

Form **990**

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization PLAYWORKS EDUCATION ENERGIZED Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 517 FOURTH STREET City or town, state or country, and ZIP + 4 OAKLAND, CA 94607	D Employer identification number 94-3251867
		E Telephone number 510-893-4180	G Gross receipts \$ 7,822,005.
		F Name and address of principal officer: DAVID ROTHENBERG SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
		J Website: ▶ WWW.PLAYWORKS.ORG	
		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1996 M State of legal domicile: CA

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN BY INCREASING OPPORTUNITIES FOR PHYSICAL ACTIVITY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of employees (Part V, line 2a)	5	341
	6	Total number of volunteers (estimate if necessary)	6	620
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	21,298,579.	4,000,020.
	9	Program service revenue (Part VIII, line 2g)	3,080,902.	3,709,643.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,902.	13,869.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,529.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,393,383.	7,731,061.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,332,054.	9,701,750.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		22,000.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	468,231.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,173,739.	2,015,677.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,505,793.	11,739,427.
	19	Revenue less expenses. Subtract line 18 from line 12	15,887,590.	-4,008,366.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	19,210,966.	17,041,004.
	21	Total liabilities (Part X, line 26)	337,556.	2,175,960.
	22	Net assets or fund balances. Subtract line 21 from line 20	18,873,410.	14,865,044.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer ▶ <u>DAVID ROTHENBERG, EXECUTIVE DIRECTOR</u> Type or print name and title	Date		
Paid Preparer's Use Only	Preparer's signature ▶ <u>LAWRENCE S. KUECHLER</u> Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>BERGER/LEWIS ACCOUNTANCY CORP.</u> <u>55 ALMADEN BLVD., STE 600</u> <u>SAN JOSE, CA 95113</u>	Date 01/13/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (408) 494-1200

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN BY INCREASING OPPORTUNITIES FOR PHYSICAL ACTIVITY AND SAFE, MEANINGFUL PLAY.

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

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

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 9,251,946. including grants of \$) (Revenue \$ 3,618,381.) SCHOOL-BASED SERVICES: PLAYWORKS PROVIDED FULL-TIME ONSITE COACHES IN 165 LOW-INCOME URBAN SCHOOLS IN SEVEN CITIES ACROSS THE COUNTRY. THESE COACHES PROVIDED PLAY AND PHYSICAL ACTIVITY BEFORE, DURING AND AFTER SCHOOL AT RECESS, CLASS TIME, THROUGH JUNIOR COACH PROGRAMS AND IN AFTER-SCHOOL AND LEAGUE ACTIVITIES.

AT EACH SCHOOL, ENTHUSIASTIC, WELL-TRAINED PLAYWORKS' SITE COORDINATORS:

* CREATE A STRUCTURED, SAFE AND INCLUSIVE ENVIRONMENT ON THE PLAYGROUND BY COORDINATING A VARIETY OF SCHOOLYARD SPORTS AND GAMES DURING RECESS AND LUNCH;

4b (Code:) (Expenses \$ 292,475. including grants of \$) (Revenue \$ 74,882.) COMMUNITY TRAINING: SPORTS4KIDS COMMUNITY TRAINING PROGRAM PROVIDED GROUP TRAINING AND TECHNICAL ASSISTANCE TO SCHOOLS AND ORGANIZATIONS THAT SERVE YOUTH. DURING FY 2008-09, THE PROGRAM TRAINED ADULTS FROM MORE THAN 100 SCHOOLS AND COMMUNITY BASED ORGANIZATIONS.

TO COMPLEMENT THE SCHOOL BASED-PROGRAM AND FURTHER THE ORGANIZATION'S MISSION, PLAYWORKS TRAINING PROVIDES CUSTOMIZED STAFF TRAININGS TO SCHOOLS, AFTER SCHOOL PROGRAMS, SUMMER CAMPS, RECREATION CENTERS, AND VARIOUS OTHER YOUTH SERVICE ORGANIZATIONS. TRAINING IS PROVIDED ON A FEE-FOR-SERVICE BASIS, CUSTOMIZED DEPENDING ON THE NUMBER OF TRAININGS REQUESTED, THE NUMBER OF PARTICIPANTS, AND THE LENGTH OF EACH TRAINING.

4c (Code:) (Expenses \$ 148,015. including grants of \$) (Revenue \$ 16,380.) PLAY ON CONFERENCE: PLAYWORKS CREATED THE FIRST-EVER COMPREHENSIVE CONFERENCE ON PLAY, BRINGING TOGETHER SOME OF THE COUNTRY'S TOP EXPERTS ON THE BENEFITS OF PLAY AND PHYSICAL ACTIVITY IN EDUCATION AND POSITIVE YOUTH DEVELOPMENT. THE CONFERENCE PROVIDED INFORMATION AND TRAINING TO ATTENDEES WHO WISHED TO BRING PLAY BACK TO THEIR COMMUNITIES.

IN 2009, PLAYWORKS TRAINING LAUNCHED ITS INAUGURAL NATIONAL CONFERENCE OFFERING COMPREHENSIVE, HANDS-ON TRAINING IN PLAY AND PHYSICAL ACTIVITY FOR CHILDREN INCLUDING SESSIONS FOCUSED ON THE VALUE OF PLAY FOR LEARNING, INFORMED POLICY SETTING AND BEST PRACTICES FOR GETTING COMMUNITIES INVOLVED IN PLAY. THIS CONFERENCE WAS SUCCESSFUL ON MANY FRONTS INCLUDING SHOWCASING AN UNPRECEDENTED GATHERING OF ATHLETES,

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 9,692,436. (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 24		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 341		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		9
b	Enter the number of voting members that are independent		9
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization?	X	
	Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► CA, MA, MD
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► OWEN BROWN - 510-893-4180 517 FOURTH STREET, OAKLAND, CA 94607

