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A For the 2014 calendary year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015 B constar D Employer identification number PLAYWORKS EDUCATION ENERGYZED FOR PUBLIC 94-3251867 Doing business as Doing business as Status (510) 93-4180 Chart with the status Status (510) 793-716. Status March and street (or P.0. box if mails and delivered instructions) Status (510) 793-4180 Chart with the status K Son WASLINHORN STREET Status (510) 793-4180 Chart with the status K Son Oros (Status and the status with the status withe status withe status with the status with the status			of the frequery	11-01-11-01-11-10-11-10-10-10-10-10-10-1		
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17 Other expenses (Part IX, column (A), lines 11a-110, 111:24e) 4, 310, 752 3, 517, 475 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29, 488, 652 29, 733, 655 19 Revenue less expenses. Subtract line 18 from line 12 1, 301, 755 1, 001, 784 20 Total assets (Part X, line 16) 9, 750, 484 9, 345, 247 21 Total liabilities (Part X, line 26) 3, 842, 312 2, 435, 291 22 Net assets or fund balances. Subtract line 21 from line 20 5, 908, 172 6, 909, 956 Part II Signature Block 5, 908, 172 6, 909, 956 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. Date MAGA E. KISRIEV Date P101008919 Pirm's name HOOD & STRONG LLP Firm's name P01008919 Firm's address 100 FIRST STREET, 14TH FLOOR Phone no.415. 781. 0793 Value only SAN FRANCISCO, CA 94105 Phone no.415. 781. 0793	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,	941,833.	25,756,176.
17 Other expenses (Part IX, column (A), lines 11a-11d, 117:24e) 4, 310, 752. 3, 577, 475. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29, 488, 652. 29, 733, 655. 19 Revenue less expenses. Subtract line 18 from line 12 1, 301, 755. 1, 001, 784. 20 Total assets (Part X, line 16) 9, 750, 484. 9, 345, 247. 21 Total liabilities (Part X, line 26) 3, 842, 312. 2, 435, 291. 21 Total assets or fund balances. Subtract line 21 from line 20 5, 908, 172. 6, 909, 956. Part II Signature Block Signature Block 0, 760, 484. 9, 2016 Prive reparer (a complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. View correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Prive protocols and tile Paid Print/Type preparer's name Preparer Signature MAGA E. KISRIEV Prive Signature Prive Sile Poilo 08919 Prive Set 780. Poilo 08919 Pirm's address 100 FIRST STREET, 14TH FLOOR Phone no.415. 781.0793 Phone no.415. 781.0793 <td>Sus</td> <td>16a</td> <td>Professional fundraising fees (Part IX, column (A), line 11e)</td> <td></td> <td>36,037.</td> <td>0.</td>	Sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		36,037.	0.
17 Other expenses (Part IX, column (A), lines 11a-110, 111:24e) 4, 310, 752 3, 517, 475 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29, 488, 652 29, 733, 655 19 Revenue less expenses. Subtract line 18 from line 12 1, 301, 755 1, 001, 784 20 Total assets (Part X, line 16) 9, 750, 484 9, 345, 247 21 Total liabilities (Part X, line 26) 3, 842, 312 2, 435, 291 22 Net assets or fund balances. Subtract line 21 from line 20 5, 908, 172 6, 909, 956 Part II Signature Block 5, 908, 172 6, 909, 956 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. Date MAGA E. KISRIEV Date P101008919 Pirm's name HOOD & STRONG LLP Firm's name P01008919 Firm's address 100 FIRST STREET, 14TH FLOOR Phone no.415. 781. 0793 Value only SAN FRANCISCO, CA 94105 Phone no.415. 781. 0793	xb	b	Total fundraising expenses (Part IX, column (D), line 25)		F10 700	2 000 400
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SAN FRANCISCO, CA 94105 Phone no.415.781.0793						
					Phone no.41	5.781.0793
May the IRS discuss this return with the preparer shown above? (see instructions)	May t	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2014)

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	are filing for an Additional (Not Automatic) 3-M						
	nly complete Part II if you have already been gra			filed Form	8868.		
	are filing for an Automatic 3-Month Extension						Lange Lane
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and the second second second	20 (individual)	03	Form 4720 (other than individual)		03	1999. 1997.	09
Form 99		04	Form 5227	1000	8.4.5		10
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Form 99	0-T (trust other than above)	08	Form 8870	1. Same	200		12
Telep	TOM LOW books are in the care of \blacktriangleright 380 WASHIN hone No. \blacktriangleright (510) 893-4180		Fax No. ►				
● If this box ▶ 4 In	organization does not have an office or place of is for a Group Return, enter the organization's fo . If it is for part of the group, check this box aquest an additional 3 month extension of time u	our digit Group Exe and atta ntil MAY	emption Number (GEN) ch a list with the names and EINs o 15, 2016	lf this is fo <u>f ell memb</u>	r the w ers th	hole group, e extension i	
	r calendar year, or other tax year begin			g JUN	30	, 2015	0.037
6 Ift	he tax year entered in line 5 is for less than 12 m	onths, check reas	on; LInitial return L	Final r	etum		
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	his application is for Forms 990-BL, 990-PF, 990- nrefundable credits. See instructions.	T, 4720, or 6069, o	enter the tentative tax, less any	89	s		0.
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1	evicusly with Form 8868.	mon alowed as a	credit and any amount paid	8b	\$		0.
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	TPS (Electronic Federal Tax Payment System), S	ee Instructions,		Bc	\$		0.
Under pen It is true, c	Signature and Ve alties of perjury, I declare that I have examined this for orrect, and complete and that I am authorized to prepa	m. Includino accomp	t be completed for Part II c anying schedules and statements, and to	1 (T) () () () () ()	ту кл	owledge and b	elief,
Signature	· Man I		TANT	Date		2/3/10	
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Form 8868

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

.....

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

X

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

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

Part	Automatic 3-Month Extension of Tim	e. Only	submit original (no copies ne	eded).		
A corpo	pration required to file Form 990-T and requesting an auto	omatic 6-m	onth extension - check this box and	complete	Э	
Part I o	*					
	er corporations (including 1120-C filers), partnerships, REM acome tax returns.	MICs, and	trusts must use Form 7004 to reque			
Nevel (report)				T		ifying number
Type of	Name of exempt organization or other filer, see instru-	uctions.		Employ	er identifica	ation number (EIN) o
print	DI AVMODICA EDUCATION ENEDGI	TID			01 2	051067
File by the	PLAYWORKS EDUCATION ENERGI					251867
due date f filing your return. Se	380 WASHINGTON STREET	Social s	ecurity nun	nber (SSN)		
instruction	^{is.} City, town or post office, state, and ZIP code. For a f OAKLAND, CA 94607	foreign add	dress, see instructions.			
Enter th	e Return code for the return that this application is for (fil	le a separa	ate application for each return)			01
Applica		Return	Application		•	Return
Is For		Code	Is For			Code
-	00 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
	720 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above)	06	Form 8870			12
Telep •' If the • If this <u>box</u> 1 Ir is	books are in the care of ► <u>380 WASHINGTON</u> books are in the care of ► <u>380 WASHINGTON</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 3-month (6 months for a corporation FEBRUARY 15, 2016, to file the exemp for the organization's return for: . calendar year or X tax year beginning JUL 1, 2014	s in the Ur Group Exe and atta n required t organiza	Fax No. ►	f this is fo all memi until ed above.	or the whole pers the ext The extens	e group, check this tension is for.
	the tax year entered in line 1 is for less than 12 months, c			Final retur	'n I	
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	timated tax payments made. Include any prior year overp			3b	\$	0.
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	using EFTPS (Electronic Federal Tax Payment System).	• A CONTRACTOR CONTRACT		3c	\$	0.
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LHA F 423841 05-01-14	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.	3	Form	8868 (Rev. 1-2014)

Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:	
TO IMPROVE THE HEALTH AND WELL-BEING OF CHI	
OPPORTUNITIES FOR PHYSICAL ACTIVITY AND SAF	FE, MEANINGFUL PLAY.
2 Did the organization undertake any significant program services during the year which	n were not listed on
the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes 🛽
3 Did the organization cease conducting, or make significant changes in how it conduct If "Yes," describe these changes on Schedule O.	ts, any program services?
4 Describe the organization's program service accomplishments for each of its three large Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gram revenue, if any, for each program service reported.	
4a (code:) (Expenses 22,517,447. including grants of \$ PLAYWORKS PROVIDED FULL-TIME ONSITE COACHES SCHOOLS IN 22 REGIONS ACROSS THE COUNTRY. T AND PHYSICAL ACTIVITY BEFORE DURING AND AFT TIME, THROUGH JUNIOR COACH PROGRAMS AND IN ACTIVITIES.	THESE COACHES PROVIDED PLAY FER SCHOOL AT RECESS, CLASS
AT EACH SCHOOL, ENTHUSIASTIC, WELL-TRAINED	PLAYWORKS' SITE
COORDINATORS: - CREATE A SAFE, ACTIVE AND INCLUSIVE ENVIR COORDINATING A VARIETY OF SCHOOLYARD SPORTS LUNCH,	
- WORK WITH INDIVIDUAL CLASSES AND WITH CLA	1 001 10
4b (Code:)(Expenses 1,607,832. including grants of \$ PLAYWORKS PROVIDED GROUP TRAINING AND TECHN AND ORGANIZATIONS THAT SERVE YOUTH. DURING TRAINED 7,848 ADULTS FROM NEARLY 1,072 SCHO BASED ORGANIZATIONS.	FY 2014-2015 THE PROGRAM
TO COMPLEMENT THE SCHOOL BASED-PROGRAM AND MISSION, PLAYWORKS TRAINING PROVIDES CUSTOM SCHOOLS, AFTER SCHOOL PROGRAMS, SUMMER CAMP VARIOUS OTHER YOUTH SERVICE ORGANIZATIONS. FEE-FOR-SERVICE BASIS AND IS OFFERED IN DIF OF THE NUMBER OF DAYS DEPENDING UPON THE NE ORGANIZATION.	IIZED STAFF TRAININGS TO PS, RECREATION CENTERS AND TRAINING IS PROVIDED ON A FFERENT PACKAGES IN TERMS
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$
d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$)) (Revenue \$
le Total program service expenses 24,125,279.	
2002 -07-14 SEE SCHEDULE O FOR CO	Form 990 (ONTINUATION (S)
2	S EDUCATION ENERGIZ 690751

Form 990 (2014) PLAYWORKS EDUCATION ENERGIZED
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)?		res	NO
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	-	
1	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		-
115240	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
	as applicable.			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	146		х
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
800 M	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a conv of its audited financial statements to this return?	20h		

Form 990 (2014)

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13350509 759146 69075

Form 990 (2014) PLAYWORKS EDUCATION ENERGIZED Part IV Checklist of Required Schedules (continued) Energized

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			Yes	No
2				1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
8	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25	a 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	25a		x
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27	1000	A
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):		4(2)	
	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	5	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	34		x
35	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form	990 (2014) PLAYWORKS EDUCATION ENERGIZED	94-3251	867	P	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				_
	Check if Schedule O contains a response or note to any line in this Part V				X
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	95	185		
		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able gaming		1	
	(gambling) winnings to prize winners?		1c	X	<u> </u>
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	916		1 and	5. V.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	2		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
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 author	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	unt)?	4a		Х
b	If "Yes," enter the name of the foreign country:		9.8	12.5	0.570
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	nts (FBAR).	6	2.	21 100
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	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 have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and \$100,000,000,000,000,000,000,000,000,000	anization solicit			1201042
	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 of	or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	That are the the transmission of the theory of the second s	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was red	quired			
	to file Form 8282?		7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year7d				-61
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ie			1.1
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.			2-16-	6
а	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:				
а	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			455	205.
11	Section 501(c)(12) organizations. Enter:	·		Le ui	
а	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against		100	93	1210
	amounts due or received from them.)11b		321	19	ép.,
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		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-31	1- 34 (12,011
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			1	
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		Fage 10		
	Enter the amount of reserves on hand 13c				-
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Form **990** (2014)

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 Form 990 (2014)
 PLAYWORKS
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 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.
 Page

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

X

					1v	1
	Enter the sumbay of untire membras of the environment had ust the and of the terrores	11	1 1	.6	Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	. 18		. 0	1.0	
				10		
184	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	.5		12
b				. 5		1.2
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			140	100	17
	officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under					
	of officers, directors, or trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form					X
5	Did the organization become aware during the year of a significant diversion of the organization's a					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	appoir	nt 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,	stock	holders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				-	1.2
а	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 re			. 00		
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I			·		
000		leven			Yes	No
100	Did the examination have legal chapters, branches, or affiliates?			10a	Tes	No
	Did the organization have local chapters, branches, or affiliates?			. 10a	-	
D	If "Yes," did the organization have written policies and procedures governing the activities of such		CHANNEL COMPANY CONTRACTORS CONTRACTORS	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy be	ore filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
						<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?				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 approv	val by	independent	-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		1.00	- 25	7.00
а	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).			1213		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a		1 -20	
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					1-24
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		A COMPANY AND A COMPANY AND A COMPANY			1.
	exempt status with respect to such arrangements?			16b	1	
Sect	tion C. Disclosure			100		
	List the states with which a copy of this Form 990 is required to be filed AZ, CA, CO, CT, I	DC.I	TL GA HT T	T. T.A	MD	MA
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-					/
	for public inspection. Indicate how you made these available. Check all that apply.	1 1000		availar	Ne	
	Image: The public inspection, indicate now you made these available. Check all that apply. Image: The public inspection, indicate now you made these available. Check all that apply. Image: The public inspection, indicate now you made these available. Check all that apply. Image: The public inspection, indicate now you made these available. Check all that apply. Image: The public inspection. Image: The public inspection. <td>n in Cr</td> <td>bodula ()</td> <td></td> <td></td> <td></td>	n in Cr	bodula ()			
10	and the second		and where a structure of the structure o			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, a	nd finar	icial	
	statements available to the public during the tax year.					
	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	nd records: ►			
	THOMAS LOW - (510) 893-4180	_				
-	380 WASHINGTON STREET, OAKLAND, CA 94607					
432006	11-07-14 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2014)
	6					
3350	509 759146 69075 2014.05092 PLAYWORKS EDUC	ATI	ON ENERGIZ	690)751	

Form 990 (2	2014) PLAYWORKS EDUCATION ENERGIZED	94-3251867	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		000000001351
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year end	ng with or within the organization	's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See 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 report-able 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.

