I	<u> </u>	 , -
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	• •	5	Dagger	X
	If "Yes," attach the statement required by General Instruction T				3. 3.
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				医学丛

If "Yes," complete Part II col (c), and Part XV

By state legislation that effectively amends the governing instrument so that no mandatory directions that

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

conflict with the state law remain in the governing instrument?

10

Did the foundation have at least \$5,000 in assets at any time during the year?

Enter the states to which the foundation reports or with which it is registered (see instructions)

(or designate) of each state as required by General Instruction G? If "No," attach explanation

Form	990-PF (2013) THE JOY BOX FOUNDATION	20-233830	8	F	oage 5
	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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				
	person had advisory privileges? If "Yes," attach statement (see instructions)		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х	
-	Website address N/A	'			<u></u>
14	The books are in care of RANDALL K REESE Telephone no	▶ 815-39	9 - 672	3	
	Located at 2204 JONQUIL PLACE, ROCKFORD, IL ZIP+4	61107			
15					▶
	and enter the amount of tax-exempt interest received or accrued during the year	15			. –
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority			Yes	No
	over a bank, 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		(ATO)	TO THE	F 36/9.
	the foreign country		44.129		
N	Statements Regarding Activities for Which Form 4720 May Be Required		RAPESON -	781 XX 1777	aur.
Sec.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
12	During the year did the foundation (either directly or indirectly)		1000	(1) (1) (1) (1) (1) (1) (1) (1)	1800g)
1a	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	X No			F1700
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	A NO			語發
		X No			
	disqualified person? Yes (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	X No			
		1		大學	
		X No		charted.	
	(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			100
	and better the death of the dea	V MO			學為
	(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	X No			黑光。
	termination of government service, if terminating within 90 days)				Sec.
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulation	is	145年16	B 482(20)	18.20
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b 选出的	58-5528	73404.04
	Organizations relying on a current notice regarding disaster assistance check here				建設
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		TURT	CASSACT.	- T
	were not corrected before the first day of the tax year beginning in 2013?		1c	P. 11.544	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			40.00	all the
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and	₩			
	6e, Part XIII) for tax year(s) beginning before 2013? Yes	X No			
	If "Yes," list the years		Control		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		10 M		O.T.
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		46.000 H	P. Merry	£,
	all years listed, answer "No" and attach statement - see instructions)		2b	La lavia	1. 33 oz
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
	<u> </u>				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	.			
	at any time during the year? Yes	X No			於為新
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or				隆熙
	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 dispose 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		1. T.	基明。	100
	foundation had excess business holdings in 2013)		3b		ļ
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	Julius pro-	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its				核熱
	chamtable purpose that had not been removed from leopardy before the first day of the tax year beginning in 2013?		4b		X

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	990-PF (2013) THE JOY BOX FOUNDATION						20-2338	308 Page 6
	Statements Regarding Activitie	s for V	Nhich Forn	1 4720	May Be F	Require	d (continued)	
5a	During the year did the foundation pay or incur any amo	unt to				_		
	(1) Carry on propaganda, or otherwise attempt to influe	nce legis	slation (section -	4945(e))′	·	[Yes X No	
	(2) Influence the outcome of any specific public election	ı (see se	ction 4955), or	to carry o	on,	_		
	directly or indirectly, any voter registration drive?				<i>.</i>		Yes X No	
	(3) Provide a grant to an individual for travel, study, or o					[_ Yes X No	
	(4) Provide a grant to an organization other than a char			describe	ed in	_		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	(see inst	ructions)			[_ Yes ∑ No	
	(5) Provide for any purpose other than religious, chanta	ble, scie	ntific, literary, o	r education	onal	_		
	purposes, or for the prevention of cruelty to children				· · · · · ·	[Yes X No	
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans					s describ	ed in	
	Regulations section 53 4945 or in a current notice regard	ding disa	ister assistance	(see ins	tructions)?			5b
	Organizations relying on a current notice regarding disas						▶ 📙	
C	If the answer is "Yes" to question 5a(4), does the foundation	ition daii	m exemption fro	om the ta	x	_		a de la
	because it maintained expenditure responsibility for the	grant?				[_ Yes _ No	
	If "Yes," attach the statement required by Regulations se	ection 53	4945-5(d)					
6a	Did the foundation, during the year, receive any funds, d	irectly or	indirectly, to pa	ay premit	ıms	_		
	on a personal benefit contract?					[_ Yes X No	
b	Did the foundation, during the year, pay premiums, direct	tly or inc	lirectly, on a pe	rsonal be	nefit contract	?		6b X
	If "Yes" to 6b, file Form 8870					_		
7a	At any time during the tax year, was the foundation a pa	rty to a p	rohibited tax sh	elter trar	saction?	. [_ Yes X No	
b	If "Yes," did the foundation receive any proceeds or have	e any ne	t income attribu	table to t	he transactio	п?		7b
	Information About Officers, Dire	ctors,	Trustees,	Found	ation Mar	nagers	, Highly Paid	Employees,
	and Contractors						··	
1 L	ist all officers, directors, trustees, foundation mana	gers an	d their compe	nsation	(see instruc	tions).		
	(a) Name and address		e, and average rs per week		impensation of paid,		Contributions to byee benefit plans	(e) Expense account,
See	990_OPOV		ed to position		nter -0-)		erred compensation	other allowances
RANI	ALL K REESE	PRESI	ENT / DIR	}				
2204	JONQUIL PLACE, IL 61107		1		0		0	0
JANI	REESE	SECRET	ARY / DIR					ļ
2204	JONQUIL PLACE, IL 61107	L	1		0		0	0
JOSI	TUA M REESE	DIRECT	OR			į		
664	SPRINGVIEW DRIVE, WI 54521		1		0		0	0
MAR	US P REESE	DIRECT	TOR			1		
	0 LANDER PLACE, AK 99516	<u> </u>	11_	<u></u>	0	<u> </u>	0	0
2 (compensation of five highest-paid employees (other	than th	ose included	on line 1	- see instru	ıctions).	If none, enter	
	NONE."				,			
			(b) Title, and	average			(d) Contributions to employee benefit	(e) Expense account,
	(a) Name and address of each employee paid more than \$50	,000	hours per v devoted to p	veek	(c) Compe	nsation	plans and deferred	other allowances
			Gevoled to p				compensation	
NON	1							
			ļ					
			 					-
			 					
