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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

2016**Open to Public
Inspection****A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20****B Check if applicable**

☐	Address change
☒	Name change
☐	Initial return
☐	Final return/terminated
☐	Amended return
☐	Application pending

C Name of organization JOY IN CHILDHOOD FOUNDATION, INC. (E/K/A THE DUNKIN' DONUTS & BASKIN-ROBBINS COMM. FDN)

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

130 ROYALL STREET - MAIL STOP 2WA

City or town, state or province, country, and ZIP or foreign postal code

CANTON, MA 02021

F Name and address of principal officer

KAREN RASKOPF

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

D Employer identification number

26-0593784

E Telephone number

(781) 737-3821

G Gross receipts \$

6,224,592.

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)

H(c) Group exemption number**I Tax-exempt status**☒

501(c)(3)

501(c) ()

(insert no)

4947(a)(1) or

527

J Website: WWW.DUNKINBRANDS.COM/FOUNDATION**K Form of organization**☒

Corporation

Trust

Association

Other ▶

L Year of formation 2007**M State of legal domicile** MA**Part I Summary****1** Briefly describe the organization's mission or most significant activities THE FOUNDATION PROVIDES GRANTS TO CHARITABLE ORGANIZATIONS THAT PROVIDE JOY TO SICK AND HUNGRY KIDS.**2** Check this box ☐ 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

14.

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

14.

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

5

0.

6 Total number of volunteers (estimate if necessary)

6

168.

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.

Revenue

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

0.

5,789,895.

9 Program service revenue (Part VIII, line 2g)

0.

0.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

0.

4,981.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

0.

-133,820.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

0.

5,661,056.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

0.

5,183,266.

14 Benefits paid to or for members (Part IX, column (A), line 4)

0.

0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

0.

0.

16a Professional fundraising fees (Part IX, column (A), line 11e)

0.

0.

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 227,189.**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

0.

634,105.

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

0.

5,817,371.

19 Revenue less expenses. Subtract line 18 from line 12

0.

-156,315.

Expenses

20 Total assets (Part X, line 16)

Beginning of Current Year

End of Year

5,126,302.

7,661,158.

21 Total liabilities (Part X, line 26)

490,400.

3,181,571.

22 Net assets or fund balances Subtract line 21 from line 20

4,635,902.

4,479,587.

Part II Signature Block

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

Sign Here

Signature of officer

Date

8/8/2017

Type or print name and title

Paid

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

SHY JOSEPH

8/4/2017

P01085371

Use Only

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 60 SOUTH STREET BOSTON, MA 02111

Phone no 617-988-1000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒

Yes

No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)JSA
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PAGE 1

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 5,183,266. including grants of \$ 5,183,266.) (Revenue \$)CHARITABLE GRANTMAKING TO ENSURE THE BASIC NEEDS OF COMMUNITIES
THROUGH HUNGER RELIEF AND CHILDREN'S HEALTH.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

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

4e Total program service expenses 5,183,266.

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.	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	☒	☐
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.	☐	☒
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.	☐	☒
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.	☐	☐
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.	☐	☒
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.	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	☐	☒
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.	☐	☒
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.	☐	☒
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.	☒	☐
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.	☐	☒
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.	☐	☒
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.	☐	☒
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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.	☒	☐
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	☒	☐
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.	☐	☒
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	☐	☒
14a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
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.	☐	☒
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.	☐	☒
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.	☐	☒
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).	☐	☒
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.	☒	☐
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.	☐	☒

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		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.		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.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		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.		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 "Yes," complete Schedule L, Part II.		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.		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.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		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.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		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.		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.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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.		
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.		
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.		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.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 26	
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	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 0.	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring 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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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 1a 14		
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		
b Enter the number of voting members included in line 1a, above, who are independent 1b 14		
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?	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 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		
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	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 or key employees of the organization	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 take 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 ► ATTACHMENT 2

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 CHRISTINE RILEY MILLER 130 ROYALL STREET CANTON, MA 02021 781-737-3546

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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) CARLOS ANDRADE DIRECTOR	1.00 0.	X						0.	0.	0.
(2) CAROL AUSTIN DIRECTOR	1.00 0.	X						0.	0.	0.
(3) BILL BODE TREASURER (THRU 09/2016)	5.00 0.	X		X				0.	0.	0.
(4) REGINA CHIN DIRECTOR	3.00 0.	X						0.	0.	0.
(5) MITCH COHEN CO-CHAIR (THRU 03/2016)	4.00 0.	X		X				0.	0.	0.
(6) JIM DAMICONE DIRECTOR (THRU 03/2016)	2.00 0.	X						0.	0.	0.
(7) BRENT FAUNTLEROY DIRECTOR	1.00 0.	X						0.	0.	0.
(8) ALEX FERNANDEZ DIRECTOR	1.00 0.	X						0.	0.	0.
(9) SUSAN GALLER DIRECTOR (THRU 03/2016)	1.00 0.	X						0.	0.	0.
(10) JEAN GROSSMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(11) SCOTT HUDLER DIRECTOR	1.00 0.	X						0.	0.	0.
(12) JASON MACEDA TREASURER	5.00 0.	X		X				0.	0.	0.
(13) TOM MANCHESTER DIRECTOR	1.00 0.	X						0.	0.	0.
(14) KAREN RASKOPF CO-CHAIR	2.00 0.	X		X				0.	0.	0.