	9 B	T	ai 112.0	- 52-	6.81	niþe	1150	8.3	100000	(F)
(A) Name and Title	(B) Average			Pos	C) itior	ן than		(D) Reportable	(E) Reportable	(F) Estimated
Harris and Has	hours per	box	, unle	ss pe	rson	is bol	h an	compensation	compensation	amount of
	week	-	cer an	id a d	irecto	or/trus	stee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee		0	Isated		(W-2/1099-MISC)	(1033-10130)	organization
	organizations	truste	al trus		yee	umper		(and related
	below	idual	Institutional trustee	5	Key employee	Highest compensated employee	ler			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) RANDY DRAKE	1.00									
CHAIR	1 00	X		X				0.	0.	0.
(2) JOY WEISS	1.00					1				
BOARD MEMBER	1 00	X						0.	0.	0.
(3) AENOR SAWYER, MD	1.00								0	0
VICE CHAIR (THRU 10/14/14)		X		X			-	0.	0.	0.
(4) DRU DESANTIS	1.00								0	0
SECRETARY (THRU 4/8/15)	1 00	X		Х				0.	0.	0.
(5) PETER SOORENKO	1.00								0	0
SECRETARY	1 0 0	X		X				0.	0.	0.
(6) MARK SEILER	1.00								0	0
TREASURER	1 00	X		X				0.	0.	0.
(7) JEFF BONFORTE	1.00							0	0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(8) RICHARD DANIELS	1.00	37						0	ò	0
BOARD MEMBER	1 00	X			_			0.	0.	0.
(9) SHERRIE DEANS	1.00	77						0.	0	0
BOARD MEMBER	1 00	X						U .	0.	0.
(10) LISA EDWARDS	1.00	x						Ο.	0.	0.
BOARD MEMBER	1.00	Λ			-			υ.	0.	0.
(11) MARLON EVANS	1.00	x						Ο.	ο.	0.
BOARD MEMBER (12) SCOTT GOODMAN	1.00	Δ		-		_		0.	0.	0.
BOARD MEMBER	1.00	x						Ο.	0.	0.
(13) KRISTIN HULL	1.00	Δ	-	_	_	_	_	0.	0.	0.
BOARD MEMBER	1.00	x				§ - 1		Ο.	0.	0.
(14) ROGER KING	1.00	Δ	-	_		-	_	0.	0.	υ.
BOARD MEMBER	1.00	x						Ο.	0.	0.
(15) PATRICK MORRIN	1.00	11	-				_	0.		0.
BOARD MEMBER	1.00	x						Ο.	0.	0.
(16) PAUL SCHMITZ	1.00	**	-					J •	5.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(17) KIM TANNER	1.00		-	-			-	<u> </u>		J •
BOARD MEMBER	1.00	x						0.	0.	0.
								V•		Form 990 (2014)

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432007 11-07-14

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2014.05092 PLAYWORKS EDUCATION ENERGIZ 690751

Form 990 (2014)

	rs, Trustees, Key En	ploye	es,	and	High	est C	ompensated Employe	es (continued)			
(A)	(B)			(C)			(D)	(E)		(F)	
Name and title	Average		not che	Positi eck mo	ore the		Reportable	Reportable		stimat	
	hours per			s perso a dire		oth an	compensation	compensation	a	mount	
	(list any			1			from	from related		othe	
		irecto					the	organizations	10001000	npens	
		sord	83		sated			(1099-10130)			
		ruste	I trus		uben		(***2/1033****100)			-	
	below	dual1	tiona	- Index	stcor	ar yee			100100		
	line)	ndivi	nstitu	Officer	Highe	orme				,	
18) JILL VIALET	40.00	-			2 1	a) u.			-		
OUNDER & CEO		x		x			189.213.	0.		5.1	.5
19) ELIZABETH CUSHING	40.00		-		-	+			-	- / -	
00	10100	1	1	x			176 905.	0.	1	0 7	7
20) DAVID CARROLL	40.00		-		-	-	110,505.	0.		,	-
FO	40.00	1		v			156 573	0	1	1 7	7
	40.00	+		^_	_	-	130,373.	0.		, /	1
21) MARIE LONGO	40.00				,		150 507	0	1	7 0	-
HIEF DEV. OFFICER	40.00	\vdash		2	7	-	152,507.	0.		.1,2	1
22) KIMBERLY MCCALL	40.00				_		148 500			. -	
XEC DIR. NY/NJ					X	•	117,582.	0.		3,7	4
23) ROBERT SINDELAR	40.00						and the second				
EGIONAL EXEC. DIR.					Х		110,192.	0.	1	.1,6	9
24) EUNICE DUNHAM	40.00		T								
EGIONAL EXEC. DIR.					X		108,205.	0.		5,8	2
25) GLENWAY FRIPP	40.00										
KEC. DIR. BOSTON		1			X		108,172.	0.		6,7	8
26) PATRICIA O'BRIEN	40.00			-							1010
KEC. DIR. NORCAL		1			X		105,481.	0.	1	3.5	9
		<u> </u>	-	_		_					
										- / 0	_
										<i>c c</i>	
d Total (add lines th and to)							1,224,830	0	8	6 6	9
									8	6,6	
2 Total number of individuals (includin	g but not limited to th								8	6,6	-
	g but not limited to th								8		
2 Total number of individuals (includin compensation from the organization	ng but not limited to the North State of the North	nose li	sted	l abo	ve) v	/ho re	ceived more than \$100,	000 of reportable	8	Υes	
 Total number of individuals (includin compensation from the organization Did the organization list any former 	g but not limited to the second secon	nose li ustee,	sted key	l abo emp	ve) v loyee	/ho re e, or h	ceived more than \$100,	000 of reportable			1
 Total number of individuals (includin compensation from the organization Did the organization list any former line 1a? <i>If</i> "Yes," <i>complete Schedule</i> 	g but not limited to the second secon	ustee,	sted key	l abo emp	ve) v loyee	/ho re e, or h	ceived more than \$100,	000 of reportable	3		1
 Total number of individuals (includin compensation from the organization Did the organization list any former line 1a? <i>If</i> "Yes," <i>complete Schedule</i> For any individual listed on line 1a, is 	g but not limited to the second secon	ustee, le con	key	emp	ve) v loyee	ho re , or h	nighest compensated er	000 of reportable	3	Yes	1
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 2 Total number of individuals (includin compensation from the organization 3 Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 4 For any individual listed on line 1a, is and related organizations greater that 5 Did any person listed on line 1a recerrendered to the organization? <i>If "Yes</i> 	g but not limited to the officer, director, or true of for such individual s the sum of reportab an \$150,000? If "Yes, sive or accrue competi-	ustee, le con " <i>com</i>	key npen nplete	emp nsatic e Sc/	loyee	who re e, or h nd oth <i>le J fo</i> arelate	nighest compensated en er compensation from t	000 of reportable nployee on he organization dual for services	3	Yes	1
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		(2014) PLAYWORKS ED	UCATION EN	NERGIZED		94-325	1867 Page
art	VII	II Statement of Revenue Check if Schedule O contains a respons	o or noto to any line	a in this Part VIII			Г
		Check il Schedule O contains a respons	e or note to any int	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
	1 a	Federated campaigns1a		1.00			
	b	Membership dues 1b		1. A.		A.2 - 21-5	
	С	Fundraising events 1c	812,456.	California (C	February 10		1924
ā	d	Related organizations 1d			Sec. 1 and		1. S
	e	Government grants (contributions) 1e	3,474,453.		1		1
5	f	All other contributions, gifts, grants, and					120.00
Į		similar amounts not included above 1f	12,046,956.				
í.	g	Noncash contributions included in lines 1a-1f: \$	18,844.				- 1.5 T
0	h	Total. Add lines 1a-1f		16,333,865.			
			Business Code				and a state
2	2 a		713940	12,068,618.	12,068,618.		
P	b		713940	1,894,605.	1,894,605.		
	c d		611710	413,000.	413,000.		
	e						
	f	All other program service revenue					
	g			14,376,223.	10.00 million 1970	1993 - A. A. A.	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
3		Investment income (including dividends, inte					
		other similar amounts)	CONTRACTORY CLEMENT	318.			31
4	i.	Income from investment of tax-exempt bond				1	
5	;	Royalties	-				
		(i) Real	(ii) Personal	12 2 3 10 10			
6	a	Gross rents 1,200					
		Less: rental expenses0					
		Rental income or (loss) 1,200					
		Net rental income or (loss)	►	1,200.			1,200
7	a	Gross amount from sales of (i) Securities	(ii) Other	2012			1
1		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses		2010 1.10	2.00		2.2. 2.1
	С	Gain or (loss)			Sector Sector		
	d	Net gain or (loss)					
8	а	Gross income from fundraising events (not		AT 12 10 10 10	1.1.1		10. J. 19. 19. 1
		including \$ 812,456. of	2		11.020.33		
		contributions reported on line 1c). See					
		Part IV, line 18a	579,690.		a +		
		Less: direct expenses b	561,277.		AN PERCENT		the state of the
	С	Net income or (loss) from fundraising events	►	18,413.			18,413
9	а	Gross income from gaming activities. See					1999 (1994) (M
		Part IV, line 19 a					-
		Less: direct expenses b		18512-57-52	2.4.1		
			······ •				
10	а	Gross sales of inventory, less returns					14-14-16
		and allowances a					2.53
		Less: cost of goods sold b			0.000		
\vdash	С	Net income or (loss) from sales of inventory					
-	-	Miscellaneous Revenue	Business Code 611710	5 400	E 400		
11		OTHER REVENUE	011/10	5,420.	5,420.		
	b		-				
1	c d	All other revenue	-				
ſ	a	All other revenue Total. Add lines 11a-11d		5,420.			
12	6	Total revenue. See instructions.		30,735,439.	14,381,643.	0.	19,931
			·····	,,	,,	۰.	Form 990 (2014

