## Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the 2	017 calen	dar year, or tax year begin	ning		, 2017	, and endin	ıg		,	
В	Check if app	olicable:	С						D Employ	er identific	cation number
	Addres	s change	Godly Play Founda	ation					31-1	15890!	53
		change	P.O. Box 563, 122	2 West 8	th Aven	ue.			E Telepho		
	Initial r	-	Ashland, KS 6783						(503	2) (1)	5-5755
			,						(30.	3) 31.	3-3133
		urn/terminated							<b>C</b> a	ė	1 100 000
		led return	<b>F</b>	"				U(a) Is this	<b>G</b> Gross rea		1,199,039.
	Applica	ation pending		oπicer: W. ]	Lee Dicl	kson		` '			
_	-		Same As C Above	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		40.477 \ \( \)	F07	If 'No,'	subordinates attach a list.	(see instru	uctions) Yes No
<u> </u>		npt status	X 501(c)(3) 501(c) (	) <b>◄</b> (ins		4947(a)(1) o	527				
<u>J</u>	Websit		w.godlyplayfounda			1.		(-)	exemption nu		
<u>K</u>		organization:	X Corporation Trust	Association	Other ►	L	Year of format	ion: 199	/ M/s	tate of lega	al domicile: TX
Pa	rt I	Summar	у								
	1 Brie	efly descri	be the organization's missi	on or most s	ignificant a	ctivities:Th	<u>e Godly</u>	Play 1	F <u>ounda</u>	tion':	<u>s mission is</u>
e			the use of the C				elp_chil	<u>ldren c</u>	o <u>f_all_</u>	<u>ages</u>	<u>become more</u>
an	<u> 10</u>	<u>ılly_aw</u>	<u>are of God's pres</u>	ence in	<u>their</u>	L <u>ives.</u>					
Activities & Governance	<u> </u>	T. H-1- T-	ox ► if the organization			Ki a a a a a a a a a a a a a a			T0/ -f:1-		
30		eck this bo	oting members of the gover							net asse <b>3</b>	
& (			dependent voting members							4	9
es			of individuals employed in	•		•	,			5	9
ivit	<b>6</b> Tot	tal number	of volunteers (estimate if	necessary)						6	25
Act			ed business revenue from F							7a	0.
	<b>b</b> Net	t unrelated	I business taxable income t	rom Form 99	90-T, line 3	4				7b	0.
								Р	rior Year		Current Year
•	<b>8</b> Cor	ntributions	and grants (Part VIII, line	1h)					281,2	15.	255,048.
nue	<b>9</b> Pro	ogram serv	vice revenue (Part VIII, line	2g)					175,4		213,979.
Revenue			ncome (Part VIII, column (A						1	34.	5,841.
Ä			e (Part VIII, column (A), lin						272,9	96.	314,144.
			e – add lines 8 through 11						729,8	25.	789,012.
	<b>13</b> Gra	ants and s	imilar amounts paid (Part I	X, column (A	A), lines 1-3	)					
	<b>14</b> Ber	nefits paid	to or for members (Part IX	(, column (A)	), line 4)						
•	<b>15</b> Sal	laries, othe	er compensation, employee	benefits (Pa	art IX, colur	nn (A), line	s 5-10)		338,3	61.	335,490.
Expenses	<b>16a</b> Pro	ofessional	fundraising fees (Part IX, c	olumn (A), li	ine 11e)						_
per	<b>b</b> Tot	al fundrais	sing expenses (Part IX, colo	umn (D). line	25) ▶		28,158.				
EX	17 Oth		ses (Part IX, column (A), lir						356,1	17	291,188.
		•	es. Add lines 13-17 (must $\epsilon$		•				694,5		626,678.
		•	es: Add lines 15 17 (mast 6 s expenses. Subtract line 18	•					35,3		162,334.
o s		veriue iess	cxperises. Subtract line 10	3 110111 11110 17					of Curren		End of Year
ance	<b>20</b> Tot	al assets	(Part X, line 16)						, 581, 8		1,745,630.
Asse Bal	<b>21</b> Tot		s (Part X. line 26)					_	13,6		15,134.
Net Assets Fund Balanc	22 Not		fund balances. Subtract lin						•		
				16 21 110111 111	116 20			·   1	,568,1	62.	1,730,496.
		Signatur									
Unde	er penalties o olete. Declar	of perjury, I de ation of prepa	eclare that I have examined this return arer (other than officer) is based on a	rn, including acco all information of	ompanying scho which preparer	edules and state has any knowl	ements, and to edge.	the best of m	y knowledge	and belief,	it is true, correct, and
C:	.n	Signatu	re of officer					Da	te		
Sig He	JII re	Ta7 .	I oo Diakaan					Evoca	1+ i 170 T	) i roat	ton
110			Lee Dickson print name and title					Exect	ıtive I	rrect	LOI
		,,	preparer's name	Preparer's signa	ature		Date		Check }	If PT	ΓΙΝ
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2500 Weblayan, Baree 200								Firm's EIN		0269860	
N /		alia a	Houston, TX 7						Phone no.	(713)	439-5739
11/12/	/ IDE IRS	miscuse th	IL TAILITE WITH THE DYADSYAY	STICIME SHOW	u / read inct	THURDON !					IAI VOC I I NO