[illegible]

d Total (add lines 1b and 1c)	0.	0.	0.
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	Yes	No
3		X
4		X
5		X

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

Part VIII Statement of RevenueCheck 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	1,667,005		
	d	Related organizations	1d			
	e	Government grants (contributions) . .	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	4,122,890.		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		5,789,895		
Program Service Revenue			Business Code			
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
g	Total. Add lines 2a-2f		0.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		4,981.		4,981.
	4	Income from investment of tax-exempt bond proceeds .		0.		
	5	Royalties		0.		
			(i) Real	(ii) Personal		
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)		0.		
	7a	Gross amount from sales of	(i) Securities	(ii) Other		
	b	Less cost or other basis				
	c	Gain or (loss)				
	d	Net gain or (loss)		0.		
	8a	Gross income from fundraising events (not including \$ 1,667,005. of contributions reported on line 1c) See Part IV, line 18	a	425,055.		
	b	Less direct expenses	b	563,536		
	c	Net income or (loss) from fundraising events .		-138,481		-138,481.
	9a	Gross income from gaming activities See Part IV, line 19	a	4,661.		
	b	Less direct expenses	b	0.		
c	Net income or (loss) from gaming activities .		4,661.		4,661.	
10a	Gross sales of inventory, less returns and allowances	a	0.			
b	Less cost of goods sold	b	0.			
c	Net income or (loss) from sales of inventory .		0.			
Miscellaneous Revenue			Business Code			
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		5,661,056.		-128,839.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,183,266.	5,183,266.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	196,634.		196,634.	
b Legal	28,890.		28,890.	
c Accounting	64,448.		64,448.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	48,627.		48,627.	
12 Advertising and promotion	0.			
13 Office expenses	10,271.		10,271.	
14 Information technology	20,926.		20,926.	
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	20,255.		20,255.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,950.		1,950.	
23 Insurance	8,099.		8,099.	
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 EXPENSES	234,005.		6,816.	227,189.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,817,371.	5,183,266.	406,916.	227,189.
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)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,995,877.	1	4,421,471.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	1,105,111.	3	3,209,712.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	23,364.	9	29,975.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 251,925.		
	b Less accumulated depreciation.	10b 251,925.	10c	0.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,126,302.	16	7,661,158.	
Liabilities	17 Accounts payable and accrued expenses	140,400.	17	114,475.
	18 Grants payable	350,000.	18	3,067,096.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	490,400.	26	3,181,571.
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	4,617,702.	27	2,652,232.
	28 Temporarily restricted net assets	18,200.	28	1,827,355.
	29 Permanently restricted net assets	0.	29	0.
	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	4,635,902.	33	4,479,587.
	34 Total liabilities and net assets/fund balances	5,126,302.	34	7,661,158.

Form **990** (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,661,056.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,817,371.
3	Revenue less expenses Subtract line 2 from line 1	3	-156,315.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,635,902.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain 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	4,479,587.

Part XII Financial Statements and ReportingCheck 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? 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		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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?		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		

Form 990 (2016)

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

2016

**Open to Public
Inspection**

Name of the organization **JOY IN CHILDHOOD FOUNDATION, INC. (F/K/A THE
DUNKIN' DONUTS & BASKIN-ROBBINS COMM. FDN)**

Employer identification number
26-0593784

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,469,895.	2,145,059.	2,841,188.	3,536,674.	5,789,895.	15,782,711.
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	1,469,895.	2,145,059.	2,841,188.	3,536,674.	5,789,895.	15,782,711.
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).						2,364,215.
6 Public support. Subtract line 5 from line 4.						13,418,496.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1,469,895.	2,145,059.	2,841,188.	3,536,674.	5,789,895.	15,782,711.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,619.	4,090.	4,171.	4,429.	4,981.	22,290.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						15,805,001.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	84.90 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☒
b 33 1/3% support test - 2015. 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 - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		☐
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 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		☐
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1)-(2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization JOY IN CHILDHOOD FOUNDATION, INC. (F/K/A THE
DUNKIN' DONUTS & BASKIN-ROBBINS COMM. FDN)

Employer identification number
26-0593784

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	
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.	
a Total number of conservation easements	2a Held at the End of the Tax Year
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, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ 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" on Form 990, Part IV, line 8.

1a 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X.	▶ \$

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

Schedule D (Form 990) 2016

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table.

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		251,925.	251,925.	
e Other				

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

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,484,050.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	259,458.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	563,536.	
e	Add lines 2a through 2d		2e	822,994.
3	Subtract line 2e from line 1		3	5,661,056.
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	5,661,056.

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

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

1	Total expenses and losses per audited financial statements		1	6,640,365.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	259,458.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	563,536.	
e	Add lines 2a through 2d		2e	822,994.
3	Subtract line 2e from line 1		3	5,817,371.
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	5,817,371.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION FOLLOWS THE GUIDANCE OF FASB ASC 740, INCOME TAXES,
RELATED TO UNCERTAINTIES IN INCOME TAXES, WHICH PRESCRIBES A THRESHOLD OF
MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS
TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION BELIEVES
IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2016
AND 2015.