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RANDY DRAKE CHAIR	1.00	X		X				0.	0.	0.
AENOR SAWYER, MD VICE CHAIR	1.00	X		X				0.	0.	0.
MARK SEILER TREASURER	1.00	X		X				0.	0.	0.
DRU DESANTIS SECRETARY	1.00	X		X				0.	0.	0.
V. TONI ADAMS BOARD MEMBER	1.00	X						0.	0.	0.
VAN LE BOARD MEMBER	1.00	X						0.	0.	0.
WAYNE MEISEL BOARD MEMBER	1.00	X						0.	0.	0.
MARLON EVANS BOARD MEMBER	1.00	X						0.	0.	0.
SUE LEVIN BOARD MEMBER	1.00	X						0.	0.	0.
JILL VIALET PRESIDENT	40.00			X				133,016.	0.	4,814.
DAVID ROTHENBERG EXECUTIVE DIRECTOR	40.00			X				77,987.	0.	0.
PHYLLIS CARTER CHIEF FINANCIAL OFFICER	40.00			X				102,527.	0.	2,528.
ELIZABETH CUSHING DIRECTOR OF DEVELOPMENT	40.00					X		100,193.	0.	4,860.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							413,723.	0.	12,202.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **3**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events	39,425.					
	d	Related organizations						
	e	Government grants (contributions)	2236996.					
	f	All other contributions, gifts, grants, and similar amounts not included above	1723599.					
	g	Noncash contributions included in lines 1a-1f: \$	2,010.					
	h	Total. Add lines 1a-1f		4,000,020.				
	Program Service Revenue	2 a	CONTRACT SERVICES	Business Code 713940	3,693,263.	3,693,263.		
		b	CONFERENCE FEE	713940	16,380.	16,380.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		3,709,643.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		13,869.		13,869.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 39,425. of contributions reported on line 1c). See Part IV, line 18	a	76,106.				
			b	Less: direct expenses	90,944.			
			c	Net income or (loss) from fundraising events		-14,838.		-14,838.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	MISC REIMBURSEMENT	900099	22,367.			22,367.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		22,367.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		7,731,061.	3,709,643.	0.	21,398.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	394,916.	122,370.	221,874.	50,672.
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	7,768,360.	6,813,092.	715,248.	240,020.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	860,763.	733,782.	98,402.	28,579.
10 Payroll taxes	677,711.	582,803.	74,344.	20,564.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	43,150.		43,150.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	22,000.			22,000.
f Investment management fees				
g Other	309,282.	95,582.	191,495.	22,205.
12 Advertising and promotion	16,112.	3,869.	10,774.	1,469.
13 Office expenses	255,980.	139,172.	80,763.	36,045.
14 Information technology				
15 Royalties				
16 Occupancy	283,791.	259,258.	7,809.	16,724.
17 Travel	524,110.	452,605.	62,612.	8,893.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	44,534.	37,809.	5,244.	1,481.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,745.	22,925.	5,393.	1,427.
23 Insurance	21,725.	13,112.	6,570.	2,043.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SCHOOL SUPPLIES	208,204.	206,773.	459.	972.
b STAFF RECRUITMENT AND T	122,247.	98,458.	21,125.	2,664.
c DUES, LICENSES, SERVICE	93,850.	47,879.	33,498.	12,473.
d BAD DEBT	62,947.	62,947.		
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	11,739,427.	9,692,436.	1,578,760.	468,231.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	6,495.	1	7,698.
	2	Savings and temporary cash investments	1,374,414.	2	1,478,131.
	3	Pledges and grants receivable, net	17,300,548.	3	14,831,073.
	4	Accounts receivable, net	413,466.	4	360,910.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	59,584.	9	109,365.
	10a	Land, buildings, and equipment: cost basis ...	314,441.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	91,825.	10c	222,616.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	18,207.	15	31,211.
16	Total assets. Add lines 1 through 15 (must equal line 34)	19,210,966.	16	17,041,004.	
Liabilities	17	Accounts payable and accrued expenses	284,160.	17	505,801.
	18	Grants payable		18	
	19	Deferred revenue	53,396.	19	20,159.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	900,000.
	24	Unsecured notes and loans payable		24	750,000.
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	337,556.	26	2,175,960.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	679,225.	27	420,449.
	28	Temporarily restricted net assets	18,194,185.	28	14,444,595.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	18,873,410.	33	14,865,044.	
34	Total liabilities and net assets/fund balances	19,210,966.	34	17,041,004.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **PLAYWORKS EDUCATION ENERGIZED** Employer identification number **94-3251867**

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1582230.	2352507.	3621259.	4052144.	3553295.	15161435.
2 Tax revenues levied for the organization'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 Total. Add lines 1 - 3	1582230.	2352507.	3621259.	4052144.	3553295.	15161435.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4895471.
6 Public Support. Subtract line 5 from line 4.						10265964.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1582230.	2352507.	3621259.	4052144.	3553295.	15161435.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		214.	5,421.	13,902.	13,869.	33,406.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					22,367.	22,367.
11 Total support. Add lines 7 through 10						15217208.
12 Gross receipts from related activities, etc. (see instructions)					12	12,358,691.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	67.46 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	44.74 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:

PROMISE TO GIVE

DATE: 06/23/08 **AMOUNT:** 18734343.

Multiple horizontal lines for supplemental information.

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2008

** Do Not File **

*** Not Open to Public Inspection ***

Table with 3 columns: Contributor's Name, Total Contributions, Excess Contributions. Rows include S H COWELL FOUNDATION, EVELYN & WALTER HAAS, JR. FUND, ROBERT WOOD JOHNSON FOUNDATION, JENSEN FAMILY, and a total row at the bottom showing 4,895,471.

Total Excess Contributions to Schedule A, Part II, Line 5

4,895,471.