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rai	
	Check if Schedule O contains a response or note to any line in this Part III
ı	Briefly describe the organization's mission:
	The Godly Play Foundation is a non-profit religious and educational organization
	created for the purpose of facilitating the practice of Godly Play® through research,
	training, and resources.
2	Did the organization undertake any significant program services during the year which were not listed on the prior
	Form 990 or 990-EZ?
_	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 X 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.
4 a	(Code: ) (Expenses \$ 264,440. including grants of \$ ) (Revenue \$ 322,548.)
	Publications and Materials: In December 2007, The Godly Play Foundation was gifted a
	series of publications including the "Complete Guide to Godly Play" volumes 1 through
	6 from the founder and author, The Reverend Dr. Jerome Berryman. Additional
	publications and articles continue to be developed and gifted to the Foundation with
	the "Complete Guide" now at 8 volumes. Godly Play Foundation receives royalty income
	from its publisher, Church Publishing, Incorporated. Godly Play is a Montessori
	based program and, as such, there are materials (e.g. Arks, Temples) that are used in
	combination with the publications to deliver the Godly Play method. Godly Play
	Foundation is producing and selling the materials that support its programs through
	it Godly Play Resources division.
4 b	(Code: ) (Expenses \$ 236,097. including grants of \$ ) (Revenue \$ 205,575.)
	U. S. Training: Godly Play Foundation trains and supports a network of independent
	Godly Play Trainers in the United States. The Godly Play approach teaches classical
	religious (e.g. Christian, Quaker, Jewish) language in a way that enhances the
	child's authentic experience of God. Trainers learn to use Montessori's approach to
	education to stimulate children's active participation in story and ritual and to
	awaken their creativity for the learning of the language, sacred stories, parables,
	liturgical action and silence of their religious tradition.
	The Godly Play Foundation maintains and enhances the offerings and curriculum used by
	the trainer network as they train church school teachers, hospital chaplains and
	others who use the Godly Play method.
4 c	(Code:) (Expenses \$29,502. including grants of \$) (Revenue \$)
	Research and Development: The Godly Play Foundation through its division, The Center
	for the Theology of Childhood, conducts research and development into childhood
	spirituality and the practices of nurturing and developing that spirituality through
	story and play. The Center also is responsible for Godly Play publications, creating
	<pre>new and revising current editions.</pre>
اہ ا/	Other program services (Describe in Schedule O.)
4 a	(Expenses \$ including grants of \$ ) (Revenue \$ )
4 0	Total program service expenses ► 530,039.
<b>→</b> €	Total program solvice expenses - JSU, USY.

# Form 990 (2017) Godly Play Foundation Part IV Checklist of Required Schedules

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

# Form 990 (2017) Godly Play Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
Ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
I	big Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
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? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2017) Godly Play Foundation 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....

Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>						
		Yes	No					
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1 a53								
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	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 9								
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X					
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0.</i>	3 b							
<b>4 a</b> 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)?	4 a		Х					
<b>b</b> If 'Yes,' enter the name of the foreign country: ►								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		37					
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X					
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X					
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c							
<b>6 a</b> 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?								
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
7 Organizations that may receive deductible contributions under section 170(c).								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X					
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х					
d If 'Yes,' indicate the number of Forms 8282 filed during the year								
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g							
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h							
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							
<ul> <li>Sponsoring organizations maintaining donor advised funds.</li> <li>a Did the sponsoring organization make any taxable distributions under section 4966?</li> </ul>	0.0							
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 a 9 b							
Section 501(c)(7) organizations. Enter:	35							
a Initiation fees and capital contributions included on Part VIII, line 12								
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10 b</b>								
1 Section 501(c)(12) organizations. Enter:								
a Gross income from members or shareholders								
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year								
3 Section 501(c)(29) qualified nonprofit health insurance issuers.								
a Is the organization licensed to issue qualified health plans in more than one state?	13a							
Note. See the instructions for additional information the organization must report on Schedule O.								
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
c Enter the amount of reserves on hand			37					
<b>4a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O.</i>	14b	000	(2017)					

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 No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 9 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 ... 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?. 10 a Χ 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?....... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ X 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule..Q...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). **16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a 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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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 X 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. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Ashland KS 67831 (620) 635-2299