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PLAYWORKS EDUCATION ENERGIZED

Form 990 (2014) PLAYWORKS EDU Part IX Statement of Functional Expenses

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-	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
з	Grants and other assistance to foreign			2 C	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	*		et.	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	751,420.	285,552.	216,486.	249,382
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		~ ~		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,844,975.	17,548,598.	1,037,672.	2,258,705
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,312,876.	1,947,123.	115,136.	250,617
10	Payroll taxes	1,846,905.	1,528,032.	105,773.	213,100
11	Fees for services (non-employees):				
а					
b	Legal	28,269.	11,673.	15,547.	1,049
	Accounting	56,350.		56,350.	
	Lobbying				in the second second
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	326,233.	117,654.	156,700.	51,879
12	Advertising and promotion	113,849.	14,476.	94,693.	4,680
13	Office expenses	435,172.	324,717.	29,268.	81,187
14	Information technology	11,495.	8,577.	773.	2,145
		11,199.	0,577.	113.	2,113
15	Royalties	1,016,819.	845,941.	126,426.	44,452
16	Occupancy	819,715.	636,474.	105,976.	77,265
17	Travel	010,110.	030, 111.	105,570.	11,205
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,529.	3,726.	973.	830
20	Interest	5,549.	5,120.	975.	050
21	Payments to affiliates	208,189.	150 750	22 066	22 564
22	Depreciation, depletion, and amortization		150,759.	23,866.	33,564, 28,589
3	Insurance	171,136.	125,769.	16,778.	28,589
4	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 0.) DUES, LICENSES & FEES	362,293.	238,410.	42,040.	81,843
a b	SCHOOL SUPPLIES	212,652.	195,540.	9,739.	7,373
- 150	RECRUITMENT & TRAINING	156,704.	96,142.	50,909.	9,653
c	GOVT GRANT COMMISSIONS	29,366.	29,366.	50,505.	5,055
d		23,708.	16,750.	2,897.	4,061
	All other expenses	29,733,655.	24,125,279.	2,208,002.	3,400,374
5	Total functional expenses. Add lines 1 through 24e	29,133,033.	44,143,413.	2,200,002.	5,400,574
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2014)

PLAYWORKS EDUCATION ENERGIZED

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Form 990 (2014)
Part X Balance Sheet

. u		Check if Schedule O contains a response or note	to any lin	e in this Part X			
			to any m		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			140,266.	1	29,729.
	2	Savings and temporary cash investments	1,441,242.	2	1,967,737.		
	3	Pledges and grants receivable, net	6,248,763.	3	5,207,036.		
	4	Accounts receivable, net			1,027,312.	4	1,401,744.
	5	Loans and other receivables from current and forr					
		trustees, key employees, and highest compensate	ed emplo	yees. Complete		- 1	
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualifie				-	
		section 4958(f)(1)), persons described in section 4	4958(c)(3)	(B), and contributing			
		employers and sponsoring organizations of sectio	on 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). C		6			
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			416,324.	9	434,052.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,235,401.		12	
	b	basis. Complete Part VI of Schedule D	10b	1,003,693.	400,354.	10c	231,708.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11	1			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	76,223.	15	73,241.		
	16	Total assets. Add lines 1 through 15 (must equal	9,750,484.	16	9,345,247.		
	17	Accounts payable and accrued expenses	1,640,668.	17	1,935,746.		
	18	Grants payable				18	
	19	Deferred revenue			661,393.	19	475,753.
- 1	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	art IV of So	chedule D		21	
es	22	Loans and other payables to current and former of					
iliti		key employees, highest compensated employees,	, and disq	ualified persons.	See Service Office	-	
Liabilities		Complete Part II of Schedule L				22	
-		Secured mortgages and notes payable to unrelate	CADE CALVARANCE AND		1	23	
		Unsecured notes and loans payable to unrelated t			1,500,000.	24	
	25	Other liabilities (including federal income tax, paya		Constant of the second s			
		parties, and other liabilities not included on lines 1	7-24). Co	mplete Part X of	10 051		00 000
		Schedule D			40,251.		23,792.
\rightarrow	26	Total liabilities. Add lines 17 through 25			3,842,312.	26	2,435,291.
		Organizations that follow SFAS 117 (ASC 958), o		re 🕨 🔝 and			
ces		complete lines 27 through 29, and lines 33 and 3			1 012 560		2 400 120
lan		Unrestricted net assets			1,913,560. 3,994,612.	27	2,480,120. 4,429,836.
Ba		Temporarily restricted net assets		CANDER SERVICED DE LA COMPLEX SERVICED DE LA SERVICIÓN - 11 1711	5,994,012.	28	4,429,030.
						29	
Ĕ		Organizations that do not follow SFAS 117 (ASC	5 958), ch	eck here		R. I.	
so		and complete lines 30 through 34.				00	
%		Capital stock or trust principal, or current funds				30	
As		Paid-in or capital surplus, or land, building, or equip				31	
Net		Retained earnings, endowment, accumulated inco			5,908,172.	32	6,909,956.
-	33	Total net assets or fund balances			9,750,484.	33 34	9,345,247.
S	34	Total liabilities and net assets/fund balances			5,150,404.	34	Form 990 (2014)

Form 990 (2014)

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Forn	990 (2014) PLAYWORKS EDUCATION ENERGIZED	94-32	251867	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			20 82		20
1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,73		
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,73		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,00		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,90	8,1	12.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
	column (B))	10	6,90	9,9	56.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			1.0.1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				2.2
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			1.5.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:		1.1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:		12.2		1
	X Separate basis Consolidated basis Both consolidated and separate basis		1.000	-	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.	· · · · · · · · · · · · · · · · · · ·	S.,	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		-		
ua	Act and OMB Circular A-133?	gio Audit	3a	x	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	04		
5	or audits, explain why in Schedule Q and describe any steps taken to undergo such audits	ou uount	3b	Х	

Form 990 (2014)