Schedule A

Identification of Unusual Grants

2008

**** Do Not File ****
***** Not Open to Public Inspection *****

Contributor's Name	Description of Grant	Date of Grant	Amount
	PROMISE TO GIVE	06/23/08	18,734,343.
Total Unusual Grants			18,734,343.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

PLAYWORKS EDUCATION ENERGIZED

94-3251867

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

PLAYWORKS EDUCATION ENERGIZED

94-3251867

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 220,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 491,185.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 491,621.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 492,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 206,152.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PLAYWORKS EDUCATION ENERGIZED	Employer identification number 94-3251867
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>172,605.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>346,623.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/> <hr/>	\$ <u>135,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<hr/> <hr/> <hr/> <hr/>	\$ <u>80,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<hr/> <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

PLAYWORKS EDUCATION ENERGIZED

Employer identification number

94-3251867

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

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

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		15,204.		15,204.
d Equipment		7,120.	395.	6,725.
e Other		292,117.	91,430.	200,687.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				222,616.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives and other financial products, Closely-held equity interests, and Other.

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows include various investment types.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include various asset descriptions.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Rows include Federal income taxes and other liabilities.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,731,061.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,739,427.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-4,008,366.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-4,008,366.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	8,521,203.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	699,198.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	90,944.
e	Add lines 2a through 2d	2e	790,142.
3	Subtract line 2e from line 1	3	7,731,061.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	7,731,061.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	12,529,569.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	699,198.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	90,944.
e	Add lines 2a through 2d	2e	790,142.
3	Subtract line 2e from line 1	3	11,739,427.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	11,739,427.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE D PART X - FIN 48 FINANCIAL STATEMENTS FOOTNOTE

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARDS (FASB) ISSUED INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109, (FIN 48). FIN 48 PROVIDES GUIDANCE ON RECOGNITION AND MEASUREMENT OF UNCERTAINTIES IN INCOME TAXES RECOGNIZED IN FINANCIAL STATEMENTS BY PRESCRIBING A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE OF TAX POSITIONS TAKEN OR

Part XIV Supplemental Information (continued)

EXPECTED TO BE TAKEN ON A TAX RETURN. ON DECEMBER 30, 2008 FASB STAFF POSITION (FSP) FIN 48-3 WAS ISSUED AND ALLOWS FOR THE DEFERRAL OF FIN 48 FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008.

IN ACCORDANCE WITH THIS PROVISION, THE ORGANIZATION ELECTED TO DEFER THE APPLICATION OF FIN 48. BASED ON MANAGEMENT'S ANALYSIS OF THE ORGANIZATION'S TAX POSITIONS, THE ACCOUNTING FOR ANY UNCERTAINTY IN ITS TAX POSITIONS IS NOT EXPECTED TO HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization **PLAYWORKS EDUCATION ENERGIZED** Employer identification number **94-3251867**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CAPIRASO BING CONSULTING, INC.	EVENT PLANNING		X	68,060.	22,000.	46,060.
Total				68,060.	22,000.	46,060.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
CA, MD, MA, DC, MO, LA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))		
		GET IN THE GAME (event type)	KICKBALL TOURNAMENTS (event type)	3 (total number)			
Revenue	1	Gross receipts	68,060.	42,796.	4,675.	115,531.	
	2	Less: Charitable contributions	14,750.	20,000.	4,675.	39,425.	
	3	Gross revenue (line 1 minus line 2)	53,310.	22,796.		76,106.	
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs	2,400.	5,397.		7,797.	
	7	Other direct expenses	67,696.	15,451.		83,147.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)					(90,944.)
	9	Net income summary. Combine lines 3 and 8 in column (d)					-14,838.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

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

a Is the organization licensed to operate gaming activities in each of these states? _____

b If "No," Explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," Explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

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

14 Provide 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?

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

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

	Yes	No
13a		
13b		
14		
15a		
15b		
16		
17a		

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

2008

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Inspection

Name of the organization **PLAYWORKS EDUCATION ENERGIZED** Employer identification number **94-3251867**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARK SEILER	BOARD TREASURER	176,892.	A BOARD MEM		X

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

PLAYWORKS EDUCATION ENERGIZED

Employer identification number

94-3251867

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND SAFE, MEANINGFUL PLAY.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PLAYWORKS (FKA SPORTS4KIDS) EXPANDED ITS SCHOOL SERVICES INTO TWO NEW MARKETS, BRINGING TO SEVEN THE TOTAL NUMBER OF CITIES SERVED BY THE PROGRAM IN 2008-09. IN ADDITION, IN 2009 PLAYWORKS TRAINING LAUNCHED ITS INAUGURAL NATIONAL CONFERENCE OFFERING COMPREHENSIVE, HANDS-ON TRAINING IN PLAY AND PHYSICAL ACTIVITY FOR CHILDREN INCLUDING SESSIONS FOCUSED ON THE VALUE OF PLAY FOR LEARNING, INFORMED POLICY SETTING AND BEST PRACTICES FOR GETTING COMMUNITIES INVOLVED IN PLAY.

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

* WORK WITH CLASSROOM TEACHERS TO REINTRODUCE PHYSICAL ACTIVITY INTO THE SCHOOL CURRICULUM;

* DEVELOP AND COORDINATE AFTER SCHOOL PHYSICAL ACTIVITY AND ACADEMIC ENHANCEMENT PROGRAMS;

* COORDINATE INTERSCHOLASTIC EVENING BASKETBALL AND VOLLEYBALL LEAGUES;

* IMPLEMENT A YOUTH LEADERSHIP PROGRAM AT EACH SITE; AND

* EMPLOY PLAY AS A TOOL FOR GENERATING MORE COMMUNITY AND FAMILY INVOLVEMENT.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Employer identification number

94-3251867

EACH PLAYWORKS' SITE COORDINATOR WORKS AT THEIR SCHOOL FIVE DAYS A WEEK, THROUGHOUT THE SCHOOL DAY AND AFTER SCHOOL, TO LEAD GAMES AND PHYSICAL ACTIVITIES BASED ON A CURRICULUM THAT HAS BEEN TESTED AND REFINED OVER A DECADE OF PROGRAM OPERATIONS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS ADVOCATES, INFLUENCERS AND PROFESSIONALS FROM THE FIELD DEDICATED TO BRINGING POSITIVE, HEALTHY PLAY TO COMMUNITIES ACROSS THE COUNTRY.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION CHANGED ITS NAME FROM SPORTS4KIDS TO PLAYWORKS EDUCATION ENERGIZED. THE NAME CHANGE WAS ALREADY REPORTED TO IRS.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 DRAFT IS PROVIDED BY PLAYWORKS MANAGEMENT TO THE AUDIT COMMITTEE FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: A CONFLICT OF INTEREST STATEMENT IS SIGNED ONCE A YEAR, ANY EXCEPTIONS ARE DISCUSSED BY THE BOARD TO CONSIDER WHETHER A CONFLICT EXISTS, AND IF SO, HOW TO ADDRESS IT.