Larry Konrade 112 West 8th Avenue

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

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

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

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

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

employees; and former such persons.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
_				(C)	)					_
(A) Name and Title	(B) Average hours	thar	n one	box, an c	unles officer truste		ion	(D)  Reportable compensation from	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Doug Watts	2									
President	0	X		Χ				0.	0.	0.
(2) Rev. Rebecca McClain VP 1/1-6/30/17	$-\frac{1}{0}$	Х		X	-		1	0.	0.	0.
_(3) Mary Hunter Maxwell VP 7/1-present	2	X		X	N		•	0.	0.	0.
(4) Adam Thomas	2	L	,							
Secretary	0	X		Χ				0.	0.	0.
(5) Ted Gerbracht	22									
Treasurer	0	X		Χ				0.	0.	0.
(6) Tom Blackmon	11							_		_
Director	0	X						0.	0.	0.
(7) Noel Huebner	1									
Director	0	X						0.	0.	0.
(8) Karin Leibster	1							•	•	•
Director	0	Х						0.	0.	0.
(9) Elias Lopez	11	37						0	0	0
Director	0	Х						0.	0.	0.
<u>(10) Alyda Macaluso</u> Director	$-\frac{1}{0}$	Х						0.	0.	0.
(11) W. Lee Dickson	40	Λ						0.	0.	<u> </u>
Executive Dir.	$-\frac{40}{0}$	Х		Χ				69,000.	0.	0.
(12)		Λ		Λ				03,000.	0.	<u></u>
(13)										
(14)										

Part VII   Section A. Officers, Directors, II	-	ney	⊏II	•		es, a	anc	a riignest Com	ipensated Emp	loyees	<b>5</b> (cont	:inuea)
	(B)			(C	•			<b>(D)</b>	<b>(E)</b>		<b>(</b> E)	
<b>(A)</b> Name and title	Average hours	box	, unle	ess pe	erson	than o	n an	<b>(D)</b> Reportable	<b>(E)</b> Reportable	E	(F) stimated	d
realite and the	per week (list any					or/trust		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amo con	unt of o	ther tion
	hours	Individual trustee or director	Institutional trustee	Officer	Key employee	lighe: mplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org	rom the	on
	related organiza	ector	tions	74	mplo	st co yee	er				id relate anizatio	
	- tions below	trust	T T		)yee	mper						
	dotted line)	ee	stee			Highest compensated employee						
(15)						- 0						
<u>(15)</u>												
(16)												
4.70												
(17)												
(18)												
		•										
<u>(19)</u>												
(20)												
(21)												
(22)												
(22)												
(23)								10				
							4	FU				
(24)					1							
(25)	,	10			1							
	0		) 1									
1 b Sub-total							<b>&gt;</b>	69,000.	0.	•		0.
c Total from continuation sheets to Part VII, Sec						'	<b>-</b>	0.	0.			0.
d Total (add lines 1b and 1c)							ved	69,000. more than \$100.00	0.0 of reportable comm	ensatio	n	0.
from the organization • 0				,								
											Yes	No
3 Did the organization list any <b>former</b> officer, dire on line 1a? If 'Yes,' complete Schedule J for su	ector, or tru	istee,	, key	em/	nploy	/ee, d	or h	ighest compensa	ted employee	. 3		X
4 For any individual listed on line 1a, is the sum												A
the organization and related organizations grea	ter than \$1	50,0	00?	If '	es,'	com	ıplei	te Schedule J for		. 4		Х
5 Did any person listed on line 1a receive or accifor services rendered to the organization? If 'Yo	ue comper	nsatio	n fr	om	any	unre	late	d organization or	individual	. 5		Х
Section B. Independent Contractors										·	<u> </u>	11
Complete this table for your five highest compecompensation from the organization. Report compe	ensated ind	epen	dent alen	t cor	ntrad vear	ctors endir	tha	t received more the or with or within the or	nan \$100,000 of			
									(	C)		
(A) Name and business address  (B) Description of services								of services	Compè	nsatio	on	
2 Total number of independent contractors (including		ited to	o thc	se I	isted	l abov	ve) v	who received more	than			
\$100,000 of compensation from the organization	· · · · · · · · · · · · · · · · · · ·											

<u>. u.</u>		Check if Schedule O contains a response or note to	any line in this Part V	III		
			(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b d e f	Federated campaigns				
	_	Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	<u>▶</u> 255,048.			
Program Service Revenue		Fees - Training 900099 CPI royalties 900099	205,575. 8,404.	205,575. 8,404.		
Progran	l	All other program service revenue  Total. Add lines 2a-2f	► 213,979.			
	3 4 5	Investment income (including dividends, interest and other similar amounts)				5,841.
	b d 7 a b	(i) Real (ii) Personal  Gross rents  Less: rental expenses Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses  Gain or (loss)	BEFI	LED		
Other Revenue	8 a	Net gain or (loss)  Gross income from fundraising events (not including. \$ of contributions reported on line 1c).  See Part IV, line 18				
δ		Net income or (loss) from fundraising events	•			
		Less: direct expenses	<b>-</b>			
	10 a	Gross sales of inventory, less returns and allowances	1.	314,144.		
	11 a	Miscellaneous Revenue Business Code	311,111.	311,111.		
	b					
		All other revenue				
	12	Total revenue. See instructions	<b>►</b> 789,012.	528,123.	0.	5,841.

### Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines

Total expenses

Total expenses

Program service

Management and

Fundraising

Do r 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.			3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	69,000.	47,265.	21,735.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	217,949.	186,737.	9,782.	21,430.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	111,7313.	100,1011	3,702.	21, 100.
9	Other employee benefits	26,409.	26,409.		
10	Payroll taxes	22,132.	18,039.	2,542.	1,551.
11	Fees for services (non-employees):	,		, -	,
а	Management				
b	Legal				
c	Accounting	17,986.		17,986.	
d	Lobbying	,		,,,,,,,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		-11		
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5Ch.	102,960.	90,370.	12,590.	
12	Advertising and promotion	3,896.	3,268.	76.	552.
13	Office expenses	25,540.	23,284.	2,140.	116.
14	Information technology	2,352.			2,352.
15	Royalties				
16	Occupancy	16,294.	14,664.	1,630.	
17	Travel	13,364.	11,294.		2,070.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,526.	66,439.		87.
20	Interest		,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	770.	770.		
	Insurance	6,906.	6,906.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Training expenses	23,697.	23,697.		
	Dues & subscriptions	6,654.	6,654.		
c	Sales tax	4,243.	4,243.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	626,678.	530,039.	68,481.	28,158.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here □ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	any I	ine in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing			304,830.	1	407,725.
	2	Savings and temporary cash investments			175,187.	2	·
	3	Pledges and grants receivable, net			·	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated en	mplove	ees. Complete - I			
		Part II of Schedule L		Į.		5	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	and contributing		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		142,965.	8	179,671.	
Ä	9	Prepaid expenses and deferred charges			7,500.	9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	87,459.			
	b	Less: accumulated depreciation	10 b	74,441.	12,086.	10 c	13,018.
	11	Investments — publicly traded securities			•	11	,
	12	Investments – other securities. See Part IV, line 11				12	205,963.
	13	Investments – program-related. See Part IV, line 11.				13	,
	14	Intangible assets			939,253.	14	939,253.
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)		1,581,821.	16	1,745,630.
	17	Accounts payable and accrued expenses			13,659.	17	15,134.
	18	Grants payable		1		18	
	19	Deferred revenue				19	
w	20	Tax-exempt bond liabilities		shadula D		20 21	
ţį	21 22					21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	disqu	alified persons.		22	
	23	Secured mortgages and notes payable to unrelated th				23	
	24	Unsecured notes and loans payable to unrelated third	partie	s		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to re plete F	elated third parties, Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			13,659.	26	15,134.
S		Organizations that follow SFAS 117 (ASC 958), check he	re ►	X and complete			
8		lines 27 through 29, and lines 33 and 34.					
a	27	Unrestricted net assets			1,439,243.	27	1,421,465.
Ba	28	Temporarily restricted net assets.			28,919.	28	209,031.
nd	29	Permanently restricted net assets		_	100,000.	29	100,000.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	eck ne	ere F			
3	30	Capital stock or trust principal, or current funds				30	
8	31	Paid-in or capital surplus, or land, building, or equipment	ent fu	nd		31	
As	32	Retained earnings, endowment, accumulated income,	or oth	er funds		32	
let	33	Total net assets or fund balances			1,568,162.	33	1,730,496.
~	34	Total liabilities and net assets/fund balances			1,581,821.	34	1,745,630.

BAA Form **990** (2017)

Forn	orm 990 (2017) Godly Play Foundation 31-				age <b>12</b>	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.				🔲	
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		789,	012.	
2	Total expenses (must equal Part IX, column (A), line 25)			626,	678.	
3	Revenue less expenses. Subtract line 2 from line 1	. 3		162,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		568,		
5	Net unrealized gains (losses) on investments	. 5	•			
6	Donated services and use of facilities	. 6				
7	Investment expenses					
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O).	. 9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	. 10	1,	730,	<u> 496.</u>	
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII				🔲	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie		···	_	<u> </u>	
	separate basis, consolidated basis, or both:	weu on a				
	Separate basis Consolidated basis Both consolidated and separate basis					
ı	b Were the organization's financial statements audited by an independent accountant?		2	ьХ		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa					
	basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc review, or compilation of its financial statements and selection of an independent accountant?	lit, 	2	c X		
	If the organization changed either its oversight process or selection process during the tax year, explain					
	in Schedule O.					
3	a 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?		3	а	Х	
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits					
BAA			For	m <b>990</b>	(2017)	

