See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 7/01 , 2013, and ending 6/30 , 2014

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C
JOYFUL HEART FOUNDATION
32 WEST 22ND STREET 4TH F
NEW YORK, NY 10010

D Employer identification number
72-1519537

E Telephone number
(212) 475-2026

G Gross receipts $ 4,302,439.

F Name and address of principal officer: MAILE M. ZAMBUTO
SAME AS C ABOVE

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

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

J Website: ► WWW.JOYFULHEARTFOUNDATION.ORG

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 2001 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE JOYFUL HEART FOUNDATION IS TO HEAL, EDUCATE AND EMPOWER SURVIVORS OF SEXUAL ASSAULT, DOMESTIC VIOLENCE AND CHILD ABUSE, AND TO SHED LIGHT INTO THE DARKNESS THAT SURROUNDS THESE ISSUES.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	26
6	Total number of volunteers (estimate if necessary)	6	93
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,241,380.	4,136,224.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12.	843.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-252,539.	-379,032.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,988,853.	3,758,035.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,677,910.	1,775,430.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	147,250.	180,000.
b	Total fundraising expenses (Part IX, column (D), line 25) ► 937,913.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,732,596.	1,931,279.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,557,756.	3,886,709.
19	Revenue less expenses. Subtract line 18 from line 12	431,097.	-128,674.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,830,806.	1,809,589.
21	Total liabilities (Part X, line 26)	230,614.	338,071.
22	Net assets or fund balances. Subtract line 21 from line 20	1,600,192.	1,471,518.

RECEIVED
NOV 26 2014
OGDEN UT

Part II Signature Block

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

Sign Here

► Signature of officer Molly Solomon Date 11/17/14

► Chief Financial + Administrative Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DEREK FLANAGAN	Preparer's signature	Date: 11/14/14	Check ☐ if self-employed; PTIN: P00396383
Firm's name ► LEDERER, LEVINE & ASSOCIATES LLC			Firm's EIN ► 22-3778048
Firm's address ► 1099 WALL ST WEST SUITE 280 LYNDHURST, NJ 07071			Phone no. (201) 933-3780

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

SCANNED
DEC 15 2014

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE JOYFUL HEART FOUNDATION IS TO HEAL, EDUCATE AND EMPOWER SURVIVORS OF SEXUAL ASSAULT, DOMESTIC VIOLENCE AND CHILD ABUSE, AND TO SHED LIGHT INTO THE DARKNESS THAT SURROUNDS THESE ISSUES.

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

If 'Yes,' describe these new services on Schedule O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses $ 952,610. including grants of $ _____) (Revenue $ _____)

SEE SCHEDULE O

4b (Code. _____) (Expenses $ 735,802. including grants of $ _____) (Revenue $ _____)

SEE SCHEDULE O

4c (Code _____) (Expenses $ 386,017. including grants of $ _____) (Revenue $ _____)

SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses $ 251,221. including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ► 2,325,650.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III.*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV.*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2.*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI.*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. ☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a: 62			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b: 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a: 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d:			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a:			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b:			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a:			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b:			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b:			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b:			
c	Enter the amount of reserves on hand 13c:			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NY HI CA NM

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

► MOLLY SOLOMON 32 WEST 22ND STREET 4TH FL NEW YORK NY 10010 (212) 475-2026

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARISKA HARGITAY	15									
PRESIDENT	0	X		X				0.	0.	0.
(2) JILL EISENSTADT-CHAYET	2									
BOARD MEMBER	0	X						0.	0.	0.
(3) TOM NUNAN	2									
BOARD SECRETARY	0	X		X				0.	0.	0.
(4) LINDA FAIRSTEIN	1									
BOARD MEMBER	0	X						0.	0.	0.
(5) STANLEY SCHNEIDER	2									
BOARD TREASURER	0	X		X				0.	0.	0.
(6) RACHEL HOWALD	2									
BOARD MEMBER	0	X						0.	0.	0.
(7) ANDREA BUCHANAN	1									
BOARD MEMBER	0	X						0.	0.	0.
(8) NOELLE WOLF	1									
BOARD MEMBER	0	X						0.	0.	0.
(9) PETER HERMANN	2									
BOARD MEMBER	0	X						0.	0.	0.
(10) MICHAEL KING	1									
BOARD CHAIR	0	X						0.	0.	0.
(11) DURK BARNHILL	1									
BOARD MEMBER	0	X						0.	0.	0.
(12) MARK ALEXANDER	2									
CHAIRMAN	0	X		X				0.	0.	0.
(13) SUKEY NOVOGRATZ	2									
BOARD MEMBER	0	X						0.	0.	0.
(14) CHAUNCEY PARKER	1									
BOARD MEMBER	0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) VALLI KALEI KANUHA	2									
BOARD MEMBER	0	X						0.	0.	0.
(16) BETH ARMSTRONG	1									
BOARD MEMBER	0	X						0.	0.	0.
(17) LYNN LALLY	1									
BOARD MEMBER	0	X						0.	0.	0.
(18) AL MILES	1									
BOARD MEMBER	0	X						0.	0.	0.
(19) HEATHER MNUCHIN	2									
BOARD MEMBER	0	X						0.	0.	0.
(20) CHRISTINA NORMAN	2									
BOARD MEMBER	0	X						0.	0.	0.
(21) CARRIE SHUMWAY	2									
BOARD MEMBER	0	X						0.	0.	0.
(22) MAILE M. ZAMBUTO	40									
CEO	0			X				305,800.	0.	7,276.
(23) MOLLY SOLOMON	40									
CFAO	0			X				132,180.	0.	3,759.
(24) SHERISA DAHLGREN	40									
VP CLINICAL PROG	0					X		129,465.	0.	6,773.
(25) SARAH TOFTE	40									
VP POLICY & ADVOCA	0					X		101,994.	0.	1,771.
1 b Sub-total ►								669,439.	0.	19,579.
c Total from continuation sheets to Part VII, Section A ►								105,984.	0.	10,464.
d Total (add lines 1b and 1c) ►								775,423.	0.	30,043.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INNOVATIVE PHILANTHROPY 5 HANOVER SQUARE NEW YORK, NY 10004	CONSULTANT	180,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ► 1