SCHEDULE D, PART XI, LINE 2D

FUNDRAISING EVENT EXPENSE: \$563,536

SCHEDULE D, PART XII, LINE 2D

FUNDRAISING EVENT EXPENSE: \$563,536

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" on 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.

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

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization **JOY IN CHILDHOOD FOUNDATION, INC. (F/K/A THE DUNKIN' DONUTS & BASKIN-ROBBINS COMM. FDN)**

Employer identification number
26-0593784

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

Total

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

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

		(a) Event #1 VENDOR DINNER (event type)	(b) Event #2 MA DC GOLF (event type)	(c) Other events 21. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	369,130.	300,716.	1,422,214.	2,092,060.
	2 Less Contributions	320,130.	254,167.	1,092,708.	1,667,005.
	3 Gross income (line 1 minus line 2).	49,000.	46,549.	329,506.	425,055.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		66,409.	89,484.	155,893.
	7 Food and beverages	81,538.		273,773.	355,311.
	8 Entertainment				
	9 Other direct expenses			52,332.	52,332.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				563,536.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-138,481.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	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 conducts gaming activities:

a Is the organization licensed to conduct 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 conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| 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 ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

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

SCHEDULE I
(Form 990)

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization JOY IN CHILDHOOD FOUNDATION, INC. (F/K/A THE
DUNKIN' DONUTS & BASKIN-ROBBINS COMM. FDN)

Employer identification number

26-0593784

2016

**Open to Public
Inspection**

OMB No 1545-0047

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☒ Yes ☐ No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FEEDING AMERICA							
35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501(C)(3)	1,480,915.				SUPPORT SICK AND HUNGRY KIDS
(2) STARLIGHT FOUNDATION							
2049 CENTURY PARK E, LOS ANGELES, CA 90067	95-3802159	501(C)(3)	1,467,582.				SUPPORT SICK AND HUNGRY KIDS
(3) GEORGE MANDELL/MEMORIAL JIMMY FUND							
150 DEPOT ST BELLINGHAM, MA 02109	04-2263040	501(C)(3)	202,500				SUPPORT SICK AND HUNGRY KIDS
(4) CYSTIC FIBROSIS FOUNDATION							
2408 PARK DRIVE HARRISBURG, PA 17100	13-1930701	501(C)(3)	54,800.				SUPPORT SICK AND HUNGRY KIDS
(5) MARCH OF DIMES FOUNDATION							
220 WEST EXCHANGE ST. PROVIDENCE, RI 02903	13-1846366	501(C)(3)	47,000.				SUPPORT SICK AND HUNGRY KIDS
(6) COMMUNITY FOOD BANK OF NEW JERSEY							
31 EVANS TERMINAL HILLSIDE, NJ 07205	22-2423882	501(C)(3)	40,500.				SUPPORT SICK AND HUNGRY KIDS
(7) HENRY VISCARDI SCHOOL							
201 I.U. WILLETS ROAD ALBERTSON, NY 11507	11-2024514	501(C)(3)	40,400.				SUPPORT SICK AND HUNGRY KIDS
(8) FOOD BANK OF CENTRAL NY							
7066 INTERSTATE ISL. RD, SYRACUSE, NY 13209	22-2816988	501(C)(3)	34,239				SUPPORT SICK AND HUNGRY KIDS
(9) NEW ENGLAND CENTER FOR CHILDREN INC							
33 TURNPIKE RD SOUTHBOROUGH, MA 01772	04-2708762	501(C)(3)	31,849.				SUPPORT SICK AND HUNGRY KIDS
(10) ST. JOSEPH'S CHILDREN'S HOSPITAL FOUND							
2700 W. DR. MLK JR. BLVD. S TAMPA, FL 33607	59-1100828	501(C)(3)	30,000.				SUPPORT SICK AND HUNGRY KIDS
(11) VETERANS INC.							
69 GROVE STREET WORCESTER, MA 01605	04-3098024	501(C)(3)	30,000.				SUPPORT SICK AND HUNGRY KIDS
(12) AMAZING GRACIES GIFT FOUNDATION							
PO BOX 134 MOHAWK, NY 13407	45-5116914	501(C)(3)	30,000.				SUPPORT SICK AND HUNGRY KIDS

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

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

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

Schedule I (Form 990) (2016)

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SCHEDULE I
(Form 990)

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization JOY IN CHILDHOOD FOUNDATION, INC. (F/K/A THE
DUNKIN' DONUTS & BASKIN-ROBBINS COMM. FDN)