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SCH	EDU	LE	Α

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. mation about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fc						Open to Public Inspection	
Nar	no of	the organizati		tion about Schedule A	A (Form 990 or 990-EZ) and	a its instruc	ctions is at			identification number
INAL	ne or	the organizati		MODEC EDI	CAMTON ENTEDO					4-3251867
D	art I	Poseon			CATION ENERG		his sect) O	and the state of the second		4-3231007
					(All organizations must o					
	organ				: (For lines 1 through 11,		7.2	e Danmen og andere en en er		
1	H				tion of churches describe	ed in secti	ion 170(b)(1)(A)(i).		
2	H	A school des	cribed in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E.)					
3	Н		THE PUPEL STREET	the strengthere and the strengthere and the strengthere and the	ganization described in s					
4		A medical res	search organi	zation operated in c	onjunction with a hospit	al describe	ed in section	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
	_	city, and stat								
5		An organizati	on operated f	for the benefit of a c	ollege or university owne	ed or oper	ated by a g	governmental u	nit describ	bed in
		section 170	(b)(1)(A)(iv). (Complete Part II.)						
6		A federal, sta	te, or local go	overnment or govern	mental unit described in	section 1	170(b)(1)(A)(v).		
7	X	An organizati	on that norma	ally receives a subst	antial part of its support	from a go	vernmenta	I unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8		A community	trust describ	ed in section 170(b)(1)(A)(vi). (Complete Pa	rt II.)				
9		An organizati	on that norma	ally receives: (1) mor	re than 33 1/3% of its su	pport fron	n contributi	ions, membersl	hip fees, a	nd gross receipts from
					ect to certain exceptions					
		income and u	inrelated busi	iness taxable incom	e (less section 511 tax) f	rom busin	esses acqu	uired by the org	anization	after June 30, 1975.
				mplete Part III.)						
10		An organizati	on organized	and operated exclu	sively to test for public s	afety. See	section 5	09(a)(4).		
11		An organizati	on organized	and operated exclu	sively for the benefit of,	to perform	the function	ons of, or to ca	rry out the	purposes of one or
			and a second second		ed in section 509(a)(1)				•	
	×	the second s	a constant of the second second	The second constraints of the rest of the	of supporting organization					
а		1	- STRATE CONTRACTOR STRATES	and the second se	supervised, or controlled		AND CALIFORNIA CONTRACTOR			aivina
				present services and the service of the	egularly appoint or elect		and the second se			
		and the second second		complete Part IV, S						
b		1			d or controlled in connect	ction with	its support	ed organization	n(s), by ha	vina
					ganization vested in the					
			10 M	and the second	, Sections A and C.	eentre pere			jo ino oup	Police
с		The second se		and the second second	ng organization operated	l in connec	ction with.	and functionall	v integrate	ed with.
				the second state of the second state	s). You must complete			And the second	,	
d		7			porting organization ope				ed organi	zation(s)
					ization generally must sa					
			Contraction of the state		mplete Part IV, Section				anationa	Veness
е		1		Sector and sector and a contract of the sector and	written determination fro				Type III	
v					onally integrated suppor			rype i, type i	, type in	
f	Ento	and the second se	and the second second second second	A second s	shany integrated suppor					
q				n about the support			•••••			
9	(i) Name of suppo	orted	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Amount of n	nonetary	(vi) Amount of
		organization		1.0	(described on lines 1.9	listed	in your document?	support (s		other support (see
					above or IRC section	Yes	No	Instructio	ns)	Instructions)
_	_				(see instructions))	100				
	-									
						1.11				
_										
_										

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

OMB No. 1545-0047

2014

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990 EZ) 2014 PLAYWORKS EDUCATION ENERGIZED 94-3251867 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 94-3251867 Page 2

Saction /	A Public Support
	fails to qualify under the tests listed below, please complete Part III.)
	(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
rartn	Support ochedule for organizations beschoed in dections Troub(T)(A)(W) and Troub(T)(A)(W)

-	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,328,062.	17,519,794.	12,971,132.	19,103,462.	16,333,865.	71,256,315.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			+			
•	furnished by a governmental unit to						
	the organization without charge						
4		5,328,062.	17,519,794.	12,971,132.	19,103,462.	16,333,865.	71,256,315.
	Total. Add lines 1 through 3	5,520,002.	11,515,154.	12,571,152.	19,103,402.	10,000,000.	11,250,515.
5	The portion of total contributions		the state of the s		Electric de la		
	by each person (other than a	1.10.200			all a set of the		
	governmental unit or publicly				272.772	S	
	supported organization) included						
	on line 1 that exceeds 2% of the			Section 4	S. Bethers	11.182.4.14.19	
	amount shown on line 11,		- 3				
	column (f)				1 1 1 1 E Store		23,772,081.
6	Public support. Subtract line 5 from line 4.						47,484,234.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	5,328,062.	17,519,794.	12,971,132.	19,103,462.	16,333,865.	71,256,315.
	Gross income from interest,	1					
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,663.	503.	138.	101.	1,518.	4,923.
9	Net income from unrelated business	270001		1001	1011		1/0201
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	105 005	047 100	074 074	226 047	F70 C00	
	assets (Explain in Part VI.)	125,005.	247,103.	2/4,0/4.	336,047.	579,690.	
	Total support. Add lines 7 through 10		-	5-30 L 1			72,823,157.
	Gross receipts from related activities,						,819,550.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
-	organization, check this box and stop	here					
	tion C. Computation of Publ	17/2/2					
14	Public support percentage for 2014 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	65.20 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	65.34 %
16a	33 1/3% support test - 2014. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2013. If the o						
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					1.50	
h	10% -facts-and-circumstances test						
5	more, and if the organization meets th						
	organization meets the "facts-and-circ		A SHOT MARKANING ANY COMPANY OF A SHORE OF A SHORE OF A		Construction and the second second second second		
10							
18	Private foundation. If the organization	n did not check a t	ox on line 13, 16a	, 100, 17a, or 17b	, check this box a	ia see instructions	· P L

Schedule A (Form 990 or 990-EZ) 2014

432022 09-17-14

Schedule A (Form 990 or 990-EZ) 2014
Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						<u> </u>
0	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
	Amounts included on lines 1, 2, and						
10	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						
	Public support (Subtract line 7c from line 6.)	a later re		10010-3007	The states and		
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						11
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						-
12	regularly carried on 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		a series de la company de la company	and the second s	and a second		
	check this box and stop here						►Ľ
	tion C. Computation of Publ			10 14294			
15	Public support percentage for 2014 (ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2013					16	%
Sec	tion D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2014. If the	organization did n	ot check the box of	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly :	supported organiza	ation	▶∟
b	33 1/3% support tests - 2013. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	his box and see ins	tructions	·····
43202	3 09-17-14				Sch	edule A (Form 990	0 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 PLAYWORKS EDUCATION ENERGIZED

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1

2

3a

3b

30

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization gualified 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

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Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 PLAYWORKS EDUCATION ENERGIZED Part IV Supporting Organizations (continued)

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-	(continued)		Van	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	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		
	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		
	ction B. Type I Supporting Organizations			
3.0		-	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.1	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	- 0.2		1
	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,	1.4.5	100	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		100	1.5
	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	1.1.2	1.0	-
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	272	100	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1.000	1000	1.00
-	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			1
		1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	140	1.1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	-	24
	or management of the supporting organization was vested in the same persons that controlled or managed		50	1.00
Sec	the supported organization(s). ction D. Type III Supporting Organizations	1		
000	tion b. Type in 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	5 12	103	NO
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		
	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	1.1	-	-
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1.5
	supported organizations played in this regard.	3		
Sec	tion 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 Instruction	s):		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see i	nstructions).	_
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	La servicio e la servicio de la servicio de la servicio de la servicio de la servició de la servició de la servicio de la		in an	4
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify		15	1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1.1.1.1	_ ± 1	
	how the organization was responsive to those supported organizations, and how the organization determined	1.1	1.1	
	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	32.00		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1.1	11	
	reasons for the organization's position that its supported organization(s) would have engaged in these		2.77	
c.	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		1.1	
	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 <i>Part VI</i> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990 EZ) 2014 PLAYWORKS EDUCATION ENERGIZED Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion 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	2.	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion 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):	153.1	2 5 - C	and the
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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	1.00	11 17 1 4 19 1	
	factors (explain in detail in Part VI):			-1-12-4-14
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		
Sect	on 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-functional	vintegrate	d Type III supporting org	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 PLAYWORKS EDUCATION ENERGIZED

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Pa	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported		
	organizations, in excess of income from activity	2 P. 0 1965		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	IS	
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	Э	
	(provide details in Part VI). See instructions.		1	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014	A Contraction of the second		
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			and the second of
a		Contraction of the		the tate of the
b			the Carl State of the State of	the state of the participation of
c				A set a set of the Mar
d		Carlos Briddens		
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	정말 수 있는 목을		
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,	· · · · · · · · · · · · · · · · · · ·		
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount	and the second		
	greater than zero, see instructions).	이 가지 않는지 말았다.		
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	and the second second		
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
-	and 4c.			
1	Breakdown of line 7:			
a				
b				
C	E			
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

13350509 759146 69075

Schedule A (Form 990 or 990-EZ) 2014	PLAYWORKS	EDUCATION	ENERGIZED	
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.	
	Also complete this part for any additional information. (See instructions).	