FORM 990, PART VI, SECTION B, LINE 15: A BAY AREA SALARY SURVEY WAS UNDERTAKEN TO COMPARE C LEVEL OFFICER EMUNERATION WITH THAT OF COMPARABLY-SIZED NONPROFITS IN THE LOCAL GEOGRAPHICAL AREA.

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, CONFLICT

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

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Employer identification number

94-3251867

OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO PUBLIC UPON REQUEST.

FORM 990 PART XI LINE 2C

AUDIT PROCEDURE

THE FINANCIAL STATEMENTS ARE AUDITED BY AN AUDIT FIRM HEADQUARTERED IN SAN JOSE, CA. PLAYWORKS SCHEDULED TIME WITH THE AUDIT PARTNER SUFFICIENTLY AFTER THE CLOSE OF OUR FISCAL YEAR TO BE ABLE TO PRESENT THEM WITH FINANCIAL STATEMENTS THAT ARE ACCURATE. TO PREPARE ADEQUATELY FOR THE AUDIT, PLAYWORKS HAS AN INITIAL SCOPE MEETING WITH THE AUDITORS, REVIEWS THE LAST AUDIT REPORT, AND ALSO APPOINTS AN AUDIT CONTROL OFFICER WHOSE FUNCTION IS TO MAKE THE AUDIT PROCESS GO AS SMOOTHLY AS POSSIBLE.

THIS OFFICER'S DUTIES RELATE TO THE PROVISION OF MATERIALS FOR THE AUDITOR'S TESTING PROCEDURES, FOR THE SCHEDULING OF INTERVIEWS WITH INTERESTED PARTIES AT PLAYWORKS, FOR THE BOOKING OF A ROOM FOR THE AUDITORS DURING THEIR FIELDWORK, FOR THE PROVISION TO THE AUDITORS OF KEY PROCEDURES OR POLICIES, ORGANISATION CHARTS AND FINANCIAL INFORMATION SUCH AS BUDGETS AND SAMPLE MANAGEMENT REPORTS, FOR MAINTAINING LINES OF COMMUNICATION BETWEEN MANAGEMENT AND AUDITORS, AND BETWEEN AUDITORS AND INTERESTED STAFF, AND FOR THE COMPLETION OF PRE-AUDIT WORKBOOKS.

OUR ACCOUNTANTS, OR AUDITORS, ARE SELECTED FROM AMONGST MID-SIZE FIRMS HEADQUARTERED IN THE BAY AREA. AT A MINIMUM THESE AUDITORS MUST HAVE

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

Schedule O (Form 990) 2008

832211
12-18-08

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

PLAYWORKS EDUCATION ENERGIZED

Employer identification number

94-3251867

SIGNIFICANT NON-PROFIT AND GOVERNMENT EXPERIENCE, AND MUST HAVE NO FINANCIAL CONNECTIONS WITH PLAYWORKS OR WITH MEMBERS OF PLAYWORKS' BOARD. SEVERAL AUDIT FIRMS WERE INTERVIEWED BOTH BY THE CFO AND BOARD MEMBERS BEFORE MAKING THE FINAL DETERMINATION. OUR CHOICE WAS DETERMINED NOT ONLY BY THE ABOVE CRITERIA, BUT WAS ALSO INFLUENCED BY RECOMMENDATIONS OF FORMER AND CURRENT CLIENTS OF THE FIRMS, AS WELL AS BY THEIR ANSWERS TO A WRITTEN QUESTIONNAIRE, AND THEIR INTERACTION WITH STAFF AND BOARD MEMBERS AT INTERVIEW.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARK SEILER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD TREASURER

(C) AMOUNT OF TRANSACTION \$ 176892.