			L		L		L	<u> </u>
Tota	number of other employees paid over \$50,000	· · · ·	<u></u>		<u></u>	· · · ·	<u> </u>	0
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Form 990-PF (2013)

i e	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations,	
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	86,400
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	86,400
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0_
3	Subtract line 2 from line 1d	3	86,400
4	Cash deemed held for chantable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	1,296
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	85,104
6	Minimum investment return. Enter 5% of line 5	6	4,255
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here > and do not complete this	part)	
1	Minimum investment return from Part X, line 6	1	4,255
2a	Tax on investment income for 2013 from Part VI, line 5 2a	214B75	
b	Income tax for 2013 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,255
4	Recoveries of amounts treated as qualifying distributions	4	, ., .,
5	Add lines 3 and 4	5	4,255
6	Deduction from distributable amount (see instructions)	6	1,033
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	4,255
			4,233
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	188	
-	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	14,000
a b	Program-related investments - total from Part IX-B	1b	14,000
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	''5	
2	purposes	2	
_	Amounts set aside for specific charitable projects that satisfy the		
3	Suitability test (prior IRS approval required)	3a	
a		3b	
b	Oddit diopioadati test (america in inclaimed anti-	<u> </u>	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.	4	14,000
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 (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,000
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for	undation	
	qualifies for the section 4940(e) reduction of tax in those years		

4V.	Ondistributed income (see institu	I	40		
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
•	line 7		35 70 S 77 S 77 A 15 77		4,255
2	Undistributed income, if any, as of the end of 2013	130923435	The later of the second of the	TARREST THE PROPERTY OF THE PARTY.	(1) 256 (2) (D.H. 2010
а	Enter amount for 2012 only			CON THE DE STATE STORY OF THE STATE	
þ	Total for prior years				
3	Excess distributions carryover, if any, to 2013				
а	From 2008				
b	From 2009				
С	From 2010				
d	From 2011				
0	From 2012	计是中国工作的			
f	Total of lines 3a through e				
4	Qualifying distributions for 2013 from Part XII,				
	line 4 🕨 \$				
а	Applied to 2012, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)		7//		
C	Treated as distributions out of corpus (Election				
	required - see instructions)	Tri setto meneral se si si si si si si si			
d	Applied to 2013 distributable amount	NEW THE STATE OF T			4,255
e	Remaining amount distributed out of corpus	9,745			AND THE MENT OF THE PARTY OF TH
5	Excess distributions carryover applied to 2013 .				Palentine market allegate managers see
	(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:	CHECK CHICANON DECEMBER			
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5 .	9,745			CONTRACTOR OF THE STATE OF THE
b	Prior years' undistributed income Subtract				
	line 4b from line 2b	Company of the Compan			
С	Enter the amount of pnor years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable	AND THE SAME PERSON OF A			
•	amount - see instructions				
	Undistributed income for 2012 Subtract line	V. 44 V. 74 May 2017 V. 54 P.	NOTE NOTE THE STATE OF		THE PARTY OF THE P
•	4a from line 2a. Taxable amount - see				
	instructions	Harling March			
f	Undistributed income for 2013 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2014				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2014.				
	Subtract lines 7 and 8 from line 6a	9,745			
10	Analysis of line 9:				
а	Excess from 2009				
b	Excess from 2010				
С	Excess from 2011				
d	Excess from 2012				
е_	Excess from 2013 9,745	AL TOTAL SECTION OF THE SECTION OF T	DESCRIPTION OF THE PARTY OF THE	MANAGER AND	MACHINE STATE

