PLAYWORKS EDUCATION ENERGIZED
PUBLIC DISCLOSURE COPY
RETURN OF EXEMPT ORGANIZATION
YEAR ENDED JUNE 30, 2016
**Return of Organization Exempt From Income Tax**

**Part I: Summary**

1. **B Briefly describe the organization's mission or most significant activities:** TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN BY INCREASING OPPORTUNITIES FOR PHYSICAL...

2. **Name of organization:** PLAYWORKS EDUCATION ENERGIZED

3. **Address:** 380 WASHINGTON STREET

4. **City or town:** OAKLAND

5. **State:** CA

6. **ZIP or foreign postal code:** 94607

7. **Name and address of principal officer:** JILL VIALET

8. **Website:** WWW.PLAYWORKS.ORG

9. **Employer identification number:** 94-3251867

**Activities & Governance**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Number of voting members of the governing body (Part VI, line 1a)</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>4</td>
<td>Number of independent voting members of the governing body (Part VI, line 1b)</td>
<td>954</td>
<td>3627</td>
</tr>
<tr>
<td>5</td>
<td>Total number of individuals employed in calendar year 2015 (Part V, line 2a)</td>
<td>25,033</td>
<td>14,376,223</td>
</tr>
<tr>
<td>6</td>
<td>Total number of volunteers (estimate if necessary)</td>
<td>318</td>
<td>518</td>
</tr>
<tr>
<td>7a</td>
<td>Total unrelated business revenue from Part VIII, column (C), line 12</td>
<td>30,735,439</td>
<td>49,667,008</td>
</tr>
<tr>
<td>7b</td>
<td>Net unrelated business taxable income from Form 990-T, line 34</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**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.

**Preparer:** JOUA V. LO

**Address:** 101 SECOND STREET SUITE 900

**City:** SAN FRANCISCO

**State:** CA

**Phone no.:** 415-956-1500

**Employer identification number:** 91-0189318

**PTIN:** P01225144

**Paid:**...
Part III: Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN BY INCREASING OPPORTUNITIES FOR PHYSICAL ACTIVITY AND SAFE, HEALTHY 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?

☐ Yes ☐ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☐ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $21,074,060. including grants of $ ) (Revenue $13,205,085.)

DIRECT SERVICES: PLAYWORKS PROVIDED FULL-TIME ONSITE COACHES AND SITE-COORDINATORS IN 374 LOW-INCOME URBAN SCHOOLS IN 23 REGIONS ACROSS THE COUNTRY. THEY PROVIDED PHYSICAL ACTIVITY OPPORTUNITIES THROUGH PLAY BEFORE, DURING AND AFTER SCHOOL.

AT EACH SCHOOL, PLAYWORKS' COACHES AND SITE COORDINATORS:

- CREATE A SAFE, ACTIVE AND INCLUSIVE ENVIRONMENT BY COORDINATING A VARIETY OF PLAYGROUND GAMES DURING RECESS AND LUNCH;

- WORK WITH INDIVIDUAL CLASSES AND WITH CLASSROOM TEACHERS TO INTRODUCE GAMES AND PHYSICAL ACTIVITY INTO THE SCHOOL CURRICULUM;

4b (Code: ) (Expenses $2,221,382. including grants of $ ) (Revenue $2,398,310.)

TRAINING: PLAYWORKS PROVIDED GROUP TRAINING AND TECHNICAL ASSISTANCE TO SCHOOLS AND ORGANIZATIONS THAT SERVE YOUTH THROUGH THE PLAYWORKS PRO SERVICE OFFERING. DURING FY 2015-2016 THE PROGRAM TRAINED ADULTS FROM NEARLY 500 SCHOOLS AND COMMUNITY BASED ORGANIZATIONS. TO COMPLEMENT THE SCHOOL- BASED PROGRAM AND FURTHER THE ORGANIZATION'S MISSION, PLAYWORKS PRO PROVIDES CUSTOMIZED STAFF TRAININGS TO SCHOOLS, AFTER SCHOOL PROGRAMS, SUMMER CAMPS, RECREATION CENTERS, AND VARIOUS OTHER YOUTH SERVICE ORGANIZATIONS.

PLAYWORKS PRO IS PROVIDED ON A FEE-FOR-SERVICE BASIS AND CONSISTS OF SEVERAL OFFERINGS BASED ON SCHOOL NEED.