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number Godly Play Foundation 31-1589053 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 12 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** 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. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_
<b>4</b> <b>5</b>	<b>Total.</b> Add lines 1 through 3 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)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			= =	ED		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		OB				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see in	structions)			12	
13	<b>First five years.</b> If the Form 990 is organization, check this box and						▶ □
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						%
	Public support percentage from 2		·			<u> </u>	%
	<b>33-1/3% support test—2017.</b> If the and <b>stop here.</b> The organization	qualifies as a pul	blicly supported o	organization			▶ ∐
b	<b>33-1/3% support test—2016.</b> If the and <b>stop here.</b> The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a or 16a or 16a or 16a	a, and line 15 is 3.	3-1/3% or more, c	theck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and <b>stop her</b> a publicly support	re. Explain in Part ed organization.	VI how the▶
18	Private foundation. If the organiz	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions >

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	33,715.	146,638.	41,046.	311,267.	255,048.	787,714.
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.	923,579.	901,520.	985,524.		938,150.	4,614,564.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	320,013.	301,010.	300,021.	000,131.	30071001	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	957,294.	1,048,158.	1,026,570.	1,177,058.	1,193,198.	5,402,278.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13	24,140.	135,000.	30,000.	235,000.	206,650.	630,790.
	for the year.	3,516.	491.	504.	0.	0.	4,511.
	Add lines 7a and 7b	27,656.	135,491.	30,504.	235,000.	206,650.	635,301.
	Public support. (Subtract line 7c from line 6.)tion B. Total Support			- =11	E		4,766,977.
	dar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
	Amounts from line 6	957,294.	1,048,158.		1,177,058.		5,402,278.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	3317234.	1,040,130.	,	,	,	· · · · · · · · · · · · · · · · · · ·
	similar sources			8.	134.	5,841.	5,983.
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0.	0.	8.	134.	5,841.	5,983.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				1,177,192.		5,408,261.
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul			. 12 (0)		1 4= 1	00.11.0
	Public support percentage for 20	•					88.14 %
	Public support percentage from 2					16	89.93 %
	tion D. Computation of Inv				mn (f))	17	0 11 9
	Investment income percentage for						0.11 %
	Investment income percentage framework 33-1/3% support tests—2017. If the support tests—2017 is						0.00 %
	is not more than 33-1/3%, check 33-1/3% support tests—2016. If t	this box and stop	<b>p here.</b> The organ	iization qualifies a	as a publicly supp	orted organization	ı ► <u>X</u>
	line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box a	and <b>stop here.</b> Th	e organization qu	alifies as a public	ly supported organ	nization ►
20	i iivate iouiiuatioii. Ii tile organii	Lation did not the	on a box on mile	i <del>-,</del> i Ja, Ui 130, C	HICCK HIIS DUX ALIU	i see iiisii uciioi is	· · · · · · · · · · · · · · · · · · ·

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

	11 3 3		V	NI.
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
2.	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
Зa	and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9с		
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.	10a		
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.)	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		rning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	tion l	B. Type I Supporting Organizations			
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or ele	ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.			
	direct	e organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, led to such powers during the tax year.	1		
2	Did th	he organization operate for the benefit of any supported organization other than the supported organization(s)			
	bene	operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ich of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
500	- ' '	D. All Type III Supporting Organizations	•		
Sec	lioii i	D. All Type III Supporting Organizations		Yes	No
				103	140
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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 nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	orgai	ilization's governing documents in ellect on the date of notification, to the extent not previously provided?	'		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported pization (s) or (ii) serving on the governing body of a supported organization? If 'No ' explain in <b>Part VI</b> how			
	the o	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice	eason of the relationship described in (2), did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at			
		mes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
		71 7 7 11 7 7			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	$\equiv$	The organization satisfied the Activities Test. Complete line 2 below.			
b	H	The organization is the parent of each of its supported organizations. Complete line 3 below.	,	,, ,	
C	: LJ '	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ıstruc	tions).	
2	Activi	ities Test. Answer (a) and (b) below.		Yes	No
а	suppo orgai	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was			
		onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	2a		
b		he activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
	the o	organization's position that its supported organization(s) would have engaged in these activities but for the	2b		
		nization's involvement.	20		
		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	טול th each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

	to promote and an arrangement of the promote of the			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain ir st complete Sections A	Part VI). <b>See</b> through E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
(	Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	d Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2017