Employer identification number
26-0593784

OMB No 1545-0047

2016

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA, IL 60134	36-3203648	501(C)(3)	30,000.				SUPPORT SICK AND HUNGRY KIDS
(2) GREATER CHICAGO FOOD DEPOSITORY 4100 W. ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	30,000.				SUPPORT SICK AND HUNGRY KIDS
(3) PLACE OF HOPE, INC. 9078 ISALAH LN PALM BEACH GARDENS, FL 33403	65-0841384	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(4) MEDICAL UNIV OF SOUTH CAROLINA FNDN 59 BEE STREET CHARLESTON, SC 29425-0450	57-6028985	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(5) ALSAC/ST JUDE CHILDREN'S RESEARCH 220 EAST 42ND STREET NEW YORK, NY 10017	35-1044585	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(6) CHILDREN'S HEALTHCARE OF ATLANTA 1577 NE EXPRESSWAY ATLANTA, GA 30329	58-2367819	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(7) BEST BUDDIES INTERNATIONAL INC. 45 BROMFIELD ST 7TH FL BOSTON, MA 02108	52-1614576	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(8) CHILDRENS HOSP OF PHILADELPHIA FNDN PO BOX 781352 PHILADELPHIA, PA 19178	23-2237932	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(9) BOSTON CHILDREN'S HOSPITAL TRUST 401 PARK DRIVE BOSTON, MA 02115	04-2774441	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(10) THOMAS JEFFERSON UNIVERSITY 125 S. 9TH STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(11) THE FUNDS FOR PARK & RECREATION IN BOSTON 1010 MASSACHUSETTS AVE BOSTON, MA 02118	04-2784811	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS
(12) USO OF METROPOLITAN NEW YORK INC 270 MADISON AVENUE NEW YORK, NY 10016	13-2500122	501(C)(3)	25,000.				SUPPORT SICK AND HUNGRY KIDS

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Department of the Treasury
Internal Revenue Service

Name of the organization

JOY IN CHILDHOOD FOUNDATION, INC. (F/K/A THE
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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALBANY MEDICAL CENTER 43 NEW SCOTLAND AVENUE ALBANY, NY 12208	14-1641730	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(2) MASSACHUSETTS DOWN SYNDROME CONGRESS 20 BURLINGTON MALL RD BURLINGTON, MA 01803	22-2596246	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(3) FOOD BANK OF NORTHWEST INDIANA 2248 WEST 35TH AVENUE GARY, IN 46408	35-1528285	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(4) CITY HARVEST FOOD BANK 6 EAST 32ND ST 5TH FL. NEW YORK, NY 10016	13-3170676	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(5) ANN & ROBT H LURIE, CHILDREN'S HOSPITAL 222 EAST AVE. CHICAGO, CHICAGO, IL 60611	36-2170833	501(C)(3)	20,000				SUPPORT SICK AND HUNGRY KIDS
(6) BRING IT 4 BRAYLON 200 HAWTHORNE LANE CHARLOTTE, NC 28204	81-1009967	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(7) ST. JUDES - NY 220 EAST 42ND STREET NEW YORK, NY 10017	35-1044585	501(C)(3)	25,400				SUPPORT SICK AND HUNGRY KIDS
(8) ASCENT SCHOOL FOR AUTISM 819 GRAND BLVD DEER PARK, NY 11729	11-3486874	501(C)(3)	25,400.				SUPPORT SICK AND HUNGRY KIDS
(9) DYNAMITE YOUTH CENTER 1830 CONEY ISLAND AVE BROOKLYN, NY 11230	11-2268139	501(C)(3)	25,400.				SUPPORT SICK AND HUNGRY KIDS
(10) WEYMOUTH COUNCIL FOR THE HUNGRY JAMES J D POBOX 890009 WEYMOUTH, MA 02189	04-3099272	501(C)(3)	18,500				SUPPORT SICK AND HUNGRY KIDS
(11) ELIJAH'S PROMISE 211 LIVINGSTON AVE NEW BRUNSWICK, NJ 08901	22-3055539	501(C)(3)	18,000.				SUPPORT SICK AND HUNGRY KIDS
(12) MIRACLE LEAGUE OF CONNECTICUT INC. 1700 ASYLUM AVE WEST HARTFORD, CT 06117	45-3686774	501(C)(3)	16,900.				SUPPORT SICK AND HUNGRY KIDS

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

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
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Employer identification number
26-0593784

Part I General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ☒ Yes ☐ No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COHEN CHILDREN'S MEDICAL CENTER 125 COMMUNITY DR., GREAT NECK, NY 11021	11-2241326	501(C)(3)	20,300.				SUPPORT SICK AND HUNGRY KIDS
(2) SPECIAL OLYMPICS - LI 560 BROADHOLLOW RD MELVILLE, NY 11747	23-7061382	501(C)(3)	20,300.				SUPPORT SICK AND HUNGRY KIDS
(3) NEW GROUND INC 211 FULTON AVENUE HEMPSTEAD, NY 11550	11-3108137	501(C)(3)	20,300				SUPPORT SICK AND HUNGRY KIDS
(4) FEEDING AMERICA EASTERN WISCONSIN 2911 W EVERGREEN DR MILWAUKEE, WI 53205	39-1384593	501(C)(3)	20,000.				SUPPORT SICK AND HUNGRY KIDS
(5) COMMUNITY SERVINGS, INC. 18 MARBURY TERRACE JAMAICA PLAIN, MA 02130	22-3154028	501(C)(3)	15,000				SUPPORT SICK AND HUNGRY KIDS
(6) JACKSONVILLE SCHOOL FOR AUTISM 9000 CYPRESS GREEN DR JACKSONVILLE, FL 32256	20-2632111	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(7) FOOD BANK OF SOUTH JERSEY 1501 JOHN TIPTON BLVD PENNSAUKEN, NJ 18110	22-2623089	501(C)(3)	19,800				SUPPORT SICK AND HUNGRY KIDS
(8) BERT'S BIG ADVENTURE 45 OLD IVY RD ATLANTA, GA 30342	05-0523733	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(9) HARVESTERS - THE COMMUNITY FOOD NETWORK 3801 TOPPING AVE PROVIDENCE, RI 02907	43-1208665	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(10) GIRLS INCORPORATED OF NEW HAMPSHIRE 27 BURKE STREET NASHUA, NH 03060	23-7416090	501(C)(3)	15,000				SUPPORT SICK AND HUNGRY KIDS
(11) AUTISM SPEAKS INC 557 N. WYMORE RD. MAITLAND, FL 32751	20-2329938	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS
(12) EASTER SEALS OF MASSACHUSETTS 484 MAIN ST. UNIT 600 WORCESTER, MA 01608	04-2103867	501(C)(3)	15,000.				SUPPORT SICK AND HUNGRY KIDS