4c (Code: ) (Expenses $ including grants of $ ) (Revenue $ )

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

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

4e Total program service expenses $23,295,442.
## Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?&lt;br&gt;<strong>If &quot;Yes,&quot; complete Schedule A</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Is the organization required to complete Schedule B, Schedule of Contributors?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/no.png" alt="No" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <strong>If &quot;Yes,&quot; complete Schedule C, Part I</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Section 501(c)(3) organizations.</strong> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <strong>If &quot;Yes,&quot; complete Schedule C, Part II</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <strong>If &quot;Yes,&quot; complete Schedule C, Part III</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <strong>If &quot;Yes,&quot; complete Schedule D, Part I</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <strong>If &quot;Yes,&quot; complete Schedule D, Part II</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/no.png" alt="No" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization maintain collections of works of art, historical treasures, or other similar assets? <strong>If &quot;Yes,&quot; complete Schedule D, Part III</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/no.png" alt="No" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <strong>If &quot;Yes,&quot; complete Schedule D, Part IV</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/no.png" alt="No" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <strong>If &quot;Yes,&quot; complete Schedule D, Part V</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <strong>If &quot;Yes,&quot; complete Schedule D, Part VI</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <strong>If &quot;Yes,&quot; complete Schedule D, Part VII</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11b</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <strong>If &quot;Yes,&quot; complete Schedule D, Part VIII</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11c</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <strong>If &quot;Yes,&quot; complete Schedule D, Part IX</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11d</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization report an amount for other liabilities in Part X, line 25? <strong>If &quot;Yes,&quot; complete Schedule D, Part X</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11e</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <strong>If &quot;Yes,&quot; complete Schedule D, Part X</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11f</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization obtain separate, independent audited financial statements for the tax year? <strong>If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/no.png" alt="No" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Was the organization included in consolidated, independent audited financial statements for the tax year?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12b</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Is the organization a school described in section 170(b)(1)(A)(ii)? <strong>If &quot;Yes,&quot; complete Schedule E</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/no.png" alt="No" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization maintain an office, employees, or agents outside of the United States?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14a</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? <strong>If &quot;Yes,&quot; complete Schedule F, Parts I and IV</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14b</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? <strong>If &quot;Yes,&quot; complete Schedule F, Parts II and IV</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? <strong>If &quot;Yes,&quot; complete Schedule F, Parts I and IV</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <strong>If &quot;Yes,&quot; complete Schedule G, Part I</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <strong>If &quot;Yes,&quot; complete Schedule G, Part II</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? <strong>If &quot;Yes,&quot; complete Schedule G, Part III</strong></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td><img src="https://%D0%B5%D1%81%D1%82%D1%8C/yes.png" alt="Yes" /></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O
Form 990 (2015)  
PLAYWORKS EDUCATION ENERGIZED  
94-3251867  
Page 5

Part V  
Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable  
   1a  142

1b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable  
   1b  0

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  
   1c X

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  
   2a  954

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  
   2b X

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of $1,000 or more during the year?  
   3a X

3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  
   3b X

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
   4a X

4b If "Yes," enter the name of the foreign country:  


5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  
   5a X

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
   5b X

5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  
   5c X

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  
   6a X

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  
   6b

7 Organizations that may receive deductible contributions under section 170(c).  

7a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?  
   7a X

7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  
   7b X

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
   7c X

7d If "Yes," indicate the number of Forms 8282 filed during the year  
   7d  2

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
   7e X

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
   7f X

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
   7g

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  
   7h X

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  
   8

9 Sponsoring organizations maintaining donor advised funds.  

9a Did the sponsoring organization make any taxable distributions under section 4966?  
   9a

9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  
   9b

10 Section 501(c)(7) organizations. Enter:  

10a Initiation fees and capital contributions included on Part VIII, line 12  
   10a

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  
   10b

11 Section 501(c)(12) organizations. Enter:  

11a Gross income from members or shareholders  
   11a

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  
   11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  
   12a

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  
   12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.  

13a Is the organization licensed to issue qualified health plans in more than one state?  
   13a

Note. See the instructions for additional information the organization must report on Schedule O.

13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  
   13b

13c Enter the amount of reserves on hand  
   13c

14a Did the organization receive any payments for indoor tanning services during the tax year?  
   14a X

14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  
   14b

Form 990 (2015)
Part VI | Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ........................................stoffe 8a 1a 14

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

b Enter the number of voting members included in line 1a, above, who are independent .......................................................... 1b 8b 13

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ........................................................................................................................................... 2 2

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .................................................................................................................. 3 3

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ........................................................................................................................................... 4 4

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? ........................................................................................................................................... 5 5

6 Did the organization have members or stockholders? ........................................................................................................................................... 6 6

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ........................................................................................................................................... 7a 7

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ........................................................................................................................................... 7b 7