Part V	/ Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sectio	n D — Distributions	Current Year
<b>1</b> Ar	mounts paid to supported organizations to accomplish exempt purposes	
	mounts paid to perform activity that directly furthers exempt purposes of supported organizations, excess of income from activity	
<b>3</b> Ac	dministrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Ar	mounts paid to acquire exempt-use assets	
<b>5</b> Qı	ualified set-aside amounts (prior IRS approval required)	
<b>6</b> Ot	ther distributions (describe in Part VI). See instructions.	
7 To	otal annual distributions. Add lines 1 through 6.	
	stributions to attentive supported organizations to which the organization is responsive (provide details <b>Part VI</b> ). See instructions.	
<b>9</b> Di	istributable amount for 2017 from Section C, line 6	
<b>10</b> Lir	ne 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2017 distributable amount	-11		
i Carryover from 2012 not applied (see instructions)	CIL		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
<b>b</b> Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

BAA

Schedule A (Form 990 or 990-EZ) 2017

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



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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number

Godly Play Foundation		31-1589053
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) orga	anization
	4947(a)(1) nonexempt charitable tr	ust <b>not</b> treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	1
	4947(a)(1) nonexempt charitable tr	ust treated as a private foundation
	501(c)(3) taxable private foundation	·
	sor(c)(o) taxable private loandation	•
Check if your organization is covered by the <b>Ge</b>	neral Rule or a Special Rule.	
<b>Note.</b> Only a section 501(c)(7), (8), or (10)	organization can check boxes for both the G	General Rule and a Special Rule. See instructions.
General Rule		
X For an organization filing Form 990, 99 property) from any one contributor. Con	0-EZ, or 990-PF that received, during the ye mplete Parts I and II. See instructions for de	ar, contributions totaling \$5,000 or more (in money or termining a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)	(vi), that checked Schedule A (Form 990 or 990	net the 33-1/3% support test of the regulations -EZ), Part II, line 13, 16a, or 16b, and that r of (1) \$5,000 or (2) 2% of the amount on (i)
For an organization described in section	n 501(c)(7) (8) or (10) filing Form 990 or 9	90-EZ that received from any one contributor,
during the year, total contributions of m	nore than \$1,000 <i>exclusively</i> for religious, ch lty to children or animals. Complete Parts I.	aritable, scientific, literary, or educational
during the year, contributions <i>exclusive</i> \$1,000. If this box is checked, enter he	n 501(c)(7), (8), or (10) filing Form 990 or 99 fely for religious, charitable, etc., purposes, but the total contributions that were received the any of the parts unless the <b>General Rule</b> and the second	during the year for an exclusively religious,
it received <i>nonexclusively</i> religious, cha	aritable, etc., contributions totaling \$5,000 or	more during the year ▶ Ş
990-PF), but it <b>must</b> answer 'No' on Part I\	by the General Rule and/or the Special Rule /, line 2, of its Form 990; or check the box o the filing requirements of Schedule B (Form	es doesn't file Schedule B (Form 990, 990-EZ, or in line H of its Form 990-EZ or on its Form 990-PF, in 990, 990-EZ, or 990-PF).

BAA 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) (2017)

Page

1 of

1 of Part I

Godly Play Foundation

Employer identification number

31-1589053

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Reverend Dr. Jerome Berryman  5455 Landmark Place #807  Greenwood Village, CO 80111	\$206,000.	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b)	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Godly Play Foundation

Name of organization

31-1589053

Employer identification number

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

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A	-	
		-  \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		- \$ -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<b>40</b> -P	- - -	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - -	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
	<u> </u>	<u> </u>  \$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

to 1

of Part III

Name of organization
Godly Play Foundation

Employer identification number

31-1589053

Part III	Exclusively religious, charitable, e or (10) that total more than \$1,000 for t the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contribu ompleting Part III, enter the total (Enter this information once. See	<b>Itor.</b> Complet of <i>exclusive</i>	te columns <b>(a)</b> through <b>(e) and</b> ely religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
	42			· · · · · · · · · · · · · · · · · · ·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of gift			
	Transferee's name, addres	ransfer of giπ s, and ZIP + 4	Rela	tionship of transferor to transferee	
	<u></u>		 		
<u></u>		(2)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	
				L L D (E 000 000 ET 000 DE) (001 E)	