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	2,653,525.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,482,699.			
	g Noncash contributions included in lines 1a-1f: $		144,013.			
	h Total. Add lines 1a-1f		4,136,224.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		843.			843.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		113,890.			113,890.
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 2,653,525. of contributions reported on line 1c) See Part IV, line 18	a	12,728.			
	b Less: direct expenses	b	544,404.			
	c Net income or (loss) from fundraising events		-531,676.			-531,676.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a OTHER	900099	38,754.			38,754.
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		38,754.			
	12 Total revenue. See instructions		3,758,035.	0.	0.	-378,189.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	313,328.	194,263.	62,666.	56,399.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,212,434.	758,861.	239,485.	214,088.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,884.	12,948.	4,177.	3,759.
9 Other employee benefits	90,692.	56,229.	18,138.	16,325.
10 Payroll taxes	138,092.	84,870.	27,637.	25,585.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,123.		19,123.	
d Lobbying				
e Professional fundraising services See Part IV, line 17	180,000.			180,000.
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) SCH O	835,674.	654,966.	69,459.	111,249.
12 Advertising and promotion				
13 Office expenses	415,460.	181,558.	22,954.	210,948.
14 Information technology				
15 Royalties				
16 Occupancy	145,935.	88,810.	29,292.	27,833.
17 Travel	317,982.	222,050.	32,474.	63,458.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,973.	34,753.	11,395.	10,825.
23 Insurance	14,568.	8,863.	2,925.	2,780.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER	125,564.	27,479.	83,421.	14,664.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,886,709.	2,325,650.	623,146.	937,913.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing	367,452.	1	863,980.
	2	Savings and temporary cash investments	282,114.	2	26,082.
	3	Pledges and grants receivable, net	937,602.	3	696,962.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	104,017.	9	58,700.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 283,052.			
	b	Less: accumulated depreciation — 10b: 163,910.	107,771.	10c	119,142.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	31,850.	15	44,723.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,830,806.	16	1,809,589.
LIABILITIES	17	Accounts payable and accrued expenses	223,003.	17	226,597.
	18	Grants payable		18	
	19	Deferred revenue	117.	19	103,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,494.	25	8,474.
	26	**Total liabilities.** Add lines 17 through 25	230,614.	26	338,071.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,074,737.	27	1,095,761.
	28	Temporarily restricted net assets	525,455.	28	375,757.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,600,192.	33	1,471,518.
	34	Total liabilities and net assets/fund balances	1,830,806.	34	1,809,589.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,758,035.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,886,709.
3	Revenue less expenses Subtract line 2 from line 1	3	-128,674.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,600,192.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,471,518.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
JOYFUL HEART FOUNDATION	72-1519537

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g (i)**		
(ii)	A family member of a person described in (i) above? **11g (ii)**		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above? **11g (iii)**		

h Provide the following information about the supported organization(s)

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants').	2,319,423.	2,737,577.	3,003,051.	4,241,380.	4,136,224.	16,437,655.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	2,319,423.	2,737,577.	3,003,051.	4,241,380.	4,136,224.	16,437,655.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,522,919.
6 **Public support.** Subtract line 5 from line 4						14,914,736.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,319,423.	2,737,577.	3,003,051.	4,241,380.	4,136,224.	16,437,655.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,603.	93,195.	118,848.	138,331.	114,733.	466,710.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 **Total support.** Add lines 7 through 10						16,904,365.
12 Gross receipts from related activities, etc (see instructions)					12	0.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	88.23 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	83.67 %

16a **33-1/3% support test – 2013.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support test – 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total Support.** (Add lns 9,10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests — 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests — 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545 0047

2013

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III

Name of organization	Employer identification number
JOYFUL HEART FOUNDATION	72-1519537

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures . . . . . ► $

3 Volunteer hours . . . . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ► $ 0.

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . ► $ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . ► $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ► $

3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ► $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ► ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ► ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
SEE PART IV			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?	X		109.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		4,916.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			5,025.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

JOYFUL HEART'S POLICY AND ADVOCACY DEPARTMENT CONDUCTED PHONE CALLS, EMAIL COMMUNICATIONS AND IN-PERSON MEETINGS WITH HIGH-RANKING FEDERAL OFFICIALS AND MEMBERS OF CONGRESS TO DISCUSS THE NEED FOR A NEW FEDERAL GRANT PROGRAM TO PROVIDE FUNDING FOR STATES AND LOCAL JURISDICTIONS TO RESPOND MORE EFFECTIVELY TO SEXUAL ASSAULT. THE DEPARTMENT ALSO SENT A LETTER OF SUPPORT FOR THIS GRANT PROGRAM TO