(D) DESCRIPTION OF TRANSACTION: A BOARD MEMBER IS A PRINCIPAL AT A COMPANY THAT OWNS THE BUILDING IN WHICH THE ORGANIZATION RENTS OFFICE SPACE IN DOWNTOWN OAKLAND, CALIFORNIA AT 517 FOURTH STREET. THE TERM OF THE LEASE IS TWO YEARS ENDING ON JUNE 30, 2010. THE OFFICE SPACE IS APPROXIMATELY 8,224 SQUARE FEET. THE MONTHLY RENT IS \$12,500 WITH AN ANNUAL 5% INCREASE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
	CAPITAL LEASE											
325	EQUIPMENT	050109	SL	3.00	16	7,120.			7,120.			395.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPMENT					7,120.		0.	7,120.	0.	0.	395.
	OTHER											
	GATEWAY G6-450/PII											
114	450MHZ, 224 MB, 10G	120498	SL	3.00	16	2,299.			2,299.	2,299.		0.
	GATEWAY G6-450/PII											
124	450MHZ, 224 MB, 10G	120498	SL	3.00	16	2,323.			2,323.	2,323.		0.
	LASERJET 2100 TN											
133	PRINTER	050799	SL	3.00	16	966.			966.	966.		0.
	DELL INSPIRON 7000											
144	LAPTOP, PII 333 MHZ, 10	051099	SL	3.00	16	2,471.			2,471.	2,471.		0.
	GATEWAY GP7I-667SE											
155	PIII 667MHZ, 320 MB	062200	SL	3.00	16	1,440.			1,440.	1,440.		0.
	GATEWAY GP7I-667SE											
166	PIII 667MHZ, 320 MB	062200	SL	3.00	16	1,440.			1,440.	1,440.		0.
	GATEWAY PRO S1400-P4											
177	P4 1400MHZ, 383MB	061501	SL	3.00	16	1,647.			1,647.	1,647.		0.
	DELL OPTIPLEX GX150,											
188	P3 1GHZ/133MHZ128 MB	091701	SL	3.00	16	1,000.			1,000.	1,000.		0.
	DELL OPTIPLEX GX150,											
199	P3 1GHZ/133MHZ128 MB	091701	SL	3.00	16	1,000.			1,000.	1,000.		0.
	DELL OPTIPLEX GX150,											
200	P3 1GHZ/133MHZ384 MB	091701	SL	3.00	16	1,000.			1,000.	1,000.		0.
	DELL OPTIPLEX GX150,											
211	P3 1GHZ/133MHZ128 MB	091701	SL	3.00	16	1,000.			1,000.	1,000.		0.
	DELL OPTIPLEX GX150,											
222	P3 1GHZ/133MHZ128 MB	091701	SL	3.00	16	1,000.			1,000.	1,000.		0.
	LASERJET 1200N											
233		091701	SL	3.00	16	600.			600.	600.		0.
	DESKJET 960C											
244		091701	SL	3.00	16	200.			200.	200.		0.

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
25	2WIRE HOMEPOTEL 100 RESIDENTIAL GATEWAY	091701	SL	3.00	16	100.			100.	100.		0.
26	3COM OFFICECONNECT 16 PORT HUB & CABLES	091701	SL	5.00	16	300.			300.	300.		0.
27	ANCHOR EXPLORER PB-2500 SOUND SYSTEM	030102	SL	5.00	16	725.			725.	725.		0.
28	CANON NP6035 COPIER	080802	SL	5.00	16	2,701.			2,701.	2,701.		0.
29	LASERJET 4	081502	SL	3.00	16	50.			50.	50.		0.
30	4 EIGHT FOOT TABLES (DONATED)	081502	SL	5.00	16	80.			80.	80.		0.
31	BARBARA'S DESK	091002	SL	5.00	16	100.			100.	100.		0.
32	BROTHER INTELLIFAX 2800	101002	SL	5.00	16	279.			279.	279.		0.
33	PROVIEW 17" MONITOR	110802	SL	3.00	16	60.			60.	60.		0.
34	GATEWAY GP7-650 P3 650MHZ 128MB 20 GB	120702	SL	3.00	16	100.			100.	100.		0.
35	GATEWAY OPTIPLEX GN+ PMMX, 233 MHZ, 32MB	120702	SL	3.00	16	75.			75.	75.		0.
36	HOMEBUILT P3/700 MHZ 256 MB, 7GB	012203	SL	3.00	16	140.			140.	140.		0.
37	DELL DIMENSION 2350, CELERON 1.70GHZ, 256MB	012403	SL	3.00	16	408.			408.	408.		0.
38	OPTIGOLD PENTIUM, 200 MHZ, 128MB, RAM, 8G	081503	SL	3.00	16	100.			100.	100.		0.
39	TELECOM SYSTEM	042104	SL	5.00	16	2,000.			2,000.	1,499.		100.
40	LATITUDE D505 LAPTOP PENTIUM M PROCESSOR	042604	SL	3.00	16	1,248.			1,248.	1,248.		0.
41	NETGEAR FVS318 PROSAFE FIREWALL/ROUTER	052604	SL	3.00	16	100.			100.	100.		0.
42	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404	SL	3.00	16	730.			730.	730.		0.