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: ........................................................................................................................................... 8a 8b

a The governing body? ........................................................................................................................................... 8a 8

b Each committee with authority to act on behalf of the governing body? ........................................................................................................................................... 8b 8

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If "Yes," provide the names and addresses in Schedule O. ........................................................................................................................................... 9 9

Section B. Policies

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

10a Did the organization have local chapters, branches, or affiliates? ........................................................................................................................................... 10a 10

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes? ........................................................................................................................................... 10b 10

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ........................................................................................................................................... 11a 11

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. ........................................................................................................................................... 11b 11

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 ........................................................................................................................................... 12a 12

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ........................................................................................................................................... 12b 12

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ........................................................................................................................................... 12c 12

13 Did the organization have a written whistleblower policy? ........................................................................................................................................... 13 13

14 Did the organization have a written document retention and destruction policy? ........................................................................................................................................... 14 14

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? ........................................................................................................................................... 15a 15

a The organization’s CEO, Executive Director, or top management official ........................................................................................................................................... 15a 15

b Other officers or key employees of the organization ........................................................................................................................................... 15b 15

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ........................................................................................................................................... 16a 16

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements? ........................................................................................................................................... 16b 16

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶CA, AZ, CO, CT, DC, FL, GA, HI, IL, IN, LA, MA

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

☐ Own website  ☐ Another’s website ☐ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization’s books and records: ▶THOMAS LOW – 510-893-4180

380 WASHINGTON STREET, OAKLAND, CA 94607

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2015)
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s **current** key employees, if any. See instructions for definition of “key employee.”
- List all of the organization’s **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.

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Position</th>
<th>Average hours per week</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) JEFF BONFORT</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) BRIAN BERCHTOLD</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) RICHARD DANIELS</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) SHERRIE DEANS (THRU 8/20/15)</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) RANDY DRAKE (THRU 10/5/15)</td>
<td>CHAIR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) LISA EDWARDS</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) MARION EVANS (THRU 9/29/15)</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) SCOTT GOODMAN</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) KRISTIN HULL (THRU 5/12/16)</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) ROGER KING (11/27/15)</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) JANE ISAACS LOWE</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) ALFRED L. MICHAEL</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) PAT MORGAN</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) PAUL SCHMITZ</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15) MARK SEILERS</td>
<td>TREASURER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16) POOJA SHAH</td>
<td>BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
Form 990 (2015)

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

### Part VII

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
<th>(F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and title</td>
<td>Average hours per week</td>
<td>Position</td>
<td>Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>Reportable compensation from related organizations (W-2/1099-MISC)</td>
<td>Estimated amount of other compensation from the organization and related organizations</td>
</tr>
<tr>
<td>(18) KIM TANNER (THRU 5/12/16)</td>
<td>1.00</td>
<td>BOARD MEMBER</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(19) JILL VIALET</td>
<td>40.00</td>
<td>FOUNDER &amp; CEO</td>
<td>X</td>
<td>175,431.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(20) JOY WEISS</td>
<td>1.00</td>
<td>BOARD CHAIR</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(21) ELIZABETH CUSHING</td>
<td>40.00</td>
<td>COO</td>
<td>X</td>
<td>176,498.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(22) DAVID CARROLL (THRU 8/7/15)</td>
<td>40.00</td>
<td>CFO</td>
<td>X</td>
<td>106,687.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(23) THOMAS LOW</td>
<td>40.00</td>
<td>CFO</td>
<td>X</td>
<td>43,542.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(24) TONYA ANTONUCCI</td>
<td>40.00</td>
<td>CMO</td>
<td>X</td>
<td>145,620.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(25) DAVID GALLAGHER</td>
<td>40.00</td>
<td>CIO</td>
<td>X</td>
<td>115,679.0</td>
<td>0.0</td>
</tr>
<tr>
<td>(26) MARGARET HUANG</td>
<td>40.00</td>
<td>BUSINESS DEVELOPMENT OFFICER</td>
<td>X</td>
<td>127,920.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1b Sub-total</td>
<td>891,377.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1c Total from continuation sheets to Part VII, Section A</td>
<td>259,938.0</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>d Total (add lines 1b and 1c)</td>
<td>1,151,315.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

---

1. **Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization**: 17

2. **Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a?**
   - Yes [ ]
   - No [X]

3. **Did 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?**
   - Yes [ ]
   - No [X]

4. **Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?**
   - Yes [ ]
   - No [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.**