Part IV Supplemental Information *(continued)*

PART II-B - DESCRIPTION OF LOBBYING ACTIVITY (CONTINUED)

MEMBERS OF CONGRESS, WROTE ABOUT THE PROGRAM ON JOYFUL HEART'S POLICY WEBSITE, ALONG WITH A CALL TO ACTION, AND CONDUCTED AN ONLINE LETTER-WRITING CAMPAIGN.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

JOYFUL HEART FOUNDATION

Employer identification number

72-1519537

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ►$
(ii) Assets included in Form 990, Part X ►$

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

a Revenues included in Form 990, Part VIII, line 1 ►$
b Assets included in Form 990, Part X ►$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

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

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

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

		Yes	No
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:			
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		25,953.	19,140.	6,813.
d Equipment		82,992.	52,615.	30,377.
e Other		174,107.	92,155.	81,952.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				119,142.

Part VII Investments – Other Securities. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. N/A
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	8,474.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	8,474.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	16,462,706.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	12,704,671.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	12,704,671.
3	Subtract line **2e** from line **1**			3	3,758,035.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12).*			5	3,758,035.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	16,591,380.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	12,704,671.		
b	*Prior year adjustments*	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	12,704,671.
3	Subtract line **2e** from line **1**			3	3,886,709.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	3,886,709.

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX. JHF IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL TAX AUTHORITIES FOR FISCAL YEARS PRIOR TO 2011.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.
► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization
JOYFUL HEART FOUNDATION

Employer identification number
72-1519537

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . . [X] Yes [ ] No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1	INNOVATIVE PHIL 5 HANOVER SQ NEW YORK NY 10004	EVENT CONS.		X	2,860,571.	180,000.	2,680,571.
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					2,860,571.	180,000.	2,680,571.

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

NY CA HI NM

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

		(a) Event #1 GALA (event type)	(b) Event #2 LA EVENT (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	1,989,810.	676,443.		2,666,253.
	2 Less. Charitable contributions	1,922,830.	730,695.		2,653,525.
	3 Gross income (line 1 minus line 2)	66,980.	-54,252.		12,728.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	197,922.	52,260.		250,182.
	7 Food and beverages		65,127.		65,127.
	8 Entertainment	11,915.	6,000.		17,915.
	9 Other direct expenses	170,311.	40,869.		211,180.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				544,404.
	11 Net income summary Subtract line 10 from line 3, column (d)				-531,676.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $ _____ and the amount of gaming revenue retained by the third party ► $ _____.

c If 'Yes,' enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► $ _____.

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545 0047

2013

Open to Public Inspection

Name of the organization
JOYFUL HEART FOUNDATION

Employer identification number
72-1519537

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		
	☐ Travel for companions ☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain . . .	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, *including the CEO/Executive Director, regarding the items checked in line 1a?* .	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☒ Compensation committee ☐ Written employment contract		
	☒ Independent compensation consultant ☒ Compensation survey or study		
	☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement? . . .	4c	X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
	If 'Yes' to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
	If 'Yes' to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8	X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	MAILE M. ZAMBUTO CEO	(i)	305,800.	0.	0.	0.	7,276.	313,076.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization

JOYFUL HEART FOUNDATION

Employer identification number

72-1519537

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art – Works of art				
2	Art – Historical treasures				
3	Art – Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded				
10	Securities – Closely held stock				
11	Securities – Partnership, LLC, or trust interests				
12	Securities – Miscellaneous				
13	Qualified conservation contribution – Historic structures				
14	Qualified conservation contribution – Other				
15	Real estate – Residential				
16	Real estate – Commercial				
17	Real estate – Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (SEE PART II)				
26	Other ► ( )				
27	Other ► ( )				
28	Other ► ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If 'Yes,' describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If 'Yes,' describe in Part II. SEE PART II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES

JOYFUL HEART ENGAGED INNOVATIVE PHILANTHROPY AS WELL AS VOLUNTEERS ON ITS BOARD AND REGIONAL COMMITTEES IN SOLICITING NON-CASH CONTRIBUTIONS.

SCH M, PART I, LINES 25-28
OTHER NON-CASH CONTRIBUTIONS

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE ON FORM 990, PART VIII	METHOD OF DETER. REV.
SHIRTS		1	$ 2,040.	
GIFT BAGS		2	44,100.	
INVITATIONS		1	15,500.	
GRATITUDE CARDS		1	2,594.	
SUNGLASSES		1	50,000.	
AUCTION ITEMS		12	29,779.	

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	2013 Open to Public Inspection

Name of the organization	Employer identification number
JOYFUL HEART FOUNDATION	72-1519537

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION & AWARENESS

THIS YEAR MARKED IMMENSE GROWTH IN OUR EDUCATION & AWARENESS PROGRAM PORTFOLIO.

WE SAW 666,000 WORLDWIDE VISITORS TO OUR WEBSITE, GENERATING NEARLY 1.75 MILLION PAGEVIEWS TO OUR CONTENT. OUR SOCIAL MEDIA COMMUNITY GREW TO NEARLY 141,000.

WE COMPLETED AN OVERHAUL OF BOTH JOYFULHEARTFOUNDATION.ORG AND ENDTHEBACKLOG.ORG., IN FALL 2013. THE LATTER HAS BECOME THE PREMIERE RESOURCE FOR PUBLIC RESEARCH AND INFORMATION ABOUT THE RAPE KIT BACKLOG IN THE UNITED STATES AND WAS RECOGNIZED WITH A WEBBY AWARD NOMINATION IN THE CATEGORY OF BEST ACTIVISM WEBSITE.