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING GROSS INCOME
2010 AMOUNT: \$ 120,630.
2011 AMOUNT: \$ 241,498.
2012 AMOUNT: \$ 266,568.
2013 AMOUNT: \$ 336,047.
2014 AMOUNT: \$ 579,690.
,
GAMING GROSS INCOME
2010 AMOUNT: \$ 4,375.
2011 AMOUNT: \$ 5,605.
2012 AMOUNT: \$ 7,506.

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20 13350509 759146 69075 2014.05092 PLAYWORKS EDUCATION ENERGIZ 690751

Schedule A (Form 990 or 990-EZ) 2014

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	990, 990-EZ, PF) nt of the Treasury → Attach to Form 990, Form 990-EZ, or Form 990-PF. → Information about Schedule B (Form 990, 990-EZ, or 990-PF) and	
Name of the organizati		Employer identification number
	PLAYWORKS EDUCATION ENERGIZED	94-3251867
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
······································	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	Ile. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(tion described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a,	or 16b, and that received from

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2014)	

Name of organization

Part I

Employer identification number

94-3251867

PLAYWORKS EDUCATION ENERGIZED

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>1,550,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$863,885.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$619,385.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4 		\$ <u>454,450.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$412,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 190, 990-EZ, or 990-PF) (2014)

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13350509 759146 69075

Schedule B (Form 990,	990-EZ, or 990-PF) (2014)
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Page 2

94-3251867

Name of organization Employer identification number PLAYWORKS EDUCATION ENERGIZED

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$340,135.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>1,409,896.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$920,324.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)



Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	Page		
Name of organization	Employer identification number		
PLAYWORKS EDUCATION ENERGIZED	94-3251867		

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	*	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

13350509 759146 69075 2014.05092 PLAYWORKS EDUCATION ENERGIZ 690751

	(Form 990, 990-EZ, or 990-PF) (2014)		Page 4		
Name of orga	nization		Employer identification number		
PLAYWO	RKS EDUCATION ENERGIZED		94-3251867		
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor, Complete co	butions to organizations described lumns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations		
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) 🕨 \$		
(a) No.	1				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		•			
-					
		(e) Transfer of gif	t		
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
)				
-					
-					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I		(0) 000 01 9.11			
-					
		(e) Transfer of gift			
		(e) manaler of gin			
L	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
-					
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
	(e) Transfer of gift				
	Transferee's name, address, and	7IP + 4	Relationship of transferor to transferee		
_					
-					
			·*		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(%) 1 (1) 000 01 (1)	(0) 000 01 911	(-/		
	(e) Transfer of gift				
	(e) transier of girt				
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee		
-					
-					
23454 11-05-14		25	Schedule B (Form 990, 990-EZ, or 990-PF) (2014)		

13350509 759146 69075 2014.05092 PLAYWORKS EDUCATION ENERGIZ 690751

(Form	CHEDULE D Supplemental Financial Statements m 990) Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Itment of the Treasury al Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.					20 Open	OMB No. 1545-0047		
Name	e of the organizati	on PLAYWORKS EDUCATIO	N ENERGIZED		Emplo	oyer identificat 94-3251			
Par	t I Organiza	ations Maintaining Donor Advise		s or A	ccoun	CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR OFT			
	organizatio	n answered "Yes" to Form 990, Part IV, lin	e 6.						
-			(a) Donor advised funds	(b) Funds	s and other acc	ounts		
1	Total number at er	nd of year							
2	Aggregate value o	f contributions to (during year)							
3	Aggregate value o	f grants from (during year)							
		t end of year							
		on inform all donors and donor advisors in	the rest of the second s					1	
		on's property, subject to the organization's				Yes		No	
	A DOM TO DE LA SUM DE LA SUM DE LA SUM DE LA SUM	on inform all grantees, donors, and donor a			and the second				
	ARRENT CENTRAL MALE AND A DESCRIPTION OF A	ooses and not for the benefit of the donor			-			1	
Par		ate benefit?				Yes		No	
		ation Easements. Complete if the or		Part IV,	line 7.		(1)		
1		servation easements held by the organizat				1002			
		of land for public use (e.g., recreation or e		and the second	and the second second				
		f natural habitat	Preservation of a ce	tified hi	storic sti	ructure			
		n of open space							
	and the second second	through 2d if the organization held a quali	fied conservation contribution in the form	of a co	nservati	ion easement or	n the las	st	
	day of the tax year	r.				laid at the End of	the Tex	Vaa	
						leld at the End of	the lax	rea	
		onservation easements			2a		_		
		ricted by conservation easements			2b			-	
		vation easements on a certified historic str		and a second	2c			_	
		vation easements included in (c) acquired			0.1				
		nal Register vation easements modified, transferred, re			2d	luving the toy			
	year >	vation easements modified, transferred, re	leased, extinguished, or terminated by tr	le organ	Ization	uning the tax			
		where property subject to conservation ea	sement is located						
		tion have a written policy regarding the pe	the second secon						
		orcement of the conservation easements i				Ves		No	
		r hours devoted to monitoring, inspecting,							
		es incurred in monitoring, inspecting, and							
		vation easement reported on line 2(d) abov			-		-		
		(4)(B)(ii)?				Yes] No	
		be how the organization reports conservati					, and		
	What has considered and a second second second second	le, the text of the footnote to the organiza	The second se						
	conservation ease	Construction and an							
Part		tions Maintaining Collections o	f Art, Historical Treasures, or C	ther S	Similar	Assets.			
	Complete if	the organization answered "Yes" to Form	990, Part IV, line 8.						
1a I	f the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment an	d baland	ce sheet works	of art,		
		, or other similar assets held for public ext						XIII,	
		note to its financial statements that descri				- 10 C			
		elected, as permitted under SFAS 116 (AS		t and ba	alance sl	heet works of a	rt, histo	orica	
t	reasures, or other	similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic ser	vice, pro	vide the followi	ng amo	ounts	
r	elating to these ite	ems:							
(i) Revenue includ	ded in Form 990, Part VIII, line 1			▶ \$				
		d in Form 990, Part X							
		received or held works of art, historical tre							
t	he following amou	nts required to be reported under SFAS 1	16 (ASC 958) relating to these items:			3			
		in Form 990, Part VIII, line 1							
		Form 990, Part X							
ANG 233		5		Loren Children					
HA F	For Paperwork Re	duction Act Notice, see the Instructions	s for Form 990.		Sc	hedule D (Forn	n 990) 2	2014	

Sche		KS EDUCATI		5 (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			25186		age 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, or (Other S	Similar Ass	ets(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	he following that an	e a signi	ficant use of its	collection	n item	IS
	(check all that apply):								
а	Public exhibition	c	d Loan ore	xchange programs	5				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expla	in how they furthe	r the organization's	s exempt	purpose in Pa	rt XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical tr	easures, or other s	imilar as	sets	_	_	
	to be sold to raise funds rather than to be m						Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organiza	tion answered "Ye	s" to For	m 990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		diary for contributi	ons or other assets	s not inc	luded			
, a	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:						
		und complete the re	showing tuble.		ſ		Amount		
с	Beginning balance					1c	7		
d	Additions during the year					1d		_	
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F					L	Yes		No
	If "Yes," explain the arrangement in Part XIII.	service and the service of the servi	PERSONAL AND ADDRESS AND ADDRESS ADDRES]
Pa									
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d)	Three years back	(e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs				_				
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	4	%						
b	Permanent endowment	%							
с	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organization	ation that are held	and administered	for the o	rganization	-		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIII the intended uses of the		wment funds.				_		
Par									
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a.	See Form 990, Par	t X, line	10.		_	
	Description of property	(a) Cost or of basis (investn	In The second	st or other (s (other)	c) Accun depreci	and the set of the set	(d) Book	value	
1a	Land			1722		100			
b	Buildings								
с	Leasehold improvements			95,199.		,783.			.6.
	Equipment			78,736.		5,172.		,56	
е	Other			61,466.		2,738.	188		
Total	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line	10c.)		►	231	,70	8.