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Godly Play Foundation

Godly Play Foundation		31-1589053
ort I Organizations Maintaining Dono	r Advised Funds or Other Similar I wered 'Yes' on Form 990, Part IV, I	Funds or Accounts.
Oomplete ii tile organization alisv		
Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
55 5		
Did the organization inform all donors and don are the organization's property, subject to the	nor advisors in writing that the assets held i organization's exclusive legal control?	n donor advised funds Yes No
Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant of the donor or donor advisor, or for any o	funds can be used only ther purpose conferring
	wered 'Yes' on Form 990, Part IV, I	ine 7
Purpose(s) of conservation easements held by		IIIC 7.
Preservation of land for public use (e.g., re		on of a historically important land area
Protection of natural habitat	· L	on of a certified historic structure
Preservation of open space	Freservati	on or a certified filotofic structure
	hold a qualified concentration contribution in the	form of a concervation escement on the
Complete lines 2a through 2d if the organization hast day of the tax year.	leid a quaimed conservation contribution in the	
		Held at the End of the Tax Yea
a Total number of conservation easements		<u>2a</u>
<b>b</b> Total acreage restricted by conservation easer		2b
c Number of conservation easements on a certif	ied historic structure included in (a)	2c
<b>d</b> Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and not on a h	istoric 2 d
Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or terminated	by the organization during the
Number of states where property subject to conse	vation easement is located ►	
Does the organization have a written policy re-		handling of violations
and enforcement of the conservation easemer		
Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, and enforcing	g conservation easements during the year
Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, and enforcing cor	nservation easements during the year
Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i) Yes No
In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation assembles.	conservation easements in its revenue and exo the organization's financial statements the	xpense statement, and balance sheet, and nat describes the organization's accounting for
conservation easements.  Int III Organizations Maintaining Collection	ctions of Art. Historical Treasures.	or Other Similar Assets.
Complete if the organization answ	wered 'Yes' on Form 990, Part IV, i	ine 8.
a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education, or research	in furtherance of public service, provide,
<b>b</b> If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	SFAS 116 (ASC 958), to report in its rever or public exhibition, education, or research in for	nue statement and balance sheet works of art urtherance of public service, provide the
(i) Revenue included on Form 990, Part VIII,	line 1	
(ii) Assets included in Form 990, Part X		
If the organization received or held works of art, h amounts required to be reported under SFAS	istorical treasures, or other similar assets for f 116 (ASC 958) relating to these items:	financial gain, provide the following
a Revenue included on Form 990, Part VIII, line	· · · · · · · · · · · · · · · · · · ·	
h Assets included in Form 990. Part X		· ·

Part III Organizations Mainta	ining Collecti	ons of Art, F	iistorica	i ireasures, or o	Jiner Similar Ass	ets (C	ontinu	ea)
3 Using the organization's acquisition items (check all that apply): a Public exhibition	, accession, and c		•	-	a significant use of its	collectio	n	
· · · · · · · · · · · · · · · · · · ·		<b>—</b>		change programs				
b Scholarly research	otions	e 🗌 🤇	Other					
c Preservation for future gener		and analais ban						
4 Provide a description of the organiz Part XIII.		·	•	-				
5 During the year, did the organiza to be sold to raise funds rather the Part IV Escrow and Custodia	nan to be mainta	ined as part of	the organiz	zation's collection?.		Yes		No + IV/
line 9, or reported an	amount on Fo	rm 990, Par	t X, line	21.	wered res on ro	1111 99	U, Fai	
1 a Is the organization an agent, trus on Form 990, Part X?					assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and	complete the fo	ollowing tal	ole:				
						Amoun	t	
<b>c</b> Beginning balance					. 1c			
<b>d</b> Additions during the year					. 1 d			
e Distributions during the year					1 e			
<b>f</b> Ending balance					. 1f			
2a Did the organization include an a	mount on Form 9	990, Part X, Iine	e 21, for es	scrow or custodial a	ccount liability?	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Che	ck here if the e	xplanation	has been provided	on Part XIII			7
Part V Endowment Funds. C	omplete if the	organizatio	n answei	red 'Yes' on For	m 990, Part IV, Iir	ne 10.		
,	(a) Current year	<b>(b)</b> Pri	or year	(c) Two years back	(d) Three years back	(e)	Four years	s back
1 a Beginning of year balance	100,00	00.	0.	0	. 0.			0.
<b>b</b> Contributions		10	0,000.					
<b>c</b> Net investment earnings, gains,								
and losses								
<b>d</b> Grants or scholarships							-	
<b>e</b> Other expenditures for facilities and programs					0.			
f Administrative expenses		9 K						
g End of year balance	100,00	00. 10	0,000.	0	0.			0.
2 Provide the estimated percentage	e of the current y	ear end balanc	e (line 1g,	column (a)) held as	S:			
a Board designated or quasi-endowm	ent ►	%						
<b>b</b> Permanent endowment ▶	100.00%							
c Temporarily restricted endowmer	nt ►	%						
The percentages on lines 2a, 2b, ar	nd 2c should equa	l 100%.						
3.0 Ann the are needed on the formula week in the			41a - 4 1a - 1		41			
<b>3a</b> Are there endowment funds not in to organization by:	ne possession of	ne organization	that are he	id and administered i	or trie		Yes	No
(i) unrelated organizations						3a(i)		X
(ii) related organizations						3a(ii)		X
<b>b</b> If 'Yes' on line 3a(ii), are the rela						3b		- 11
4 Describe in Part XIII the intended	-	•				0.0		
Part VI Land, Buildings, and		arnzation 5 ona	ownione rai	ido. DCC Tare	ATII			
Complete if the organi		red 'Yes' on	Form 99	0, Part IV, line	11a. See Form 99	0, Par	t X, lir	าе 10.
Description of property		Cost or other b (investment)	asis (b	Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	ılue
<b>1 a</b> Land								
<b>b</b> Buildings				18,027.	6,025.		12,	,002.
c Leasehold improvements				2,242.	2,242.			0.
<b>d</b> Equipment				67,190.	66,174.		1,	,016.
<b>e</b> Other				Í				
Total. Add lines 1a through 1e. (Column	n (d) must equa	Form 990, Par	t X, colum	n (B), line 10c.)			13.	,018.
BAA	•			·	Schedu	ıle <b>D</b> (F	orm 990	