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(1) CHILDREN'S HOSPITAL FOUNDATION 801 ROEDER ROAD SILVER SPRING, MD 20910	52-1640402	501(C)(3)	15,000				SUPPORT SICK AND HUNGRY KIDS
(2) TABLE TO TABLE PO BOX 1051 ENGELWOOD CLIFFS, NJ 07632	22-3646125	501(C)(3)	15,000				SUPPORT SICK AND HUNGRY KIDS
(3) CHESTER COUNTY FOOD BANK 650 PENNSYLVANIA DR EXTON, PA 19341	27-0887311	501(C)(3)	15,000				SUPPORT SICK AND HUNGRY KIDS
(4) THE JOHNS HOPKINS CHILDREN'S CENTER 750 E. PRATT STREET BALTIMORE, MD 21224	52-0591656	501(C)(3)	15,000				SUPPORT SICK AND HUNGRY KIDS
(5) BETTY GRIFFIN HOUSE 1375 ARAPAHO AVENUE AUGUSTINE, FL 32086	59-3028497	501(C)(3)	15,000				SUPPORT SICK AND HUNGRY KIDS
(6) CAMP SUNSHINE 35 ACADIA ROAD CASCO, ME 04015	22-2582877	501(C)(3)	15,000				SUPPORT SICK AND HUNGRY KIDS
(7) WESTCHESTER MEDICAL CENTER FOUNDATION INC 100 WOODS ROAD, VALHALLA, NY 10595	13-4095845	501(C)(3)	15,000				SUPPORT SICK AND HUNGRY KIDS
(8) HACKENSACK UMC FOUNDATION 360 ESSEX STREET, HACKENSACK, NJ 07601	22-2339534	501(C)(3)	15,000				SUPPORT SICK AND HUNGRY KIDS
(9) BEAT NB CANCER FOUNDATION INC. 76 PARK STREET BRAINTREE, MA 02184	27-2314549	501(C)(3)	15,000				SUPPORT SICK AND HUNGRY KIDS
(10) LI FRAUMENI SYNDROME ASSOCIATION PO BOX 6458 HOLLISTON, MA 01746	45-2284811	501(C)(3)	15,000				SUPPORT SICK AND HUNGRY KIDS
(11) PHILADELPHIA'S CHILDREN ALLIANCE 300 E HUNTINGPARK AVE PHILADELPHIA PA 19124	23-2526605	501(C)(3)	12,500				SUPPORT SICK AND HUNGRY KIDS
(12) NATICK SERVICE COUNCIL 2 WEBSTER ST NATICK, MA 01760	04-2433772	501(C)(3)	12,500				SUPPORT SICK AND HUNGRY KIDS

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Department of the Treasury
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(1) T.J. MARTELL FOUNDATION 15 MUSIC SQUARE WEST NASHVILLE, TN 37203	51-0180178	501(C)(3)	12,000.				SUPPORT SICK AND HUNGRY KIDS
(2) JOYAL CAPITAL MANAGEMENT FOUNDATION INC 50 RESNICK RD PLYMOUTH, MA 02360	26-3643596	501(C)(3)	12,000.				SUPPORT SICK AND HUNGRY KIDS
(3) THE ALS ASSOCIATION CT CHAPTER 4 OXFORD RD UNIT E4 MILFORD, CT 06460	04-34117472	501(C)(3)	12,000.				SUPPORT SICK AND HUNGRY KIDS
(4) HEARTILLERY GROUP P O BOX 612 NORWOOD, MA 02062	47-1692737	501(C)(3)	12,000.				SUPPORT SICK AND HUNGRY KIDS
(5) LI BLUES SPECIAL HOCKEY 26 WYANT AVE RONKONOMA, NY 11779	20-1457701	501(C)(3)	10,650.				SUPPORT SICK AND HUNGRY KIDS
(6) NEIGHBORS PLACE INC 745 SCOTT STREET WAUSAU, WI 54403	39-1640241	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(7) REGIONAL FOOD BANK OF NORTHEASTERN NY 965 ALBANY SHAKER ROAD I LATHAM, NY 12110	22-2470885	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(8) FOOD BANK OF WESTERN NY 91 HOLT STREET BUFFALO, NY 14206	22-2470820	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(9) EMERALD YOUTH FOUNDATION 1718 N. CENTRAL STREET KNOXVILLE, TN 37917	62-1474791	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(10) FOODBANK FOR THE HEARTLAND 10525 J STREET OMAHA, NE 68127	47-0637701	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(11) NH CATHOLIC CHARITIES 700 E INDUST PARK DR. MANCHESTER, NH 03109	02-0222163	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(12) FOODLINK 1999 MT READ BLVD ROCHESTER, NY 14615	22-2428304	501(C)(3)	10,000				SUPPORT SICK AND HUNGRY KIDS