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and business address</td>
<td>Description of services</td>
<td>Compensation</td>
</tr>
<tr>
<td>PON PARTNERS, LLC, 4040 CIVIC CENTER DR. #200, SAN RAFAEL, CA 94903</td>
<td>TEMP CONTRACTOR SERVICES</td>
<td>192,147.0</td>
</tr>
<tr>
<td>ACCOUNTEMS, 50 CALIFORNIA STREET, 10TH FLOOR, SAN FRANCISCO, CA 94111</td>
<td>TEMP CONTRACTOR SERVICES</td>
<td>191,112.0</td>
</tr>
</tbody>
</table>

---

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

---

SEE PART VII, SECTION A CONTINUATION SHEETS
### Part VII
**Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) KIMBERLY MCCALL EXECUTIVE DIRECTOR</td>
<td>40.00</td>
<td>X</td>
<td>135,614.</td>
<td>0.</td>
<td>3,635.</td>
</tr>
<tr>
<td>(28) ROBERT SINDELAR REGIONAL EXECUTIVE OFFICER</td>
<td>40.00</td>
<td>X</td>
<td>124,324.</td>
<td>0.</td>
<td>21,975.</td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c

| 259,938. | 25,610. |
## Part VIII

### Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f: $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 a DIRECT SERVICE FEES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b TRAINING FEES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c VOLUNTEER ENGAGEMENT FEES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d OTHER REVENUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 a Gross income from fundraising events (not including $ contributions reported on line 1c). See Part IV, line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IX: Statement of Functional Expenses

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

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Category</th>
<th>Amount</th>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>(A) Total expenses</td>
<td>549,697</td>
<td>(C) Management and general expenses</td>
<td>326,374</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td>(D) Fundraising expenses</td>
<td>111,785</td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>(B) Program service expenses</td>
<td>22,451,341</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>(B) Program service expenses</td>
<td>2,012,957</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>(B) Program service expenses</td>
<td>3,397,049</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>(B) Program service expenses</td>
<td>2,012,957</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>(B) Program service expenses</td>
<td>17,041,335</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>(B) Program service expenses</td>
<td>2,012,957</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>(B) Program service expenses</td>
<td>17,041,335</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td>(B) Program service expenses</td>
<td>2,012,957</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>(B) Program service expenses</td>
<td>2,012,957</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>(B) Program service expenses</td>
<td>2,012,957</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>(B) Program service expenses</td>
<td>197,397</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>DUES, LICENSES &amp; FEES</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>SCHOOL SUPPLIES</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>RECRUITMENT &amp; TRAINING</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>BAD DEBT EXPENSE</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td>(C) Management and general expenses</td>
<td>111,785</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>29,729.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>1,967,737.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>5,207,036.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>1,401,744.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>434,052.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>1,241,651.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>1,149,732.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>73,241.</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>9,345,247.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>1,935,746.</td>
</tr>
<tr>
<td>18</td>
<td>Deferred revenue</td>
<td>475,753.</td>
</tr>
<tr>
<td>19</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>20</td>
<td>Secrecy or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>21</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>22</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>23</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>24</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>25</td>
</tr>
<tr>
<td>25</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>2,435,291.</td>
</tr>
<tr>
<td>26</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here ☑ and complete lines 27 through 29, and lines 33 and 34.</td>
<td>2,480,120.</td>
</tr>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>27</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>29</td>
</tr>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>6,909,956.</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>9,345,247.</td>
</tr>
</tbody>
</table>

Form 990 (2015)
### Part XI Reconciliation of Net Assets

<table>
<thead>
<tr>
<th></th>
<th>Reconciliation of Net Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

<table>
<thead>
<tr>
<th></th>
<th>Financial Statements and Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash Accrual Other</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
</tr>
</tbody>
</table>
**SCHEDULE A**  
(Form 990 or 990-EZ)

---

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

---

**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: (For lines 1 through 11, check only one box.)

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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Total

---

LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

14

13040511 146892 640521 2015.05070 PLAYWORKS EDUCATION ENERG 640521_1
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>17519794</td>
<td>12971132</td>
<td>19103462</td>
<td>16333865</td>
<td>33703497</td>
<td>99631750</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>17519794</td>
<td>12971132</td>
<td>19103462</td>
<td>16333865</td>
<td>33703497</td>
<td>99631750</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td>17519794</td>
<td>12971132</td>
<td>19103462</td>
<td>16333865</td>
<td>33703497</td>
<td>99631750</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>17519794</td>
<td>12971132</td>
<td>19103462</td>
<td>16333865</td>
<td>33703497</td>
<td>99631750</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>503.</td>
<td>138.</td>
<td>101.</td>
<td>1,518.</td>
<td>7,641.</td>
<td>9,901.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>5,605.</td>
<td>7,506.</td>
<td>0.</td>
<td>18,413.</td>
<td>352,475.</td>
<td>383,999.</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>17519794</td>
<td>12971132</td>
<td>19103462</td>
<td>16333865</td>
<td>33703497</td>
<td>99631750</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))</td>
<td>62.92%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2014 Schedule A, Part II, line 14</td>
<td>65.20%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2015. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 33 1/3% support test - 2014. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2015. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 10% -facts-and-circumstances test - 2014. 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 &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))</td>
<td>15</td>
<td>%</td>
</tr>
<tr>
<td>16 Public support percentage from 2014 Schedule A, Part III, line 15</td>
<td>16</td>
<td>%</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>17</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))</td>
<td>17</td>
<td>%</td>
</tr>
<tr>
<td>18 Investment income percentage from 2014 Schedule A, Part III, line 17</td>
<td>18</td>
<td>%</td>
</tr>
</tbody>
</table>