IN SEPTEMBER 2013 WE LAUNCHED OUR NO MORE PUBLIC SERVICE ANNOUNCEMENT (PSA) CAMPAIGN WITH A SPECIAL EPISODE OF THE KATIE COURIC SHOW DEVOTED TO THE CAMPAIGN AND THE ISSUES OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT. SINCE THE LAUNCH, THE NO MORE PSAS HAVE GARNERED OVER 650 MILLION MEDIA IMPRESSIONS, INCLUDING NEARLY 250 MILLION IMPRESSIONS ON TELEVISION, AIRING OVER 15,000 TIMES ON 109 TV STATIONS, AND TWENTY BILLBOARDS ACROSS THE COUNTRY HAVE DISPLAYED THE PRINT CAMPAIGN.

WE JOINED CEOS FROM THE PRIVATE SECTOR AT THE WHITE HOUSE TO DISCUSS HOW CORPORATIONS CAN TURN TOWARDS THESE ISSUES. THE PARTNERSHIPS FORGED BY JOYFUL HEART WITH USA NETWORK AND VIACOM FOR NO MORE WERE ANNOUNCED AT THE SUMMIT.

IN THE SPRING, WE PARTNERED WITH USA NETWORK TO PRODUCE TWO 16-HOUR NO MORE EXCUSES MARATHONS OF LAW & ORDER: SVU. DURING THE MARATHONS, THE NO MORE PSAS AIRED, ALONG

Name of the organization: JOYFUL HEART FOUNDATION

Employer identification number: 72-1519537

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

WITH SPECIAL MESSAGES FROM THE CAST THAT DIRECTED VIEWERS TO RESOURCES. THE MARATHONS GENERATED NEARLY 50 MILLION SOCIAL MEDIA IMPRESSIONS, INCREASED TRAFFIC TO PARTNER WEBSITES BY UP TO 4,000% AND 3,450 PEOPLE TOOK OUR ONLINE PLEDGE TO ENGAGE MEN TO HELP END DOMESTIC VIOLENCE AND SEXUAL ASSAULT.

IN PARTNERSHIP WITH VIACOM (MTV, VH1, BET, SPIKE, COMEDY CENTRAL, CMT, NICKELODEON AND MORE), WE FILMED PSAS WITH MUSICIANS AND STARS FROM ACROSS VIACOM'S NETWORKS THAT BEGAN AIRING THIS SUMMER. WE ALSO JOINED VIACOM AT NASDAQ IN TIMES SQUARE TO RING IN THE OPENING BELL IN HONOR OF NO MORE. OUR CEREMONY WAS TELEVISED, PRINT ADS WERE ON DISPLAY IN TIMES SQUARE ON THE NASDAQ BILLBOARD - RECEIVING 1 MILLION IMPRESSIONS.

WE CONVENED A STEERING COMMITTEE OF MORE THAN 30 ORGANIZATIONS IN HAWAI`I REPRESENTING COMMUNITY PARTNERS FROM ACROSS THE ISLANDS TO CREATE HAWAI`I SAYS NO MORE TO BEGIN CONVERSATIONS ABOUT HOW HAWAI`I WILL ADOPT NO MORE IN THE NEXT YEAR.

IN ADDITION TO THE WORK ON NO MORE, WE CONTINUE TO EXPAND OUR ENGAGING MEN INITIATIVE THROUGH OUR PARTNERSHIP WITH 1IN6. WE RELEASED ADDITIONAL NO MORE PRINT ADS THAT ADDRESS PERSISTENT AND HARMFUL RESPONSES TO MALE SURVIVORS AND COLLABORATED ON OUR WEEKLY REUNION ONLINE SERIES AND DISTRIBUTED MORE THAN 31,000 PIECES OF INFORMATIONAL MATERIAL FOR MALE SURVIVORS. WE ALSO COLLABORATED WITH A CALL TO MEN TO HOST A TWO-PART SERIES OF EVENTS CALLED TALK STORY IN HAWAI`I, TO EDUCATE AND ENGAGE THE COMMUNITY ON MEN'S ROLE IN ENDING VIOLENCE. BETWEEN THE EVENTS WE HAD MORE THAN 150 ATTENDEES MANY OF WHOM SIGNED OUR PLEDGE TO TAKE ACTION TO END VIOLENCE AGAINST WOMEN.

THROUGHOUT THE YEAR WE ALSO CONDUCTED FOUR EDUCATION SESSIONS FOR OUR HAWAI`I HEART

Name of the organization: JOYFUL HEART FOUNDATION

Employer identification number: 72-1519537

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

VOLUNTEER COMMITTEE. ONE ON THE CULTURAL SIGNIFICANCE OF THE NAMELEHUAPONO PROGRAM, ANOTHER ON THE HISTORY AND IMPACT OF COLONIZATION, ONE ON HOW VIOLENCE CAN BE APPROPRIATELY ADDRESSED BY THE CLERGY AND FAITH-BASED COMMUNITIES AND ANOTHER ON TEEN DATING VIOLENCE INCLUDING THE BARRIERS TO SUPPORTING TEENS IN ABUSIVE RELATIONSHIPS AND HOW TO PREVENT VIOLENCE FROM HAPPENING IN THE FIRST PLACE. A FINAL DISCUSSION FOCUSED ON ENGAGING IN OPEN CONVERSATIONS WITH ONE'S CHILDREN-ESPECIALLY YOUNG MEN-ABOUT HEALTHY RELATIONSHIPS AND RESPECT, WITH A FOCUS ON MEN'S ROLE IN ENDING VIOLENCE AGAINST WOMEN.