-00	990-PF (2013) THE JOY BOX		4	1144 4	20-2338308	F
	Private Operating Found					
	If the foundation has received a ruling or de	termination letter that	it is a private operating			
	foundation, and the ruling is effective for 20	13, enter the date of the	he ruling	• • • • • • • • • • •		·
	Check box to indicate whether the foundation	on is a private operation	ng foundation describe	d in section	4942(j)(3) or 49	942(j)(5)
	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		4-1 =
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	85% of line 2a	- · · · · · · · · · · · · · · · · · · ·				
	Qualifying distributions from Part XII, line 4 for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt activities .					
	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					·
	Complete 3a, b, or c for the alternative test relied upon					
	"Assets" alternative test - enter (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalities)					
	(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					
ě	Supplementary Informat	on (Complete t	his part only if t	he foundation had	\$5,000 or more in	assets at
100	any time during the year					
_	Information Regarding Foundation Ma					
	List any managers of the foundation who h before the close of any tax year (but only if	ave contributed more	than 2% of the total co d more than \$5,000) (\$	ontributions received by the See section 507(d)(2))	ne foundation	
	RANDALL K REESE,					
	List any managers of the foundation who o	wn 10% or more of th	e stock of a comoratio	n (or an equally large por	tion of the	
	ownership of a partnership or other entity)	of which the foundation	on has a 10% or greate	r interest		

Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

The name, address, and telephone number or e-mail of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

: Any submission deadlines

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or status of recipient any foundation manager contribution Amount or substantial contributor Name and address (home or business) Paid during the year STATELINE PREGNANCY CENTER To lower unwanted 347 WEST GRAND AVENUE pregnancies & BELOIT, WI 53511 PC abortions. 1,000 ALASKA CHRISTIAN COLLEGE Aiding students 35109 ROYAL PLACE SOLDOTNA, AK 99669 PC to excel. 2,500 To provide for RESTORATION MINISTRIES 5964 CLARENDON the basics of ROCKFORD, IL 61114 PC those in need. 500 ROCKFORD AREA PREGNANCY CENTER To lower unwanted 4921 E STATE STREET pregnancies and ROCKFORD, IL 61108 PC abortions. 500 YOUTH FOR CHRIST STATELINE To better the community through 316 WOOD ROAD faith. ROCKFORD, IL 61107 PC 1,000 To better the YOUTH FOR CHRIST N TEXAS 2221 JUSTIN ROAD SUITE 109-119 community through FLOWER MOUND, TX 75028 PC faith. 2,000 KIDS AROUND THE WORLD To help & reach children through PO BOX 5225 ROCKFORD, IL 61125 PC God's love. 500 To nurture people EVAN COVENANT CHURCH OF ALASKA 16635 CENTERFIELD DRIVE SUITE 202 through PC affirmations. 1,000 **EAGLE RIVER, AK 99577** 3a Approved for future payment

3b

Total

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to any foundation manager Foundation Recipient Purpose of grant or status of Amount contribution recipient Name and address (home or business) or substantial contributor a Paid during the year To help students ROCKFORD CHRISTIAN SCHOOLS optimize their 1401 N BELL SCHOOL ROAD PC given talents. 2,500 ROCKFORD, IL 61107 GROUNDS FOR LIFE To provide nutritious meals 714-3RD AVENUE 2,500 PC where needed. ROCKFORD, IL 61104 3a 14,000 Approved for future payment

3b

Total

inter gross amounts unless otherwise indicated		d business income	Excluded by s	section 512, 513, or 514	(e)
4. Organis continue supplies	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue:	code				
a b					
	_		ļ		
d					
e	-				
•	_				
g Fees and contracts from government agencies .					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
Dividends and interest from securities					
5 Net rental income or (loss) from real estate			Participant of the second		Property of the second
a Debt-financed property		23,000	The state (see 12) to the	11 September 1 of 1 1 waster here o'but a water	Manufactoria (0.15.0.10
b Not debt-financed property					
6 Net rental income or (loss) from personal property .					
7 Other investment income	1		1		
B Gain or (loss) from sales of assets other than inventory			<u> </u>		
Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			ĺ ·		
1 Other revenue a					
b					
c					
d					
			 		