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(1) SARAH'S KITCHEN 295 NW PRIMAVISTA BLVD PT ST LUCIE FL 34983	46-2301740	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(2) FRIENDS OF THE MERRIMACK COUNTY ADVOCACY 10 GREEN ST CONCORD, NH 03301	46-1627840	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(3) THE FOOD BANK FOR WESTCHESTER, INC 200 CLEARBROOK ROAD ELMFORD, NY 10523	13-3507988	501(C)(3)	10,000				SUPPORT SICK AND HUNGRY KIDS
(4) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(5) BRISTOL BOYS & GIRLS CLUB ASSOC, INC. 255 WEST STREET BRISTOL, CT 06010	06-0646556	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(6) GOOD SHEPHERD FOOD BANK P.O. BOX 1807 AUBURN, ME 04211	22-2986809	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(7) CHILDREN'S FRIEND AND SERVICE 153 SUMMER STREET PROVIDENCE, RI 02903	05-0258819	501(C)(3)	10,000				SUPPORT SICK AND HUNGRY KIDS
(8) NORTH BROWARD HOSPITAL DISTRICT 1608 SE 3RD AVE FORT LAUDERDALE, FL 33316	59-6012065	501(C)(3)	10,000				SUPPORT SICK AND HUNGRY KIDS
(9) RI COMMUNITY FOOD BANK 200 NIANTIC AVENUE PROVIDENCE, RI 02907	05-0395601	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(10) HEIDREA FOR HEROES INC 10 CORDAGE PARK CIR. PLYMOUTH, MA 02360	46-1030260	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(11) BOX 4 SPECIAL SERVICES CANTEN ASSOC. 23 WELLS ST WORCESTER, MA 01604	45-5501030	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(12) SPINA BIFIDA ASSOCIATION 219 E MAIN ST. MILFORD, MA 01757	23-7305430	501(C)(3)	10,000				SUPPORT SICK AND HUNGRY KIDS

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

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

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization JOY IN CHILDHOOD FOUNDATION, INC. (F/K/A THE
DUNKIN' DONUTS & BASKIN-ROBBINS COMM. FDN)

Employer identification number
26-0593784

OMB No 1545-0047

2016

Open to Public
Inspection

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST LOUIS AREA FOOD BANK INC 70 CORPORATE WOODS DR BRIDGETON, MO 63044	43-1253102	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(2) THE CATHOLIC CHARITIES 388 UPPER OAKWOOD AVENUE ELMIRA, NY 14903	20-8808059	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(3) LONG ISLAND CARES INC 10 DAVIDS DR. HAUPPAUGE, NY 11788	11-2524512	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(4) THE HOPELINE 884 EAST 163RD STREET BRONX, NY 10459	13-3603303	501(C)(3)	10,000				SUPPORT SICK AND HUNGRY KIDS
(5) CHILDRENS HOSPITAL OF PITTSBURGH 4401 PENN AVENUE PITTSBURGH, PA 15244	25-1865744	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(6) VERMONT FOOD BANK 33 PARKER RD BARRE, VT 05641	22-3021942	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(7) BIG BROTHERS BIG SISTERS OF MONMOUTH & MIDD 35 BOND ST ASHBURY PARK, NJ 07712	22-2115416	501(C)(3)	10,000				SUPPORT SICK AND HUNGRY KIDS
(8) YOUNG PEOPLE IN RECOVERY 1415 PARK AVENUE WEST DENVER, CO 80205	46-4109067	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(9) NATIONAL EDUCATION FOR ASSISTANCE DOG SV. PO BOX 1100 PRINCETON, MA 01541	23-7281887	501(C)(3)	10,000.				SUPPORT SICK AND HUNGRY KIDS
(10) NEW HANOVER REGIONAL MEDICAL CENTER 2259 SOUTH 17TH STREET WILMINGTON, NC 28401	56-1752396	501(C)(3)	10,000				SUPPORT SICK AND HUNGRY KIDS
(11) UNIVERSITY OF VERMONT MEDICAL CTR. 111 COLCHESTER AVE BURLINGTON, VT 05401	03-0219309	501(C)(3)	9,700.				SUPPORT SICK AND HUNGRY KIDS
(12) INTERFAITH FOOD SHUTTLE 1001 BLAIR DRIVE RALEIGH, NC 27603	56-1753080	501(C)(3)	8,500.				SUPPORT SICK AND HUNGRY KIDS