WHILE THE ONE STRONG 'OHANA CAMPAIGN IS WINDING DOWN, THE CAMPAIGN STANDS AS THE LARGEST CHILD ABUSE AND NEGLECT PREVENTION CAMPAIGN EVER IMPLEMENTED IN HAWAI'I. WITH THE SUCCESS OF THIS YEAR'S REACH WHICH INCLUDED 3 NEW MEDIA PARTNERSHIPS, OVER 150,000 PIECES OF EDUCATIONAL MATERIAL HAVE BEEN DISTRIBUTED, MORE THAN 11,000 PEOPLE JOINED THE ONLINE COMMUNITY, CONNECTING TO RESOURCES AND INFORMATION ON CHILD ABUSE AND NEGLECT AND THE PUBLIC SERVICE CAMPAIGN EXCEEDED ITS SATURATION GOALS, REACHING 900,000 MEDIA IMPRESSIONS. WE ALSO ASSISTED WITH DEVELOPING AND DISTRIBUTING 17,000 TEACHER-SPECIFIC INFORMATION FLIERS TO ALL HAWAI'I DEPARTMENT OF EDUCATION SCHOOL PERSONNEL ON THE ISLAND.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

HEALING & WELLNESS

OUR HEALING & WELLNESS PROGRAM AREA ADDRESSES THE PHYSICAL, EMOTIONAL AND SPIRITUAL EFFECTS OF TRAUMA, ALL IN THE NURTURING ENVIRONMENT OF COMMUNITY. IT ENCOMPASSES BOTH OUR PROGRAMS FOR SURVIVORS AND OUR HEAL THE HEALERS PROGRAM. OUR PROGRAMMING IS DESIGNED TO REACH BEYOND OUR INTERNAL CAPACITY SO THAT OUR HOLISTIC APPROACH CAN BE ADOPTED BY THE ORGANIZATIONS WITH WHOM WE PARTNER.

Name of the organization: JOYFUL HEART FOUNDATION

Employer identification number: 72-1519537

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

WE ARE RE-PILOTING OUR SURVIVOR PROGRAMS AND PLAN TO SHARE THEM AS A REPLICABLE, EVIDENCE-INFORMED TREATMENT MODALITY--IN PARTICULAR, OUR SIGNATURE RETREAT PROGRAM--SO THAT ORGANIZATIONS THROUGHOUT THE COUNTRY CAN SERVE SURVIVORS FAR BEYOND OUR OWN REACH. THE NATIONAL ADVISORY COMMITTEE (NAC), A DIVERSE GROUP OF EXPERTS FROM THE FIELDS OF TRAUMA AND WELLNESS, CAME TOGETHER TO PLAN FOR THE FUTURE OF THESE PROGRAMS - INCLUDING FORMALLY INTEGRATING THE HEAL THE HEALERS PROGRAM AS A KEY COMPONENT OF THE RETREAT MODEL. TO ENSURE THE SUCCESSFUL REPLICATION AND DISSEMINATION OF THE SURVIVOR RETREAT MODEL, ALL HEALERS ADMINISTERING THE PROGRAM FIRST PARTICIPATE IN THE HEAL THE HEALERS PROGRAM. AS PART OF THE LARGER RETREAT REPLICATION INITIATIVE EIGHTEEN (18) PROFESSIONALS FROM FOUR SOUTHERN CALIFORNIA ORGANIZATIONS PARTICIPATED IN THE FIRST RETREAT PROGRAM FOR HEALERS. RESEARCHERS FROM GEORGETOWN UNIVERSITY GATHERED QUALITATIVE AND QUANTITATIVE DATA FROM THIS PROGRAM TO MEASURE ITS EFFECTIVENESS AND ASSESS WHAT MAKES THE EXPERIENCE SO TRANSFORMATIONAL.

WE HAVE PROVIDED DIRECT CLINICAL SUPPORT AND SERVED AS A BRIDGE TO LIFE-SAVING RESOURCES FOR 960 SURVIVORS, HEALERS AND INDIVIDUALS IN NEED OF RESOURCES ACROSS THE NATION. THROUGH OUR WEBSITE AND SOCIAL MEDIA COMMUNITY, WE HAVE SERVED HUNDREDS OF THOUSANDS MORE BY SHARING RESOURCES AND BREAKING ISOLATION.

IN HAWAI'I, JOYFUL HEART CONTINUES TO DEVELOP THE NAMELEHUAPONO© PROGRAM UNDER THE GUIDANCE OF ONE OF ITS CREATORS, BOARD MEMBER DR. VALLI KALEI KANUHA, AS WELL AS THE HAWAI'I ADVISORY COMMITTEE. THE NAMELEHUAPONO PROJECT IS A MULTI-YEAR EFFORT TO REFINE AND DEVELOP A HAWAIIAN CULTURAL APPROACH FOR TRAUMA-BASED INTERVENTION. THIS YEAR, WE HOSTED TWO INFORMATIONAL SESSIONS FOR OVER 50 PROGRAM PARTNERS TO SHARE THE

Name of the organization: JOYFUL HEART FOUNDATION

Employer identification number: 72-1519537

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

NAMELEHUAPONO GROUP MODEL AND INVITE THEM TO REFER PARTICIPANTS FOR THE WOMEN'S GROUP, WHICH BEGINS THIS SUMMER. ADDITIONALLY, WE LED A WORKSHOP FOR OVER 100 PEOPLE ABOUT THE PROJECT AT THE INSTITUTE OF VIOLENCE, ABUSE AND TRAUMA INTERNATIONAL CONFERENCE, HELD IN HAWAI'I.