2008 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
43	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404	SL	3.00	16	730.			730.	730.		0.
44	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404	SL	3.00	16	730.			730.	730.		0.
45	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404	SL	3.00	16	730.			730.	730.		0.
46	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404	SL	3.00	16	730.			730.	730.		0.
47	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404	SL	3.00	16	730.			730.	730.		0.
48	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404	SL	3.00	16	730.			730.	730.		0.
49	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404	SL	3.00	16	757.			757.	757.		0.
50	DELL DIMENSION 2400 P4, 2.6 GHZ, 256MB	060404	SL	3.00	16	934.			934.	934.		0.
51	TRUEMOBILE WIRELESS USB ADAPTERS (6)	060404	SL	3.00	16	272.			272.	272.		0.
52	NETGEAR WG302 PROSAFE 802.11 WIRELESS	060404	SL	3.00	16	226.			226.	226.		0.
53	SWAP SHOP SIGN	011505	SL	5.00	16	2,558.			2,558.	2,048.		102.
54	DELL WORKGROUP LASER PRINTER M5200N	052005	SL	3.00	16	695.			695.	695.		0.
55	DELL DIMENSION 8400 SERIES, INTEL PENTIUM	052305	SL	3.00	16	4,030.			4,030.	4,030.		0.
56	DELL DIMENSION 8400 SERIES, INTEL PENTIUM	052305	SL	3.00	16	1,115.			1,115.	1,115.		0.
57	DESKS	062805	SL	5.00	16	366.			366.	220.		29.
58	COPIER	063005	SL	5.00	16	6,571.			6,571.	3,942.		526.
59	DELL POWEREDGE 1800 SERVER	042406	SL	3.00	16	2,180.			2,180.	53.		712.
60	ALTERNATIVE TELECOM (PHONES)	080406	SL	5.00	16	6,606.			6,606.	3,303.		661.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
157	IKEA DESK	072606	SL	5.00	16	1,194.			1,194.	478.		143.
158	DELL LATITUDE D620 LAPTOP (FOR DC)	081406	SL	3.00	16	1,191.			1,191.	761.		143.
159	DELL LATITUDE D620 LAPTOP (FOR OAK)	112006	SL	3.00	16	1,112.			1,112.	618.		165.
160	APC SMART UPS1500VA USB & SERIAL 120V TOWER	063008	SL	3.00	16	217.			217.	72.		48.
161	LATITUDE D630 14"	060108	SL	3.00	16	1,388.			1,388.	463.		309.
162	LATITUDE D430 12"	060108	SL	3.00	16	1,726.			1,726.	575.		384.
163	LATITUDE D430 12"	060108	SL	3.00	16	1,726.			1,726.	575.		384.
164	LATITUDE D630 14"	060108	SL	3.00	16	1,388.			1,388.	463.		309.
165	LATITUDE D630 14"	060108	SL	3.00	16	1,388.			1,388.	463.		309.
166	LATITUDE D630 14"	060108	SL	3.00	16	1,388.			1,388.	463.		309.
167	DELL ULTRASHARP 1903FP	052808	SL	3.00	16	251.			251.	84.		56.
168	DELL OPTIPLEX 330	052708	SL	3.00	16	882.			882.	294.		196.
169	DELL OPTIPLEX 330	052708	SL	3.00	16	882.			882.	294.		196.
170	DELL OPTIPLEX 330	052708	SL	3.00	16	882.			882.	294.		196.
171	DELL OPTIPLEX 330	052708	SL	3.00	16	882.			882.	294.		196.
172	DELL OPTIPLEX 330	052708	SL	3.00	16	882.			882.	294.		196.
173	DELL OPTIPLEX 330	052708	SL	3.00	16	882.			882.	294.		196.
174	DELL OPTIPLEX 330	052708	SL	3.00	16	882.			882.	294.		196.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
175	APPLE MACBOOK	040108	SL	3.00	16	1,368.			1,368.	456.		304.
176	NEC 384I PHONE SETS	021308	SL	3.00	16	59.			59.	20.		13.
177	NEC 384I PHONE SETS	021308	SL	3.00	16	59.			59.	20.		13.
178	NEC 384I PHONE SETS	021308	SL	3.00	16	59.			59.	20.		13.
179	NEC 384I PHONE SETS	021308	SL	3.00	16	59.			59.	20.		13.
180	NEC 384I PHONE SETS	021308	SL	3.00	16	59.			59.	20.		13.
181	POLYCOM CONFERENCE PHONES	020608	SL	5.00	16	100.			100.	20.		16.
182	POLYCOM CONFERENCE PHONES	020608	SL	5.00	16	100.			100.	20.		16.
183	POLYCOM CONFERENCE PHONES	020608	SL	5.00	16	100.			100.	20.		16.
184	POLYCOM CONFERENCE PHONES	020608	SL	5.00	16	100.			100.	20.		16.
185	DELL MONO LASER 1125 PRINTER	020108	SL	5.00	16	244.			244.	49.		39.
186	DELL MONO LASER 1125 PRINTER W/ WARRANTY	010108	SL	5.00	16	361.			361.	72.		58.
187	DELL FLAT PANEL 19, 1908FPC	111207	SL	3.00	16	290.			290.	97.		64.
188	DELL FLAT PANEL 19, 1908FPC	111207	SL	3.00	16	287.			287.	96.		64.
189	DELL FLAT PANEL 20, E207WFP	102507	SL	3.00	16	276.			276.	92.		61.
190	SHARP M235 COPIER	100507	SL	5.00	16	544.			544.	109.		87.
191	DELL FLAT PANEL 19 E198FPF	092707	SL	3.00	16	209.			209.	70.		46.
192	MAXTOR 300GB 7200 USB 2.0	092707	SL	3.00	16	163.			163.	54.		36.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
193	MAXTOR 300GB 7200 USB 2.0	092707	SL	3.00	16	163.			163.	54.		36.
194	OPTIPLEX 745	092707	SL	3.00	16	532.			532.	177.		118.
195	OPTIPLEX 745	092707	SL	3.00	16	586.			586.	195.		130.
196	DELL FLAT PANEL 19 E198FPF	092607	SL	3.00	16	209.			209.	70.		46.
197	APC UPS RS-1300VA 120VA SYSTEM	080707	SL	3.00	16	170.			170.	57.		38.
198	HP 1040	080107	SL	5.00	16	100.			100.	20.		16.
199	RCA 4 LINE SPEAKERPHONE	073007	SL	5.00	16	99.			99.	20.		16.