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

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

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2016

Open to Public
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization JOY IN CHILDHOOD FOUNDATION, INC. (F/K/A THE
DUNKIN' DONUTS & BASKIN-ROBBINS COMM. FDN)

Employer identification number
26-0593784

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BE THE MATCH FOUNDATION							
3626 ARBOR CHASE DR. PALM HARBOR, FL 34683	41-1704734	501(C)(3)	8,000.				SUPPORT SICK AND HUNGRY KIDS
(2) HORIZONS FOR HOMELESS CHILDREN INC							
1705 COLUMBUS AVENUE ROXBURY, MA 02119	22-2915188	501(C)(3)	8,000.				SUPPORT SICK AND HUNGRY KIDS
(3) CENTRAL PENNSYLVANIA FOOD BANK							
3908 COREY ROAD HARRISBURG, PA 17109	23-2202250	501(C)(3)	7,500.				SUPPORT SICK AND HUNGRY KIDS
(4) WATERVILLE AREA BOYS & GIRLS CLUB							
126 NORTH STREET WATERVILLE, ME 04901	01-0344605	501(C)(3)	7,500.				SUPPORT SICK AND HUNGRY KIDS
(5) SPECIAL STRIDES INC.							
118 FEDERAL RD. MONROE, NJ 08831	22-3667820	501(C)(3)	7,500.				SUPPORT SICK AND HUNGRY KIDS
(6) NORTH JERSEY NAVIGATORS, INC.							
PO BOX 1517 BAYONNE, NJ 07002	22-0007488	501(C)(3)	7,500.				SUPPORT SICK AND HUNGRY KIDS
(7) YMCA OF THE NORTH SHORE, INC.							
245 CABOT STREET BEVERLY, MA 01915	04-2104913	501(C)(3)	7,500.				SUPPORT SICK AND HUNGRY KIDS
(8) SOME, INC.							
71 O STREET, NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	7,500.				SUPPORT SICK AND HUNGRY KIDS
(9) MIRACLE LEAGUE OF MANASOTA, INC.							
8466 N LOCKWOOD RIDGE RD SARASOTA, FL 34243	26-2102488	501(C)(3)	7,000.				SUPPORT SICK AND HUNGRY KIDS
(10) CHILDRENS HOSPITAL OF THE KINGS DAUGHTERS							
601 CHILDREN'S LANE NORFOLK, VA 23507	54-0506321	501(C)(3)	7,000.				SUPPORT SICK AND HUNGRY KIDS
(11) LONG ISLAND JEWISH MEDICAL CENTER							
2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	11-2241326	501(C)(3)	7,000.				SUPPORT SICK AND HUNGRY KIDS
(12) HEALING TOUCH THERAPEUTIC RIDING CENTER							
3090 COMANCHE ROAD CLOUD MEYERS, FL 34772	27-0921872	501(C)(3)	7,000.				SUPPORT SICK AND HUNGRY KIDS

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

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

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

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

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

JOY IN CHILDHOOD FOUNDATION, INC. (F/K/A THE

DUNKIN' DONUTS & BASKIN-ROBBINS COMM. FDN)

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

26-0593784

OMB No 1545-0047

2016

Open to Public
Inspection

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HARRY CHAPIN FOOD BANK OF SW FLORIDA 3760 FOWLER ST FORT MYERS, FL 33901	59-2332120	501(C)(3)	6,000.				SUPPORT SICK AND HUNGRY KIDS
(2) DOUBLE H RANCH 97 HIDDEN VALLEY RD LAKE LUCERNE, NY 12846	14-1752888	501(C)(3)	5,700				SUPPORT SICK AND HUNGRY KIDS
(3) AKRON CHILDRENS HOSPITAL MAHONING VALLEY 6505 MARKET STREET BOARDMAN, OH 44512	34-0714357	501(C)(3)	5,131				SUPPORT SICK AND HUNGRY KIDS
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 111.

3 Enter total number of other organizations listed in the line 1 table. 111.

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

Schedule I (Form 990) (2016)

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

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

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

SCHEDULE I, PART I, LINE 2

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization JOY IN CHILDHOOD FOUNDATION, INC. (F/K/A THE
DUNKIN' DONUTS & BASKIN-ROBBINS COMM. FDN)

Employer identification number
26-0593784

FORM 990, PART VI, SECTION A, LINE 4

JOY IN CHILDHOOD FOUNDATION, INC. CHANGED ITS NAME FROM THE DUNKIN'

DONUTS & BASKIN-ROBBINS COMMUNITY FOUNDATION, INC. DURING 2016.

APPROPRIATE DOCUMENTATION OF THIS NAME CHANGE HAS BEEN ATTACHED TO THIS

FORM 990. SEE ATTACHMENT 5.

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

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

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

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

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

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

FORM 990, PART VI, SECTION C, LINE 19

ALL DOCUMENTS REQUIRED BY LAW ARE PROVIDED TO THE PUBLIC UPON REQUEST.

Name of the organization JOY IN CHILDHOOD FOUNDATION, INC. (F/K/A THE
DUNKIN' DONUTS & BASKIN-ROBBINS COMM. FDN)

Employer identification number
26-0593784

ADDITIONALLY, FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG.