WE ALSO HELD TWO WELLNESS DAYS TO SERVE OUR HAWAI'I COMMUNITY. ONE DAY SERVED YOUTH IN FOSTER CARE AND/OR TRANSITIONING OUT OF FOSTER CARE, WHILE THE OTHER SERVED 40 WOMEN SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT.

IN LOS ANGELES, WE CONTINUED OUR COLLABORATION WITH THE LA COUNTY DEPARTMENT OF MENTAL HEALTH (LACDMH) AND ALSO HELD A HEAL THE HEALERS WORKSHOP WITH OVER 120 INDIVIDUALS REPRESENTING MORE THAN 20 ORGANIZATIONS, INCLUDING THE LACDMH AND THE LAC DEPARTMENT OF CHILDREN & FAMILY SERVICES.

SIMILARLY, IN NEW YORK, WE CONDUCTED HEAL THE HEALERS SESSIONS AT SAFE HORIZON AND NEW YORK CITY'S ADMINISTRATION FOR CHILDREN'S SERVICES (NYC ACS), SERVING MORE THAN 100 OF THEIR LEADERSHIP AND LINE STAFF.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

POLICY & ADVOCACY

THE CORNERSTONE OF OUR POLICY & ADVOCACY WORK IS OUR EFFORT TO END THE BACKLOG OF UNTESTED RAPE KITS. OUR NATIONAL EFFORTS TO END THE BACKLOG HAVE GROWN SIGNIFICANTLY THROUGH PARTNERSHIPS WITH JURISDICTIONS AND STAKEHOLDERS FROM THE PUBLIC AND PRIVATE SECTORS, ENDTHEBACKLOG.ORG, AND SIGNIFICANT MEDIA EXPOSURE.

THIS YEAR MARKED OUR THIRD WORKING WITH AND ADVISING THE CITY OF DETROIT AS A

Name of the organization: JOYFUL HEART FOUNDATION

Employer identification number: 72-1519537

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

COLLABORATIVE PARTNER IN A NATIONAL INSTITUTE OF JUSTICE-FUNDED PROGRAM TO ASSESS THE CAUSES OF DETROIT'S MORE THAN 11,000 RAPE KIT BACKLOG AND DEVELOP A PLAN TO END IT. THE GRANT PROGRAM CONCLUDED IN NOVEMBER, BUT WE CONTINUE THE WORK TO IMPLEMENT A PLAN FOR TESTING DETROIT'S REMAINING UNTESTED KITS, INVESTIGATE ALL LEADS GENERATED AS A RESULT OF TESTING AND ENSURE THAT THE SURVIVORS ARE NOTIFIED OF THE STATUS OF THEIR CASES CONTINUES. ADDITIONALLY WE HAVE HELPED DETROIT RAISE PRIVATE FUNDS TO INVESTIGATE LEADS, INCLUDING DIRECTLY SOLICITING MORE THAN $50K AND CO-HOSTING A FUNDRAISER, HEADLINED BY OUR PRESIDENT & FOUNDER, MARISKA HARGITAY.

OUR LOCAL WORK ON THE BACKLOG GREW TO INCLUDE MEMPHIS WHERE THE BACKLOG OF UNTESTED RAPE KITS NUMBERS MORE THAN 12,000. THIS YEAR WE'VE MET ON THE GROUND IN MEMPHIS WITH LOCAL OFFICIALS, LAW ENFORCEMENT, PROSECUTORS AND ADVOCATES TO PROVIDE GUIDANCE AND RECOMMENDATIONS, INCLUDING THE CONVENING OF A MULTI-DISCIPLINARY TEAM-MUCH LIKE THAT IN DETROIT-THAT HAS COME TOGETHER TO ADDRESS THE BACKLOG. WE HAVE SHARED INFORMATION ON FUNDING OPPORTUNITIES TO SECURE THE $6.5 MILLION NEEDED TO TEST THE KITS - THEY'VE SECURED $3M TOWARD REFORM EFFORTS TO DATE, AND WE ARE ADVISING MEMPHIS ON HOW TO RE-ENGAGE SURVIVORS IN THEIR CASES AND THE CRIMINAL JUSTICE PROCESS AFTER SO MANY YEARS.

ON A FEDERAL LEVEL OUR ADVOCACY EFFORTS INCLUDED DIRECTLY SPEAKING TO VICE PRESIDENT BIDEN AND HIS STAFF, DURING AN OCTOBER 2013 TRIP TO AUSTIN, ABOUT REFORMS NEEDED AT THE FEDERAL LEVEL TO ENSURE JURISDICTIONS HAVE THE RESOURCES THEY NEED TO END THE BACKLOG. IN MARCH, THE WHITE HOUSE RELEASED ITS FY2015 BUDGET, WHICH-FOR THE FIRST TIME-DEDICATED $35 MILLION IN FUNDING TO PROVIDE LOCAL COMMUNITIES WITH SUCH RESOURCES. THE HOUSE OF REPRESENTATIVES VOTED TO APPROVE THE PROGRAM AT $41 MILLION AND THE SENATE BILL, ALSO AT $41 MILLION, IS BEING DEBATED.