A		ļ	1		{
3 Total. Add line 12, columns (b), (d), and (e)	 	·			
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 5ee worksheet in line 13 instructions to verify calculations) Relationship of Activities to t	the Accompl	ishment of Exe	mpt Purpos	13 ses	
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Form'990-PF (2013) THE JOY BOX FOUNDATION 20-2338308 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described Yes No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of 1a(1) 1a(2) (2) Other assets . . b Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) 1b(3) 16(4) X 1b(5) Х (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees X 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 (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 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? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship re that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true to of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return PRESIDENT / DIRECTOR with the prepare Here X Yes No (see inst)? ature of officer or trustee Preparer's sign Date Print/Type preparer's name

Franklin C Beach EA Firm's name

Firm's address

Franklin C Beach EA

2916 Greenwood Avenue

Rockford IL 61107

05-14-2014

Check X if self-employed

PTIN P01245962

Firm's EIN Phone no 815-399-3737

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

OMB No 1545-0047

Employer identification number Name of the organization 20-2338308 THE JOY BOX FOUNDATION Organization type (check one). Section: Filers of: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II Special Rules For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 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 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, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

THE JOY E	BOX FOUNDATION		20-233830
	Contributors (see instruction	ns). Use duplicate copies of Part I if additional spa	ice is needed

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	RANDALL K REESE 2204 JONQUIL PLACE ROCKFORD, IL 61107	\$ 100,400	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Connected Part II for noncash contributions Part II for non
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

List of Officers, Directors, Trustees, and Key Employees 1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.						
JACOB R REESE DIRECTOR		Transception, emer 27	delenad compensation			
2111 TALIESEN LANE, ROCKFORD, IL 61107	1	0	0	0		
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Form **8868**

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

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

If you are t	filing for an Additional (Not Automatic) 3-Mo	nth Extensio	n, complete only Part II (on p	age 2 of this form)		▶ Ⅸ	
Electronic fil a corporation r 8868 to reque Return for Trai		368 if you nee automatic) 3-n ed in Part I or I Contracts, whi	ed a 3-month automatic extension of time. You can Part II with the exception of Formich must be sent to the IRS in pa	on of time to file (6) electronically file File 8870, Information per format (see	6 moi form			
Ent.	Automatic 3-Month Extension of T	rtain Personal Benefit Contracts, which must be sent to the IRS in paper format (see extronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits h Extension of Time. Only submit original (no copies needed) and requesting an automatic 6-month extension - check this box and complete filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Enter filer's identifying number, see instructions Exation or other filer, see instructions Employer identification number (EIN) or 20-2338308 Social security number (SSN) CE , state, and ZIP code. For a foreign address, see instructions						
A corporation in Part I only	required to file Form 990-T and requesting an aut	omatic 6-mon	th extension - check this box and	complete	 tıme		▶□	
			Enter					
Type or Name of exempt organization or other filer, see instructions				Employer identification number (EIN) or				
print	THE JOY BOX FOUNDATION							
File by the	Number, street, and room or suite no If a P O	box, see inst	ructions	Social security nur	nber	(SSN)		
due date for filing your	2204 JONQUIL PLACE		<u> </u>					
return See		For a foreign a	ddress, see instructions					
nstructions	ROCKFORD, IL 61107							
Enter the Retu	rn code for the return that this application is for (fi	le a separate a	application for each return)				0 4	
Application		Return	Application				Return	
Is For		Code	ls For				Code	
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-BI		02	Form 1041-A			08		
Form 4720 (individual)	03	Form 4720 (other than individual)			09		
Form 990-PI	f	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	
Telephone If the organ If this is for for the whole g a list with the n 1 reques until for the o	ization does not have an office or place of busine a Group Return, enter the organization's four digitarion, check this box	F. ess in the Unite t Group Exem if it is for part of or on required to	AX No ad States, check this box inption Number (GEN) of the group, check this box		tach		▶□	
2 If the tax	tax year beginning x year entered in line 1 is for less than 12 months nge in accounting period	, check reasor		Final return	20_			
· · · · · · · · · · · · · · · · · · ·	oplication is for Forms 990-BL, 990-PF, 990-T, 47	20, or 6069, e	nter the tentative tax, less any					
	ndable credits. See instructions				3a	\$	0	
· · · · · · · · · · · · · · · · · · ·	oplication is for Forms 990-PF, 990-T, 4720, or 60							
	ed tax payments made. Include any prior year ov				3b	\$	0	
	e due. Subtract line 3b from line 3a Include yo (Electronic Federal Tax Payment System) See ii		with this form, if required, by us	ing	3c	\$	0	
	ou are going to make an electronic funds withdi		debit) with this Form 8868, see	Form 8453-FO an		<u> </u>		
naument instr	• •		,	3 20	•	55, 5	_ + . •.	

Federa	l Supporting Statements	2013	PG 01
Name(s) as shown on return		FEIN	
THE JOY BOX FOUNDATION		20	-2338308

Form 990PF, Part VII-A, Line 10 Substantial Contributors Schedule

Statement #114

Name Address RANDALL K REESE 2204 JONQUIL PLACE ROCKFORD, IL 61107