200	RCA 4 LINE SPEAKERPHONE	073007	SL	3.00	16	99.			99.	33.		22.
201	RCA 4 LINE SPEAKERPHONE	073007	SL	5.00	16	99.			99.	20.		16.
202	RCA 4 LINE SPEAKERPHONE	073007	SL	5.00	16	99.			99.	20.		16.
203	RCA 4 LINE SPEAKERPHONE	073007	SL	5.00	16	99.			99.	20.		16.
204	NETGEAR WGT624 SUPER G 108	072607	SL	3.00	16	60.			60.	20.		13.
205	RCA 4 LINE SPEAKERPHONE	072607	SL	5.00	16	99.			99.	20.		16.
206	RCA 4 LINE SPEAKERPHONE	072607	SL	5.00	16	99.			99.	20.		16.
207	RCA 4 LINE SPEAKERPHONE	072607	SL	5.00	16	99.			99.	20.		16.
208	RCA 4 LINE SPEAKERPHONE	072607	SL	5.00	16	99.			99.	20.		16.
209	RCA 4 LINE SPEAKERPHONE	072607	SL	5.00	16	99.			99.	20.		16.
210	DELL DIMENSION C521	071907	SL	3.00	16	529.			529.	176.		118.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
211	DIMENSION C521	071907	SL	3.00	16	529.			529.	176.		118.
212	DIMENSION C521	071907	SL	3.00	16	529.			529.	176.		118.
213	APC BACKUP UPS RS 1000	071607	SL	3.00	16	239.			239.	80.		53.
214	DELL DIMENSION C521	071607	SL	3.00	16	524.			524.	175.		116.
215	SONICWALL TZ 170 / 10 W/ 8X5 SUPPORT	061207	SL	3.00	16	369.			369.	133.		82.
216	DELL C521	061207	SL	3.00	16	524.			524.	189.		116.
217	DELL C521	060707	SL	3.00	16	524.			524.	189.		116.
218	DELL C521	060707	SL	3.00	16	524.			524.	189.		116.
219	ATT CORDED 4 SPKER PHONE	052907	SL	5.00	16	108.			108.	23.		17.
220	ATT CORDED 4 SPKER PHONE	052907	SL	5.00	16	108.			108.	23.		17.
221	ATT CORDED 4 SPKER PHONE	052907	SL	5.00	16	108.			108.	23.		17.
222	ATT CORDED 4 SPKER PHONE	052907	SL	5.00	16	108.			108.	23.		17.
223	DESK AND OFFICE CABINENTS	063008	SL	5.00	16	1,693.			1,693.	339.		271.
224	2 CHAIRS	063008	SL	5.00	16	274.			274.	55.		44.
225	1 DESK AND 25 CHAIRS	063008	SL	5.00	16	2,979.			2,979.	596.		477.
226	KITCHEN TABLES	063008	SL	5.00	16	500.			500.	100.		80.
227	2 CHAIRS	080207	SL	5.00	16	525.			525.	105.		84.
228	1 CABINENT	080207	SL	5.00	16	420.			420.	84.		67.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2298	OFFICE DESKS	080207	SL	5.00	16	403.			403.	81.		65.
230	OFFICE DESKS, CHAIRS AND CABINENTS	081007	SL	5.00	16	1,314.			1,314.	263.		210.
231	OFFICE DESKS, CHAIRS AND CABINENTS	080207	SL	5.00	16	1,314.			1,314.	263.		210.
232	SHARP AR165S IMAGER	063007	SL	5.00	16	1,425.			1,425.	309.		0.
233	BATTERY BACK-UP SYSTEM	070108	SL	3.00	16	217.			217.			72.
234	OFFICE CHAIRS (ED)	070208	SL	5.00	16	242.			242.			49.
235	OFFICE CHAIRS (BA)	070208	SL	5.00	16	485.			485.			97.
236	OFFICE CHAIRS	070208	SL	5.00	16	473.			473.			95.
237	OFFICE TABLES AND CHAIRS	070408	SL	5.00	16	609.			609.			122.
238	LAPTOP FOR DEVELOPMENT	071408	SL	3.00	16	1,688.			1,688.			563.
239	DESKTOP COMPUTERS	071708	SL	3.00	16	7,380.			7,380.			2,460.
240	DESKTOP COMPUTERS	071708	SL	3.00	16	2,229.			2,229.			743.
241	OFFICE FURNITURES	072108	SL	5.00	16	390.			390.			78.
242	PHONE EQUIPMENTS FOR ST. LOUIS	072108	SL	5.00	16	935.			935.			187.
243	OFFICE EQUIPMENT FOR HR MANAGER	072308	SL	5.00	16	333.			333.			67.
244	SHELF FOR SUPPLY ROOM	080108	SL	5.00	16	304.			304.			61.
245	FILING CABINETS	080108	SL	5.00	16	283.			283.			57.
246	OFFICE EQUIPMENT	080108	SL	5.00	16	390.			390.			78.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
247	DESKTOPS - HR MANAGER	080308	SL	3.00	16	1,084.			1,084.			361.
248	DESKTOPS - CTP DIRECTOR	080308	SL	3.00	16	1,084.			1,084.			361.
249	LAPTOP FOR JILL	080408	SL	3.00	16	1,510.			1,510.			503.
250	TELEPHONES	080408	SL	5.00	16	195.			195.			39.
251	OFFICE FURNITURES	080508	SL	5.00	16	206.			206.			41.
252	OFFICE FURNITURES FOR ST. LOUIS OFFICE	080808	SL	5.00	16	1,906.			1,906.			381.
253	3 NEC PHONES	082508	SL	5.00	16	544.			544.			109.
254	SMART-UPS 1500 120V -COMPUTER EQUIPMENT	082908	SL	3.00	16	535.			535.			178.
255	FURNITURES FOR NOLA OFFICE	090108	SL	5.00	16	1,657.			1,657.			331.
256	BOOK CASE	091108	SL	5.00	16	98.			98.			20.
257	HR FILING CABINET	091108	SL	5.00	16	919.			919.			184.
258	NETWORK STORAGE	092108	SL	3.00	16	325.			325.			108.
259	PRINTER FOR NOLA OFFICE	092208	SL	3.00	16	196.			196.			65.
260	PRINTER FOR SLMO OFFICE	092208	SL	3.00	16	194.			194.			65.
261	EXHIBIT BOOTH - FLORIDA CONFERENCE	092208	SL	5.00	16	238.			238.			48.
262	WIRELESS ACCESS POINT	092208	SL	3.00	16	27.			27.			9.
263	PRINTER OAKLAND OFFICE	092408	SL	3.00	16	394.			394.			131.
264	ETHERNET SWITHC / BATTERY BACK-UP	092508	SL	3.00	16	227.			227.			76.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
265	PRINTER	092508	SL	3.00	16	349.			349.			116.
266	PRINTER	092508	SL	3.00	16	344.			344.			115.
267	DRAWER AND COMMUTER STATION	100608	SL	5.00	16	248.			248.			50.