Name of the organization: JOYFUL HEART FOUNDATION

Employer identification number: 72-1519537

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

IN FEBRUARY, WE ATTENDED A LISTENING SESSION AT THE WHITE HOUSE WITH ADVOCATES FROM ACROSS THE COUNTRY TO INFORM RECOMMENDATIONS BEING DEVELOPED BY THE WHITE HOUSE TASK FORCE TO PROTECT STUDENTS FROM SEXUAL ASSAULT. IN MARCH, WE CO-HOSTED A MEETING AT THE WHITE HOUSE CONVENED BY THE TASK FORCE WITH TECHNOLOGISTS, STUDENTS, POLICY EXPERTS AND SURVIVORS TO BRAINSTORM INNOVATIVE WAYS TO ADDRESS THE ALARMING RATES OF SEXUAL ASSAULT ON COLLEGE CAMPUSES, INCLUDING THROUGH PREVENTION, MORE EFFECTIVE AND TRANSPARENT RESPONSES TO INCIDENTS, AND OPPORTUNITIES TO BETTER SUPPORT SURVIVORS ON THEIR JOURNEY TO RECOVERY, DURING WHICH OUR BOARD MEMBER SUKEY NOVOGRATZ GAVE THE KEYNOTE SPEECH. A MONTH AFTER THIS GATHERING, THE TASK FORCE ANNOUNCED A SERIES OF ACTIONS TO ADDRESS SEXUAL ASSAULT ON CAMPUSES THAT INCLUDED MANY OF THE ISSUES AND RECOMMENDATIONS IDENTIFIED IN THESE SESSIONS.

THIS YEAR WE CONTINUED OUR WORK ON THE RAPE KIT BACKLOG VICTIM NOTIFICATION PROJECT, WHICH AIMS TO CREATE A SET OF "BEST PRACTICE" RECOMMENDATIONS FOR LAW ENFORCEMENT WORKING TO CLEAR THEIR BACKLOGS. THROUGH RESEARCH CONDUCTED IN PARTNERSHIP WITH DR. COURTNEY AHRENS OF CALIFORNIA STATE UNIVERSITY AT LONG BEACH (CSULB), AND OUR FORTHCOMING REPORT, WE ARE BRINGING TOGETHER THE VOICES OF LAW ENFORCEMENT AND CRIME LAB PERSONNEL, SYSTEM AND COMMUNITY VICTIM ADVOCATES AND SURVIVORS INTO A SINGLE STUDY. WE ARE CREATING SURVIVOR-CENTRIC, TRAUMA-INFORMED AND PRACTICAL RECOMMENDATIONS THAT JURISDICTIONS NATIONWIDE CAN PUT INTO PRACTICE, INCLUDING SPECIFIC LEARNING FORM SURVIVOR FOCUS GROUPS AND INTERVIEWS HELD EARLIER THIS YEAR.

BECAUSE JURISDICTIONS ARE NOT REQUIRED TO COUNT OR TRACK THEIR UNTESTED KITS, IT IS CURRENTLY IMPOSSIBLE TO KNOW THE TRUE EXTENT OF THE RAPE KIT BACKLOG IN THE UNITED STATES. IN AN EFFORT TO INCREASE TRANSPARENCY AND ACCOUNTABILITY, THIS YEAR WE BEGAN

Name of the organization: JOYFUL HEART FOUNDATION

Employer identification number: 72-1519537

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

A MULTI-YEAR PROJECT TO INVESTIGATE BACKLOGS IN SOME OF THE LARGEST CITIES IN THE COUNTRY INCLUDING PHILADELPHIA, INDIANAPOLIS, JACKSONVILLE, BALTIMORE, CHARLOTTE, SEATTLE, BOSTON, MILWAUKEE, NASHVILLE, LAS VEGAS, OKLAHOMA CITY, MIAMI, SAN DIEGO, ATLANTA AND TULSA.

THROUGH PUBLIC RECORDS REQUESTS SUBMITTED BY THE LAW FIRMS, GOODWIN PROCTER LLP AND WEIL, GOTSHAL & MANGES LLP, TO THESE 15 CITIES, WE AIM TO GAIN A CLEARER SENSE OF THE BACKLOG AND TO DISCOVER AND SHARE THE OBSTACLES THE PUBLIC FACES IN GLEANING INFORMATION ABOUT THE BACKLOG. ALREADY, WE HAVE RECEIVED A NUMBER OF RESPONSES FROM JURISDICTIONS DEMONSTRATING ISSUES WITH STORAGE AND TRACKING, RESOURCES TO COUNT KITS AND A LACK OF ACCOUNTABILITY FOR THE POTENTIALLY THOUSANDS OF UNTESTED KITS IN THEIR FACILITIES. NEXT YEAR WE PLAN TO SHARE INFORMATION ABOUT THIS PROJECT PUBLICLY THROUGH ENDTHEBACKLOG.ORG AND TO MOVE INTO A NEXT PROJECT PHASE OF THE PROJECT: DEVELOPING A SUSTAINABLE MODEL TO OFFER OUR SUPPORT TO ANY JURISDICTIONS THAT NEED GUIDANCE TO END THEIR BACKLOGS WITH SURVIVOR-CENTERED REFORMS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