Schedule D (Form 990) 2014

432052 10-01-14

chedule D	(Form 990) 2014 PLAYWORKS E	DUCATION ENER	GIZED	<u> </u>	4-3251867	Pag
	Investments - Other Securities.					
	Complete if the organization answered "Yes"	to Form 990, Part IV, line				
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or er	nd-of-year market	value
) Financi	al derivatives					
	held equity interests					
) Other						
(A)						
(B)						
(C)			-			
(D)	and the second states of the s					
(E)						
(F)						
(G)						
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.) ►					
art vill	Investments - Program Related.					
	Complete if the organization answered "Yes"		11c. See Form 990, I	Part X, line 13.		
	(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or er	nd-of-year market	/alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)			585			
(7)						
(8)						-
(0)						
(9)	when a start Form 000 Part V and (P) line 12					
tal. (Col. (b	o) must equal Form 990, Part X, col. (B) line 13.)					
tal. (Col. (t	Other Assets.					
tal. (Col. (t	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, I	Part X, line 15.	(1) D	
tal. (Col. (t	Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	11d. See Form 990, I	Part X, line 15.	(b) Book va	lue
tal. (Col. (t	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, I	Part X, line 15.	(b) Book va	lue
tal. (Col. (t Part IX	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, I	Part X, line 15.	(b) Book va	lue
tal. (Col. (t Part IX	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, I	Part X, line 15.	(b) Book va	lue
(1) (2)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, I	Part X, line 15.	(b) Book va	lue
(1) (2) (3) (1) (3)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, I	Part X, line 15.	(b) Book va	lue
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, I	Part X, line 15.	(b) Book va	lue
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, I	Part X, line 15.	(b) Book va	lue
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, I	Part X, line 15.	(b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, I	Part X, line 15.	(b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description		Part X, line 15.	(b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Coluit	Other Assets. Complete if the organization answered "Yes" (a)	Description		Part X, line 15.	(b) Book va	lue
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Coluit	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description				lue
(1) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Coluit	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description	1e or 11f. See Form			llue
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colui art X	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description				llue
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Fedu	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description	11e or 11f. See Form b) Book value			lue
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Fedu	Other Assets. Complete if the organization answered "Yes" (a) (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	1e or 11f. See Form			lue
(1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) tal. (Colui art X	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description	11e or 11f. See Form b) Book value			llue
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fedd (2) DE	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description	11e or 11f. See Form b) Book value			llue
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(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fedd (2) DE (1) Fedd (2) DE (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description	11e or 11f. See Form b) Book value			llue
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(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed((2) DE (3) (4) (5) (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes FERRED RENT LIABILITY	Description	11e or 11f. See Form b) Book value 23,792.			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fedd (2) DE (3) (4) (5) (6) (7) (8) (9) (4) (5) (6) (7) (8) (9) (4) (5) (6) (7) (8) (9) (4) (5) (6) (7) (8) (9) (9) (1) Fedd (7) (8) (9) (1) Fedd (9) (1) Fedd (9) (1) Fedd (9) (1) Fedd (9) (1) Fedd (9) (1) Fedd (9) (1) Fedd (9) (1) Fedd (1) Fedd	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability eral income taxes	Description	11e or 11f. See Form b) Book value 23 , 792 . 23 , 792 .	990, Part X, line 25		

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Sche	dule D (Form 990) 2014 PLAYWORKS EDUCATION ENERG	GIZED		94-	3251867 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per F		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	31,059,244.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		323,805.		
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	323,805.
3	Subtract line 2e from line 1			3	30,735,439.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)]	
C	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	30,735,439.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1:	2a.			
1	Total expenses and losses per audited financial statements			1	30,057,460.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	
а	Donated services and use of facilities	2a	323,805.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	323,805.
е	Add lines za through zu			20	
е 3				3	29,733,655.
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a			
3 4 a b	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			
3 4 a b	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b		3	29,733,655.

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

PART X, LINE 2:

PLAYWORKS FOLLOWS THE GUIDELINES OF THE FINANCIAL ACCOUNTING STANDARDS
BOARD (FASB) ASC TOPIC 740 FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.
AS OF JUNE 30, 2015 MANAGEMENT EVALUATED PLAYWORKS' TAX POSITIONS AND
CONCLUDED THAT PLAYWORKS HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAS
TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL
STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN
INCLUDED IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2014

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SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ental Information Regarding e organization answered "Yes" to organization entered more than \$ Attach to Form 99 bout Schedule G (Form 990 or 990-EZ	Form 9 15,000 0 or Fo	990, P on Fo rm 99	Part IV, lines 17, 18, orm 990-EZ, line 6a. 90-EZ.	or 19), or if the	Open to Public Inspection
Name of the organization	1	KS EDUCATION ENERG					Employer id	entification number
Part I Fundrais	ing Activities	. Complete if the organization answ			o Form 990, Part IV,	line 1	-	
 Indicate whether the a Mail solicitati b Internet and c Phone solicit d In person sol 2 a Did the organization key employees lister 	ons email solicitations ations icitations n have a written o ed in Form 990, P highest paid ind	sed funds through any of the follow e Solicita f Solicita g Specia or oral agreement with any individua eart VII) or entity in connection with p ividuals or entities (fundraisers) pure	ation of ation of I fundra I (inclue profess	non-g gover aising ding o ional f	overnment grants mment grants events fficers, directors, tru fundraising services?	stees ?	Ye	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		1						
		*						
		n is registered or licensed to solicit		utions	or has been notified	d it is	exempt from r	egistration

3.

2

Schedule G (Form 990 or 990-EZ) 2014 PLAYWORKS EDUCATION ENERGIZED

1.1

94-3251867 Page 2

		(a) Event #1	(b) Event #2	events with gross receip (c) Other events	
		GET IN THE	KICKBALL		(d) Total events
		GAME	TOURNAMENT	5	(add col. (a) throug
		(event type)	(event type)	(total number)	col. (c))
1					1 200 11
1	Gross receipts	428,598.	277,558.	685,990.	1,392,140
2	Less: Contributions	311,205.	139,528.	361,723.	812,450
3	Gross income (line 1 minus line 2)	117,393.	138,030.	324,267.	579,69
4	Cash prizes				
5	Noncash prizes	3,230.	234.	168.	3,632
6	Rent/facility costs	37,421.	17,916.	21,402.	76,739
6 7	Food and beverages	53,672.	13,960.	39,805.	107,437
8	Entertainment		382.	1,236.	1,618
9	Other direct expenses	212,096.	43,024.	116,731.	371,851
10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		▶	561,27
	Net income summary. Subtract line 10 from			>	18,41
art		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
<u> </u>	\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		
					(d) Total coming (or
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	
1	Gross revenue	(a) Bingo		(c) Other gaming	
	Gross revenue	(a) Bingo		(c) Other gaming	
		(a) Bingo		(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
2	Cash prizes	(a) Bingo		(c) Other gaming	
2 3	Cash prizes	(a) Bingo		(c) Other gaming	
2 3 4	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	Yes% No	
2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo	Yes% No	
2 3 4 5 6 7 8	Cash prizes	Yes%No	bingo/progressive bingo	Yes% No	
2 3 4 5 6 7 8 Ent	Cash prizes	Yes% No h 5 in column (d)	bingo/progressive bingo	Yes% No	col. (a) through col. (
2 3 4 5 6 7 8 Ent	Cash prizes	Yes% Vo No f 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo	Yes% No	
2 3 4 5 6 7 8 Ent	Cash prizes	Yes% Vo No f 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (
2 3 4 5 6 7 8 Ent	Cash prizes	Yes% Vo No f 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (
2 3 4 5 6 7 8 Ent 1 st 1 st 1 st	Cash prizes	Yes% No S in column (d) C from line 1,	bingo/progressive bingo	Yes% No	col. (a) through col. (
2 3 4 5 6 7 8 Ent 1 st 1 st 1 st	Cash prizes	Yes% No S in column (d) C from line 1,	bingo/progressive bingo	Yes% No	col. (a) through col. (