### 33 1/3% Support Tests - 2015

- **a** 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** If the organization did not check a box on line 14, 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.

### Private Foundation

- If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
Section A. All Supporting Organizations

1 Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States (“foreign supported organization”)?

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Part IV.  Supporting Organizations  

(continued)

11. Has the organization accepted a gift or contribution from any of the following persons?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B. Type I Supporting Organizations

1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C. Type II Supporting Organizations

1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section E. Type III Functionally-Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Activities Test.  

   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  

   b. Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in?  

   c. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?  

   d. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?
### Part V
Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6 and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

7 [ ] Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).
### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
</tbody>
</table>

### Part VI

8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |
9 | Distributable amount for 2015 from Section C, line 6 |
10 | Line 8 amount divided by Line 9 amount |

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2015</th>
<th>(iii) Distributable Amount for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2015 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2015:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2013</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2014</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2015 distributable amount</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2010 not applied (see instructions)</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2015 from Section D, line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2015 distributable amount</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2016. Add lines 3j and 4c.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2013</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2014</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2015</td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

13040511 146892 640521 2015.05070 PLAYWORKS EDUCATION ENERG 640521_1
Part VI  Supplemental Information.  Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6.  Also complete this part for any additional information.
(See instructions.)
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLAYWORKS EDUCATION ENERGIZED</td>
<td>94-3251867</td>
</tr>
</tbody>
</table>

** General Rule **

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

** Special Rules **

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
### Part I: Contributors

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

<table>
<thead>
<tr>
<th>(a) No.</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$ 10,076,500.</td>
<td>Person □ Payroll □ Noncash □</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$ 10,000,000.</td>
<td>Person □ Payroll □ Noncash □</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$ 1,500,000.</td>
<td>Person □ Payroll □ Noncash □</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$ 750,000.</td>
<td>Person □ Payroll □ Noncash □</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$ 1,485,890.</td>
<td>Person □ Payroll □ Noncash □</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$ 945,777.</td>
<td>Person □ Payroll □ Noncash □</td>
</tr>
</tbody>
</table>
## Noncash Property

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>FMV (or estimate) (see instructions)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Use duplicate copies of Part II if additional space is needed.
### Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. Enter this info. once:

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
<th>Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.
**Supplemental Financial Statements**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

- **Part I**
  - Total number at end of year: \[ \text{(a) Donor advised funds} \]
  - Aggregate value of contributions to (during year): \[ \text{(b) Funds and other accounts} \]
  - Aggregate value of grants from (during year)
  - Aggregate value at end of year

- **Part II**
  - Purpose(s) of conservation easements held by the organization (check all that apply):
    - Preservation of land for public use (e.g., recreation or education)
    - Protection of natural habitat
    - Preservation of open space
    - Preservation of a historically important land area
    - Preservation of a certified historic structure
  - Number of conservation easements on a certified historic structure included in (a)
  - Number of conservation easements on a certified historic structure included in (b)
  - Number of conservation easements on a certified historic structure included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

- **Part III**
  - Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
  - Number of states where property subject to conservation easement is located

- **Part IV**
  - Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
  - Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
  - Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
  - 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)?
  - In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements.