NO MORE:

NO MORE IS A NEW UNIFYING SYMBOL DESIGNED TO GALVANIZE GREATER AWARENESS AND ACTION TO END DOMESTIC VIOLENCE AND SEXUAL ASSAULT. SUPPORTED BY MAJOR ORGANIZATIONS WORKING TO ADDRESS THESE URGENT ISSUES, NO MORE IS GAINING SUPPORT WITH AMERICANS NATIONWIDE, SPARKING NEW CONVERSATIONS ABOUT THESE PROBLEMS AND MOVING THIS CAUSE HIGHER ON THE PUBLIC AGENDA.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

MARISKA HARGITAY (PRESIDENT AND FOUNDER) IS MARRIED TO PETER HERMANN (DIRECTOR)

Name of the organization: JOYFUL HEART FOUNDATION

Employer identification number: 72-1519537

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

MARISKA HARGITAY AND MAILE M.ZAMBUTO (CEO) ARE EQUAL PARTNERS IN AN LLC (AS OF JUNE 2013)

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 WAS SENT VIA EMAIL TO ALL MEMBERS OF THE BOARD OF DIRECTORS ALONG WITH AUDITED FINANCIAL STATEMENTS; BOARD WAS ENCOURAGED TO REVIEW DOCUMENTS IN FULL AND PROVIDE COMMENTS, IF ANY, DURING THE 11/13/14 BOARD MEETING, OR OTHERWISE DIRECTLY TO THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, CHIEF EXECUTIVE OFFICER & CHAIR OF THE FINANCE & AUDIT COMMITTEE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION REVIEWS THE POLICY ANNUALLY WITH ALL DIRECTORS AT THE ANNUAL BOARD MEETING, ADDITIONALLY THE POLICY IS REVIEWED WITH ALL NEW INCOMING BOARD MEMBERS AT THEIR INITIAL ORIENTATION. BUILT INTO OUR CONTRACTING PROCESS FOR ANY GOODS OR SERVICES IS A REVIEW FORM THAT REQUIRES DISCLOSURE OF ANY PRIOR OR CURRENT RELATIONSHIPS TO VENDORS, HOW THEY WERE REFERRED AND COMPETING BIDS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

FOR THE CHIEF EXECUTIVE OFFICER: SALARY INCREASE IN SEPTEMBER WAS DETERMINED AND APPROVED BY COMPENSATION & EXECUTIVE COMMITTEES VIA CONFERENCE CALL MEETINGS IN WHICH COMPARABILITY DATA WAS SHARED; JUNE BONUS WAS DETERMINED BY COMPENSATION & EXECUTIVE COMMITTEES - IN CONSULTATION WITH 3 INDEPENDENT EXECUTIVE COMPENSATION CONSULTING FIRMS AND LOOKING AT OVERALL COMPENSATION, TITLE, ROLE AND SPECIFICALLY EXEMPLARY EXECUTIVE PERFORMANCE AND SUPERIOR PERFORMANCE OF THE ORGANIZATION FOR THE YEAR; FOR OTHER KEY EMPLOYEES - ALL POSITIONS WERE RECENTLY BENCHED TO MARKET,REVIEWED BY OUTSIDE CONSULTANT. PAY FOR PERFORMANCE INCREASE CONSISTENT WITH INDUSTRY STANDARD, IN CONSULTATION WITH INDEPENDENT HR CONSULTANT. PAY FOR PERFORMANCE RATINGS WERE APPROVED BY THE BOARD CHAIR, COMPENSATION AND EXECUTIVE COMMITTEES.

Name of the organization: JOYFUL HEART FOUNDATION

Employer identification number: 72-1519537

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL ARE AVAILABLE VIA EMAIL, FAX OR MAIL IMMEDIATELY UPON REQUEST, FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON OUR WEBSITE AND FROM WATCHDOG AGENCY WEBSITES.

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND-RAISING
IN-KIND LEGAL	-376,805.	-292,599.	-54,665.	-29,541.
IN-KIND PROFESSIONAL FEES	-3,450,352.	-3,351,017.	-63,239.	-36,096.
PROFESSIONAL FEES	4,510,245.	4,145,996.	187,363.	176,886.
PROGRAM CONSULTANTS	152,586.	152,586.		
TOTAL	$ 835,674.	$ 654,966.	$ 69,459.	$ 111,249.

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545 0047

2013

Name of the Organization

JOYFUL HEART FOUNDATION

Employer Identification number

72-1519537

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINA HARTMAN	40									
DIR OF DEV	0					X		105,984.	0.	10,464.

Form 990 Cont 2013

Form **8868**
(Rev January 2014)

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.**

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

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868.

Electronic filing *(e-file).* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only . . ► [ ]

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

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
JOYFUL HEART FOUNDATION	72-1519537
Number, street, and room or suite number If a P O. box, see instructions	**Social security number (SSN)**
32 WEST 22ND STREET 4TH F	
City, town or post office, state, and ZIP code. For a foreign address, see instructions	
NEW YORK, NY 10010	

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

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

- The books are in the care of ► MOLLY SOLOMON

Telephone No. ► (212) 475-2026 Fax No. ► (212) 475-2033

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [ ] calendar year 20 ____ or

► [X] tax year beginning 7/01, 20 13, and ending 6/30, 20 14

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

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