Schedule **D** (Form 990) 2017

Part VII	☐ Investments — Other Securities. Complete if the organization answered	l 'Yes' on Form 99(	0, Part IV, line 11b. See Form 990, Part X, line 1
(a) Des	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	cial derivatives	, ,	,,
. ,	ly-held equity interests		
	Episcopal Church Fdn Funds	205 963	End of Year Market Value
(A)		203/303.	Ind of fed fidines value
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
(l) T-1-1	(h)	205 062	
	mn (b) must equal Form 990, Part X, column (B) line 12.) >	205,963.	NT / 7
Part VIII	Investments — Program Related. Complete if the organization answered	L'Yes' on Form 990	N/A 0, Part IV, line 11c. See Form 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	(a) Description of investment	(b) Book value	(b) motion of valuation, cost of one of your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			-0
(10)			
	mm (b) must equal Form 990, Part X, column (B) line 13.) •		
Part IX	Other Assets.  Complete if the organization answered	N/A	0, Part IV, line 11d. See Form 990, Part X, line 15
		scription	( <b>b</b> ) Book value
(1)			
(2)	10		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Co	olumn (b) must equal Form 990, Part X, column (l	B) line 15.)	▶
Part X	Other Liabilities.		
	Complete if the organization answered 'Yes' on F		
	(a) Description of liability	(b) Book value	
	eral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(10)			
(11)	(I) I I I 000 D I V / 177 W 057		
	umn (b) must equal Form 990, Part X, column (B) line 25.).		
<ul> <li>Lianility f</li> </ul>	or uncertain tax positions, in Part XIII, provide the text of the to	outode to the organization's fi	inancial statements that reports the organization's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	809,934.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	20,922.
3 Subtract line 2e from line 1.	3	789,012.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	789,012.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	647,600.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	20,922.
3 Subtract line 2e from line 1.	3	626,678.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	626,678.

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 XI, line 2; Part XI, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part V, Line 4 - Intended Uses Of Endowment Fund

The Godly Play Foundation's Endowment is intended to produce income for the purposes of supporting the administrative and management expenses of the organization.

BAA Schedule **D** (Form 990) 2017

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

31-1589053 Godly Play Foundation

#### Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 is reviewed by the Board Treasurer and Executive Director prior to distribution for discussion by the full Board of Directors. A copy is distributed to the Board of Directors prior to filing.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Godly Play Foundation's Conflict of Interest policy covers directors, officers and members of a committee with Board delegated powers. Annual disclosure of any interest or conflicts is required and monitored by the board's secretary who is a member of the Executive Committee. Regular discussion at board meetings covers changes to board members relationships with the Foundation's programs. Board members who are 'interested parties' to any topic (example Board members who are Godly Play Trainers) are asked by the secretary to excuse themse from votes in which they have a conflict.

### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

During the budget planning process for the first year in which an Executive Director position was fully funded, the Board Executive Committee reviewed recommended compensation levels for comparable not-for-profit organizations, and negotiated a reasonable salary with the incumbent. This was subsequently approved by the Board and is adjusted as necessary during quarterly reviews of financial performance and assessment of the ED's ongoing performance.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request

Name of the organization	Employer identification number
Godly Play Foundation	31-1589053

### Form 990, Part IX, Line 11g Other Fees For Services

		(A)	(B) Program	(C) Management	(D) Fund-
	_	Total	Services	& General	<u>raising</u>
Editing service fees		1,080.	1,080.	10 400	
International development Other consulting services		12,430. 3,119.	2,959.	12,430. 160.	
Trainer and host fees Web design		85,789. 542.	85,789. 542.		
nes design	Total 🕏	102,960.	\$ 90,370.	\$ 12,590.	\$ 0.