268	OFFICE FURNITURES	102308	SL	5.00	16	370.			370.			74.
269	CABINET	111308	SL	5.00	16	139.			139.			28.
270	MONITOR STAND, ADAPTER, FLAT PLANEL	120708	SL	3.00	16	305.			305.			102.
271	DESK FOR HR DIRECTOR	120808	SL	5.00	16	139.			139.			28.
272	ACROBAT PRO	121308	SL	3.00	16	180.			180.			60.
273	COMPUTER EQUIPMENT	121308	SL	.000	16	109.			109.			36.
274	TELEPHONE FOR OAKLAND OFFICE	121508	SL	5.00	16	5,596.			5,596.			1,119.
275	COMPUTER	121808	SL	3.00	16	2,147.			2,147.			716.
276	MEMORY FOR WORK STATION AND SERVER	010109	SL	3.00	16	291.			291.			97.
277	OFFICE LASER PRINTER	010609	SL	3.00	16	272.			272.			91.
278	QUICKBOOKS SOFTWARE	012409	SL	3.00	16	99.			99.			33.
279	QUICKBOOKS 2009 EDITION	020109	SL	3.00	16	610.			610.			203.
280	FILING DRAWER	020309	SL	5.00	16	1,223.			1,223.			245.
281	FILING DRAWER	020309	SL	5.00	16	1,952.			1,952.			390.
282	ACAD	021009	SL	.000	16	135.			135.			45.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
283	BATTERY BACK-UP - DC	021209	SL	3.00	16	143.			143.			48.
284	DESK FOR FINANCE	030109	SL	5.00	16	476.			476.			95.
285	SATA-II HARD DISK CAMCORDERS AND	030109	SL	3.00	16	521.			521.			174.
286	ACCESSORIES	030309	SL	3.00	16	366.			366.			122.
287	HP PROCURVE SWITCH	030509	SL	3.00	16	3,754.			3,754.			1,251.
288	VOSTRO MINI-TOWER	031009	SL	3.00	16	2,608.			2,608.			869.
289	VOSTRO MINI-TOWER	031009	SL	3.00	16	226.			226.			75.
290	PORTION COVERED BY DRE 5 DELL LAPTOPS AND BAGS	031309	SL	3.00	16	4,774.			4,774.			1,591.
291	DESK FOR HR	031809	SL	5.00	16	65.			65.			13.
292	IT DESK	032509	SL	5.00	16	87.			87.			17.
293	FILE BOX FO ALEX	032509	SL	5.00	16	86.			86.			17.
294	RZ CARD, LUMENS	040109	SL	3.00	16	544.			544.			181.
295	WEBCAMS	040809	SL	3.00	16	161.			161.			54.
296	TELEPHONE EQUIPMENTS	041509	SL	5.00	16	330.			330.			66.
297	TELEPHONE EQUIPMENTS	041509	SL	5.00	16	130.			130.			26.
298	TELEPHONE EQUIPMENTS	041509	SL	5.00	16	130.			130.			26.
299	TELEPHONE EQUIPMENTS	041509	SL	5.00	16	130.			130.			26.
300	TELEPHONE EQUIPMENTS	041509	SL	5.00	16	130.			130.			26.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
301	TELEPHONE EQUIPMENTS	041509	SL	5.00	16	130.			130.			26.
302	FILE CABINET	051309	SL	5.00	16	208.			208.			42.
303	BACKUP EXEC. AND SYMANTEC ANTIVIRUS	061109	SL	3.00	16	312.			312.			104.
304	SONICWALL PROMO TRADUP NSA 2400UPG	061209	SL	3.00	16	3,383.			3,383.			1,128.
305	OFFICE TELEPHONES	062209	SL	5.00	16	473.			473.			95.
306	OFFICE TELEPHONE	062209	SL	5.00	16	947.			947.			189.
307	CONFERENCE POLYCOM	062209	SL	5.00	16	237.			237.			47.
308	SONICWALL NAS 2400	062609	SL	3.00	16	393.			393.			131.
309	SONICWALL UTM SSL VPN 25	062609	SL	3.00	16	368.			368.			123.
310	LASER PRINTER AND COPIER	063009	SL	3.00	16	839.			839.			280.
311	LASER PRINTER AND COPIER	063009	SL	3.00	16	924.			924.			308.
312	LASER PRINTER AND COPIER	063009	SL	3.00	16	859.			859.			286.
313	OFFICE FURNITURE - PORTLAND	063009	SL	5.00	16	970.			970.			194.
314	OFFICE FURNITURE - OAKLAND	063009	SL	5.00	16	461.			461.			92.
315	NETSHELTER SX 42U	052409	SL	5.00	16	1,500.			1,500.			300.
316	FREE RANGE STUDIOS (WEBSITE)	022309	SL	5.00	16	15,000.			15,000.			0.
317	JACKSON RIVER LLC (WEBSITE)	051109	SL	5.00	16	6,300.			6,300.			0.
318	JACKSON RIVER LLC (WEBSITE)	060909	SL	5.00	16	16,281.			16,281.			0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
319	STAFF SUPPORT (WEBSITE AND PROGRAM DA	063009	SL	5.00	16	13,897.			13,897.			0.
320	DUPAL PROGRAMMING (WEBSITE)	063009	SL	5.00	16	30,712.			30,712.			0.
321	DUPAL PROGRAMMING (WEBSITE)	063009	SL	5.00	16	7,000.			7,000.			0.
322	FREE RANGE STUDIOS (WEBSITE)	063009	SL	5.00	16	30,000.			30,000.			0.
323	SETTANI (PROGRAM DATABASE LICENCE)	060109	SL	5.00	16	4,125.			4,125.			0.
324	LEASEHOLD IMPROVEMENTS	042409	SL	15.00	16	15,204.			15,204.			0.
	* 990 PAGE 10 TOTAL											
	OTHER					307,321.		0.	307,321.	62,080.	0.	29,350.
	* GRAND TOTAL 990 PAGE 10 DEPR					314,441.		0.	314,441.	62,080.	0.	29,745.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization PLAYWORKS EDUCATION ENERGIZED	Employer identification number 94-3251867
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 517 FOURTH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94607	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

OWEN BROWN

- The books are in the care of ▶ **517 FOURTH STREET - OAKLAND, CA 94607**
 Telephone No. ▶ **510-893-4180** FAX No. ▶ **510-893-4378**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

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