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

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

- **Part II**
  - Revenue included on Form 990, Part VIII, line 1
  - Assets included in Form 990, Part X

**Part III**

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
  - Revenue included on Form 990, Part VIII, line 1
  - Assets included in Form 990, Part X

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

**Schedule D (Form 990) 2015**
### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

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

- **Public exhibition**
- **Scholarly research**
- **Preservation for future generations**
- **Loan or exchange programs**
- **Other**

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

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

### Part IV Escrow and Custodial Arrangements

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**

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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

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

### Part V Endowment Funds

1a Beginning of year balance  

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

b Contributions  
c Net investment earnings, gains, and losses  
d Grants or scholarships  
e Other expenditures for facilities and programs  
f Administrative expenses  
g End of year balance

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

- **Board designated or quasi-endowment**
- **Permanent endowment**
- **Temporarily restricted endowment**

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

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

- **unrelated organizations**
- **related organizations**

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

### Part VI Land, Buildings, and Equipment

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>201,449.</td>
<td>195,772.</td>
<td>5,677.</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>378,736.</td>
<td>359,212.</td>
<td>19,524.</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>661,466.</td>
<td>594,748.</td>
<td>66,718.</td>
<td></td>
</tr>
</tbody>
</table>

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

|               | 91,919. |

Schedule D (Form 990) 2015
### Part VII Investments - Other Securities.

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

<table>
<thead>
<tr>
<th>Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments - Program Related.

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

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X Other Liabilities.

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

1. **(a) Description of liability**
   - (1) Federal income taxes
   - (2) DEFERRED RENT LIABILITY 29,453.
   - (3) 
   - (4) 
   - (5) 
   - (6) 
   - (7) 
   - (8) 
   - (9) 

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) 29,453.

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

X

Schedule D (Form 990) 2015

PLAYWORKS EDUCATION ENERGIZED 94-3251867 Page 3

13040511 146892 640521 2015.05070 PLAYWORKS EDUCATION ENERG 640521_1
## Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>50,501,522.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b) Donated services and use of facilities</td>
<td>2b 816,125.</td>
</tr>
<tr>
<td></td>
<td>c) Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d) Other (Describe in Part XIII.)</td>
<td>2d 18,389.</td>
</tr>
<tr>
<td></td>
<td>e) Add lines 2a through 2d</td>
<td>2e 834,514.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b) Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c) Add lines 4a and 4b</td>
<td>4c 0.</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5 49,667,008.</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>33,223,359.</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Donated services and use of facilities</td>
<td>2a 816,125.</td>
</tr>
<tr>
<td></td>
<td>b) Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c) Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d) Other (Describe in Part XIII.)</td>
<td>2d 18,389.</td>
</tr>
<tr>
<td></td>
<td>e) Add lines 2a through 2d</td>
<td>2e 834,514.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a) Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b) Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c) Add lines 4a and 4b</td>
<td>4c 0.</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5 32,388,881.</td>
</tr>
</tbody>
</table>

## Part XIII: Supplemental Information.

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

**PART X, LINE 2:**

**PLAYWORKS FOLLOWS THE GUIDELINES OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC TOPIC 740 FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES.**

**AS OF JUNE 30, 2016 AND 2015, MANAGEMENT EVALUATED PLAYWORKS' TAX POSITIONS AND CONCLUDED THAT PLAYWORKS HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.**

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**FUNDRAISING EXPENSES** 18,389.
**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

<table>
<thead>
<tr>
<th>FUNDRAISING EXPENSES</th>
<th>18,389.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SCHEDULE G**
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

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

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [ ] Mail solicitations
   - [ ] Internet and email solicitations
   - [ ] Phone solicitations
   - [ ] In-person solicitations
   - [ ] Solicitation of non-government grants
   - [ ] Solicitation of government grants
   - [ ] Special fundraising events

2. 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

   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.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

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

   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 
   - 

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

Schedule G (Form 990 or 990-EZ) 2015

LHA 532081 09-14-15

13040511 146892 640521

2015.05070 PLAYWORKS EDUCATION ENERG 640521_1
### Part II: Fundraising Events

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Event #1</th>
<th>Event #2</th>
<th>Other events</th>
<th>Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III: Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Bingo</th>
<th>Pull tabs/instant bingo/progressive bingo</th>
<th>Other gaming</th>
<th>Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
</tr>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- a Is the organization licensed to conduct gaming activities in each of these states?
  - 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:
### Schedule G (Form 990 or 990-EZ) 2015

**PLAYWORKS EDUCATION ENERGIZED**

<table>
<thead>
<tr>
<th>Schedule G (Form 990 or 990-EZ) 2015</th>
<th>Page 3</th>
</tr>
</thead>
</table>

**11** Does the organization conduct gaming activities with nonmembers? [ ] Yes [ ] No

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

**13** Indicate the percentage of gaming activity conducted in:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The organization's facility</td>
<td>13a %</td>
</tr>
<tr>
<td>An outside facility</td>
<td>13b %</td>
</tr>
</tbody>
</table>

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

- **Name**: 
- **Address**: 

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [ ] No

- **b** If "Yes," enter the amount of gaming revenue received by the organization $__________ and the amount of gaming revenue retained by the third party $__________.
- **c** If "Yes," enter name and address of the third party:

  - **Name**: 
  - **Address**: 

**16** Gaming manager information:

- **Name**: 
- **Gaming manager compensation**: $__________
- **Description of services provided**: 

**17** Mandatory distributions:

- **a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? [ ] Yes [ ] No
- **b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $__________.

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

---

**Note:** The text continues, but the screenshot only shows the first few lines of Part IV.
**Part I** Questions Regarding Compensation

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

---

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

**Schedule J (Form 990) 2015**

**Employer identification number:** 94-3251867

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) JILL VIALET</td>
<td>(i) 175,431.  0.  0.  0.</td>
<td>0.</td>
<td>8,139.</td>
<td>183,570.</td>
<td>0.</td>
</tr>
<tr>
<td>FOUNDER &amp; CEO</td>
<td>(ii) 0.  0.  0.  0.</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) ELIZABETH CUSHING</td>
<td>(i) 176,498.  0.  0.  0.</td>
<td>0.</td>
<td>16,176.</td>
<td>192,674.</td>
<td>0.</td>
</tr>
<tr>
<td>COO</td>
<td>(ii) 0.  0.  0.  0.</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) TONYA ANTONUCCI</td>
<td>(i) 145,620.  0.  0.  0.</td>
<td>0.</td>
<td>11,694.</td>
<td>157,314.</td>
<td>0.</td>
</tr>
<tr>
<td>CMO</td>
<td>(ii) 0.  0.  0.  0.</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
Part III
Supplemental Information

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

__________________________________________________________________
## Schedule M (Form 990) 2015

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

### Part I: Types of Property

<table>
<thead>
<tr>
<th>Type of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing and household goods</td>
<td>X</td>
<td>51,860.00 FMV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cars and other vehicles</td>
<td>X</td>
<td>3,800.00 SELLING PRICE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Securities - Publicly traded</td>
<td>X</td>
<td>21,079.00 SELLING PRICE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food inventory</td>
<td>X</td>
<td>17,960.00 FMV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>(AUCTION ITEM) X</td>
<td>82</td>
<td>14,881.00 FMV</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>(OFFICE FURNIT) X</td>
<td>1</td>
<td>8,000.00 FMV</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>(PAINT) X</td>
<td>2</td>
<td>3,014.00 FMV</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>(PLAYGROUND EQ) X</td>
<td>1</td>
<td>2,500.00 FMV</td>
<td></td>
</tr>
</tbody>
</table>

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement: 29

### 30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

- Yes
- No

### 31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

- Yes
- No

### 32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

- Yes
- No

### 33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA

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

Schedule M (Form 990) (2015)
PART I, OTHER TYPES OF PROPERTY:

OFFICE SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 11

(C) REVENUE REPORTED ON FORM 990, PART VIII $ 2125.

(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE M, LINE 32B:

AUTOMOTIVE DONATIONS ARE PROCESSED THROUGH CAR DONATION SERVICES, INC. WHO HANDLES ALL OF THE PAPERWORK AND FORWARDS THE NET PROCEEDS TO PLAYWORKS.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACTIVITY AND SAFE, HEALTHY PLAY.

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

IN DECEMBER 2015, THE PLAYWORKS' BOARD OF DIRECTORS AUTHORIZED MANAGEMENT TO CREATE A FISCAL SPONSORSHIP ARRANGEMENT WITH SUBSTANTIAL.

SUBSTANTIAL BECAME A FISCALLY SPONSORED PROJECT WITHIN PLAYWORKS AS OF JANUARY 15, 2016. SUBSTANIAL IS PARTNERING WITH SCHOOLS AND DISTRICTS TO HELP RE-DESIGN THE WAY THEY RECRUIT, TRAIN AND SUPPORT SUBSTITUTE TEACHERS, ENSURING THE TIME SPENT IN CLASSROOM IS ENGAGING FOR STUDENTS AND REWARDING FOR ADULTS. PLAYWORKS ACCEPTS RESTRICTED CONTRIBUTIONS FOR THIS PROJECT AND PROVIDES ALL SUPPORT FUNCTIONS AS IT LAUNCHES INTO A NEW SOCIAL ENTERPRISE.

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

- DEVELOP AND COORDINATE AFTER SCHOOL PHYSICAL ACTIVITY PROGRAMS;

- COORDINATE INTERSCHOLASTIC DEVELOPMENTAL SPORTS LEAGUES SUCH AS BASKETBALL, VOLLEYBALL, SOCCER AND OTHERS;

- IMPLEMENT A YOUTH LEADERSHIP PROGRAM AT SELECT SITES; AND

- EMPLOY PLAY AS A TOOL FOR GENERATING MORE COMMUNITY AND FAMILY INVOLVEMENT.
PLAYWORKS CREATED A PLACE ON THE PLAYGROUND FOR OVER 700,000 CHILDREN TO BE ACTIVE, FEEL INCLUDED AND BUILD VALUABLE SOCIAL AND EMOTIONAL SKILLS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
THROUGH PLAYWORKS PRO, NEARLY 4,000 PEOPLE WERE EMPOWERED TO RUN A SUSTAINABLE RECESS PROGRAM AT THEIR RESPECTIVE SCHOOLS.

FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 DRAFT IS FIRST REVIEWED BY THE CFO AND THEN PROVIDED FIRST TO THE AUDIT COMMITTEE AND THEN TO THE FULL BOARD FOR REVIEW PRIOR TO FILING. QUESTIONS REGARDING TAX LAW ARE REFERRED TO THE TAX PREPARER(S). QUESTIONS REGARDING FINANCIAL DATA ARE REFERRED TO THE CFO AND/OR OTHER APPROPRIATE FINANCIAL DEPARTMENT PERSONNEL. QUESTIONS REGARDING STATISTICAL DATA ARE REFERRED TO THE APPROPRIATE DEPARTMENT WITHIN THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C:
A CONFLICT OF INTEREST STATEMENT IS SIGNED ANNUALLY. THE BOARD DISCUSSES POTENTIAL CONFLICTS AND HOW TO ADDRESS THEM. ALL NATIONAL BOARD MEMBERS AND CORPORATE OFFICERS ARE COVERED BY THE CONFLICT OF INTEREST POLICY. THE BOARD CHAIR AND THE AUDIT COMMITTEE REVIEW ALL POTENTIAL CONFLICTS. RESTRICTIONS ARE ON AN AD HOC BASIS, AS NECESSARY AND APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 15:
ALL SALARIES ARE REVIEWED REGULARLY WITH THE GOAL OF SETTING COMPETITIVE COMPENSATION FOR ALL STAFF IN THIS REVIEW. VARIOUS SALARY SURVEYS WHICH INCLUDE OTHER NONPROFIT ORGANIZATIONS ARE USED AS WELL AS OTHER PUBLICLY AVAILABLE SOURCES. OUR GOAL IS TO BENCHMARK OUR SALARIES AGAINST...
COMPETITIVE PAY FOR SIMILAR POSITIONS. COMPENSATION FOR OFFICERS ARE REVIEWED BY THE BOARD.

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

FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO PUBLIC UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC 6104(D).
Form 8888 (Rev. 1-2014)  Page 2

* If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box □  
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8888.  
* If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). 

Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Name of exempt organization or other filer, see instructions. 

Enter filer's identifying number, see instructions. 

Type or print 

File by the due date for filing your return. See instructions. 

PLAYWORKS EDUCATION ENERGIZED 

Employer identification number (EIN) or 

Number, street, and room or suite no. If a P.O. box, see instructions. 

Social security number (SSN) 

380 WASHINGTON STREET 

City, town or post office, state, and ZIP code. For a foreign address, see instructions. 

OAKLAND, CA 94607 

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1  

Application Is For Return Code Application Is For Return Code 

Form 990 or Form 990-EZ 01 Form 1041-A 08 

Form 990-BL 02 Form 4720 (other than individual) 09 

Form 4720 (individual) 03 Form 990-PF 10 

Form 990-T (sec. 401(a) or 403(b) trust) 05 Form 6069 11 

Form 990-T (trust other than above) 06 Form 8870 12  

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888.

THOMAS LOW  

The books are in the care of 380 WASHINGTON STREET – OAKLAND, CA 94607 

Telephone No. 510-893-4180 Fax No.  

If the organization does not have an office or place of business in the United States, check this box □  

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) , If this is for the whole group, check this box □ . If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for. 

4 I request an additional 3-month extension of time until MAY 15, 2017. 

5 For calendar year , or other tax year beginning JUL 1, 2015 , and ending JUN 30, 2016 . 

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return □ Final return □ Change in accounting period □  

7 State in detail why you need the extension 

EXAMINATION OF THE ACCOUNTS AND RECORDS IS NOT SUFFICIENTLY COMPLETE TO FILE AN ACCURATE AND COMPLETE RETURN AT THIS TIME.  

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, loss any nonrefundable credits. See instructions.  8a $ 0. 

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8888.  8b $ 0. 

c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  8c $ 0. 

Signature □ X Title □ CFO  

Date □ X 2/1/2017  

Form 8888 (Rev. 1-2014)