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Sche	edule G (Form 990 or 990-EZ) 2014 PLAYWORKS EDUCATION ENERGIZED 94-	325186	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,,
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	No 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 >\$		
	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	10 - TEV	
	retain the state gaming license?	Yes	No
	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 🕨 \$		
Par		nes 9, 9b, 10	0b, 15b,
-	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
		000 000	E7) 0014
432083	08-28-14 Schedule G (Form 32	1 990 OF 990	EL) 2014

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chedule G (Form 990 or 990 EZ) Part IV Supplemental In	PLAYWORKS EDUCATION ENERGIZED	94-3251867 _{Pa}
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	Generational Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor	
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SC	Compensation Information		OMB No.	1545-00	47
(Fo	orm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		2014		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	14	r
Dep	artment of the Treasury Attach to Form 990.		Open t		
Inter	nal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/fo			ection	
Nar	me of the organization	Employer iden			mber
D	PLAYWORKS EDUCATION ENERGIZED	94-32	2180	1	
P	art I Questions Regarding Compensation				<u> </u>
4.		200	-	Yes	No
Ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form	990,		1	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		1.5		100.00
	Travel for companions Payments for business use of personal re		1.0		1.1
	Tax indemnification and gross-up payments Health or social club dues or initiation fee				
	Discretionary spending account				-
			1	_	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			1	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	-	
			115		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	tion's			-
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			3	
	Compensation committee Written employment contract				
	Independent compensation consultant		24	-	
	Form 990 of other organizations	ommittee			S. 1578
			127		1
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			- 52	
	organization or a related organization:		1.5	-	
а	Receive a severance payment or change of control payment?		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		1.1		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1			
~	contingent on the revenues of:		En		х
a	The organization?	•••••	5a 5b		X
D	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		50		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			32	
0	contingent on the net earnings of:				
а	The organization?		6a		x
b	Any related organization?		6b		X
~	If "Yes" to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			15	
10	not described in lines 5 and 6? If "Yes," describe in Part III		7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			-	
	Regulations section 53.4958-6(c)?		9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule	J (Form	1 990)	2014

Schedule J (Form 990) 2014

PLAYWORKS EDUCATION ENERGIZED

94-3251867

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

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

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

(A) Name and Title		(B) Breakdown of V	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits 1	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) JILL VIALET	(i)	189,213.	0.	0.	0.	5,153.	194,366.	0.
FOUNDER & CEO	(ii)	0.	0.	0.	0.	0.		0.
(2) ELIZABETH CUSHING	(i)	176,905.	0.	0.	0.	10,770.	187,675.	0.
C00	(ii)	0.	0.	0.	0.	0.		0.
(3) DAVID CARROLL	(i)	156,573.	0.	0.	0.	11,770.		0.
CFO	(ii)	0.	0.	0.	0.	0.		0.
(4) MARIE LONGO	(i)	152,507.	0.	0.	0.	17,279.	169,786.	0.
CHIEF DEV. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)				·			
	(ii)							
	(i)							
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Schedule J (Form 990) 2014

Schedule J (Form	990)	2014
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Part III Supplemental Information

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

Schedule J (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	-EZ				
Name of the organization	PLAYWORKS EDUCATION ENERGIZED	Employer identification number 94-3251867			
FORM 990, PA	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:			
GAMES AND PH	YSICAL ACTIVITY INTO THE SCHOOL CURRICULUM,				
- DEVELOP AN	D COORDINATE AFTER SCHOOL PHYSICAL ACTIVITY P	ROGRAMS,			
- COORDINATE	INTERSCHOLASTIC DEVELOPMENTAL SPORTS LEAGUES	SUCH AS			
BASKETBALL, VOLLEYBALL, SOCCER AND OTHERS,					
- IMPLEMENT	A YOUTH LEADERSHIP PROGRAM AT EACH SITE, AND				
- EMPLOY PLAT	Y AS A TOOL FOR GENERATING MORE COMMUNITY AND	FAMILY			

INVOLVEMENT.

EACH PLAYWORKS' PROGRAM COORDINATOR WORKS AT THEIR SCHOOL FIVE DAYS A

WEEK, THROUGHOUT THE SCHOOL DAY AND DURING NON-SCHOOL HOURS, TO LEAD

GAMES AND PHYSICAL ACTIVITIES BASED ON A CURRICULUM THAT HAS BEEN

TESTED AND REFINED OVER A DECADE OF PROGRAM OPERATIONS.

NEARLY 193,500 CHILDREN WERE SERVED DURING THE YEAR.

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

NEARLY 574,942 STUDENTS WERE SERVED DURING THE YEAR.

FORM 990, PART V, LINE 7H

THE ORGANIZATION CONTRACTS WITH ONE CAR DONATION SERVICE TO CONDUCT THE

VEHICLE DONATION PROGRAM. THE PROFESSIONAL FUNDRAISER DOES THE INTAKE,

PROCESSING AND SELLING OF THE CARS (INCLUDING ISSUING FORM 1098-C) AND

THEN SENDS PLAYWORKS A NET CHECK AFTER DEDUCTING THEIR COMMISSIONS.

Schedule O (Form 990 or 990 EZ) (2014)			Page 2	
Name of the organization				Employer identification number
	PLAYWORKS	EDUCATION	ENERGIZED	94-3251867

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

THE FORM 990 DRAFT IS FIRST REVIEWED BY THE CFO AND THEN PROVIDED FIRST TO THE AUDIT COMMITTEE AND THEN TO THE FULL BOARD FOR REVIEW PRIOR TO FILING. QUESTIONS REGARDING TAX LAW ARE REFERRED TO THE TAX PREPARER(S). QUESTIONS REGARDING FINANCIAL DATA ARE REFERRED TO THE CFO AND/OR OTHER APPROPRIATE FINANCIAL DEPARTMENT PERSONNEL. QUESTIONS REGARDING STATISTICAL DATA ARE REFERRED TO THE APPROPRIATE DEPARTMENT WITHIN THE ORGANIZATION.

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

A CONFLICT OF INTEREST STATEMENT IS SIGNED ANNUALLY. THE BOARD DISCUSSES POTENTIAL CONFLICTS AND HOW TO ADDRESS THEM. ALL NATIONAL BOARD MEMBERS AND CORPORATE OFFICERS ARE COVERED BY THE CONFLICT OF INTEREST POLICY. THE BOARD CHAIR AND THE AUDIT COMMITTEE REVIEW ALL POTENTIAL CONFLICTS. RESTRICTIONS ARE ON AN AD HOC BASIS, AS NECESSARY AND APPROPRIATE.

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

ALL SALARIES ARE REVIEWED REGULARLY WITH THE GOAL OF SETTING COMPETITIVE COMPENSATION FOR ALL STAFF. IN THIS REVIEW VARIOUS SALARY SURVEYS WHICH INCLUDE OTHER NONPROFIT ORGANIZATIONS ARE USED AS WELL AS OTHER PUBLICLY AVAILABLE SOURCES. OUR GOAL IS TO BENCHMARK OUR SALARIES AGAINST COMPETITIVE PAY FOR SIMILAR POSITIONS. COMPENSATION FOR OFFICERS ARE REVIEWED BY THE BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AZ,CA,CO,CT,DC,FL,GA,HI,IL,LA,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC,OH,OK,OR,PA RI,SC,TX,UT,VA,WA,WV,WI

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Schedule O (Form 990 or 990-EZ) (2014)

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Name of the organization	Employer in	dentification n	Page
PLAYWORKS EDUCATION ENERGIZED	94-3251867		
FORM 990, PART VI, SECTION C, LINE 19:			
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	FINANCI	AL	
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR	THE SAME	PERIOD	OF
TIME SET FORTH IN SEC. 6104(D).			
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