ATTACHMENT 1

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

THE FOUNDATION IS ESTABLISHED TO BRING TOGETHER A WIDE NETWORK OF
STAKEHOLDERS, INCLUDING DUNKIN' DONUTS AND BASKIN-ROBBINS
FRANCHISEES, SUPPLIERS, CREW MEMBERS AND EMPLOYEES, TO ENGAGE IN
FUNDRAISING AND GRANT MAKING TO CHARITABLE ORGANIZATIONS THAT PROVIDE
JOY TO SICK AND HUNGRY KIDS. THE FOUNDATION IS ALSO ESTABLISHED TO
MORE GENERALLY SUPPORT THOSE WHO SERVE IN THEIR COMMUNITIES IN AN
EFFORT TO IMPROVE COMMUNITY STRENGTH AND CAPACITY.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DUNKIN' BRANDS, INC. 130 ROYALL ST. MAILSTOP 2WA CANTON, MA 02021	MANAGEMENT SERVICES	196,634.

Name of the organization **JOY IN CHILDHOOD FOUNDATION, INC. (F/K/A THE DUNKIN' DONUTS & BASKIN-ROBBINS COMM. FDN)**

Employer identification number
26-0593784

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDRAISING EVENTS	1,667,005.
TOTAL	<u>1,667,005.</u>

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING EVENTS	425,055.	563,536.	-138,481.
TOTALS	<u>425,055.</u>	<u>563,536.</u>	<u>-138,481.</u>

MA SOC Filing Number: 201697933750 Date: 9/26/2016 12:11:00 PM
2016/09/26 12:08:27 3 /6

26-0593784

IDENTIFICATION

no. 26-0593784

Filing Fee: \$15.00

Examiner

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Name
Approved**ARTICLES OF AMENDMENT**
(General Laws, Chapter 180, Section 7)We, Karen Raskopf, "President" ~~XXXXXXXXXX~~and Davia Sisson, "Clerk" ~~XXXXXXXXXX~~of The Dunkin' Donuts & Baskin-Robbins Community Foundation Inc

(Exact name of corporation)

located at 130 Royall Street, Canton, MA 02021

(Address of corporation in Massachusetts)

do hereby certify that these Articles of Amendment affecting articles numbered

1 and 2

(Number those articles 1, 2, 3, and/or 4 being amended)

of the Articles of Organization were duly adopted at a meeting held on September 20, 2016, by vote of1 members, _____ directors, or _____ shareholders**.☒ Being at least two-thirds of its members legally qualified to vote in meetings of the corporation; OR☐ Being at least two-thirds of its directors where there are no members pursuant to General Laws, Chapter 180, Section 3; OR☐ In the case of a corporation having capital stock, by the holders of at least two-thirds of the capital stock having the right to vote therein

C

P

M

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☐
☐
☐
☐

*Delete the inapplicable words.

**Check only one box that applies.

Note: If the space provided under any article or item on this form is insufficient, additions shall be set forth on one side only of separate 8 1/2 x 11 sheets of paper with a left margin of at least 1 inch. Additions to more than one article may be made on a single sheet so long as each article requiring each addition is clearly indicated.

PC

2016/09/26 12:08:27

4 /6

26-0593784

Article I of the Articles of Organization of The Dunkin' Brands Community Foundation, Inc is hereby amended to read in its entirety as follows

The exact name of the corporation is: Joy in Childhood Foundation Inc.

Article II of the Articles of Organization of the corporation is hereby amended to read in its entirety as follows:

The purpose of the corporation is to engage in the following activities

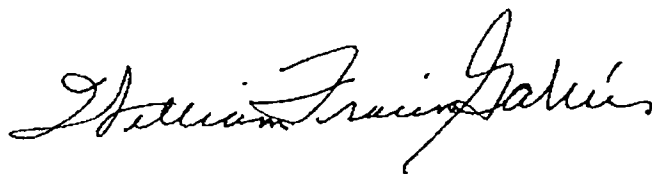
A. The corporation is established to bring together a wide network of stakeholders, including Dunkin' Donuts and Baskin-Robbins franchisees, suppliers, crew members and employees, to engage in fundraising and grant making to charitable organizations that provide joy to sick and hungry kids. The corporation is also established to more generally support those who serve in their communities in an effort to improve community strength and capacity.

B. To possess and exercise all powers and privileges granted to a corporation organized under Chapter 180 of the Massachusetts General Laws, including without limitation, the powers specified in Section 9A of Chapter 156B of the Massachusetts General Laws, as now in effect or as it may hereafter be amended or superseded (including, without limitation, by Chapter 156D of the Massachusetts General Laws), or by any other law of the Commonwealth of Massachusetts or by the Articles of Organization, together with any powers incidental thereto, so far as such powers and privileges are necessary or convenient to the conduct, promotion, or attainment of the activities or aims of the corporation, which shall in all cases be limited exclusively to those permitted organizations exempt from Federal income taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as the same may be amended from time to time (or the corresponding provision of any future tax code) (the "Code".)

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

September 26, 2016 12:11 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is fluid and cursive, with the first name "William" and last name "Galvin" clearly legible.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth