PUBLIC INSPECTION COPY

Form **990**

(Rev. January 2020)

В

Department of the Treasury Internal Revenue Service

Check if applicable:

For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

01(c), 52/, or 494/(a)(1) of the Internal Revenue Code (except private foundations)

, 2019, and ending

► 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. OMB No. 1545-0047

Open to Public Inspection

D Employer identification number

	Α.	Address change	Godly Play 1	Foundation				31-1	L5890	153			
	_ N	Name change	P.O. Box 56	3, 122 West 8th Avenu	е			E Telepho	ne numbe	er			
	П	nitial return	Ashland, KS	67831				(503	3) 91	5-5755			
		inal return/terminated						(000	,, ,,	.0 0700			
		Amended return						G Gross re	aninta Š	1 164	001		
	-		F			-	U(a) le this	a group return			3.7		
		Application pending	r Name and address	of principal officer: Heather Inge	ersoll		` '				X No		
			Same As C Al				If "No,"	subordinates attach a list.	(see inst	? Yes	No		
<u> </u>		c-exempt status:			4947(a)(1) or	527							
J	We	ebsite: ► ww	w.godlyplayf	foundation.org		Į.	H(c) Group	exemption nu	mber 🟲				
K		m of organization:	X Corporation T	rust Association Other ►	L Yea	r of formation	n: 199	7 M s	tate of le	gal domicile: ${ extbf{TX}}$			
Pa	rt I	Summar	<u></u> у										
	1	Briefly descri	be the organization	's mission or most significant act	ivities:The	Godly	Play :	Foundat	cion'	s missio	n is		
d)				the Godly Play method									
Ľ				presence in their la									
rna				- -									
Ve	2	Check this bo	ox ► if the org	anization discontinued its operation	ons or dispose	ed of mo	re than 2	5% of its r	net ass	ets.			
ၓ	3			ne governing body (Part VI, line 1					3		11		
ళ	4			nembers of the governing body (F					4		10		
ţį	5			loyed in calendar year 2019 (Part					5		11		
Activities & Governance	6		•	mate if necessary)				L	6		25		
Ac				e from Part VIII, column (C), line				L	7a		0.		
	b	Net unrelated	l business taxable	income from Form 990-T, line 39.			1		7b		0.		
								rior Year		Current Yo	ear		
Ф	8			/III, line 1h)				353,4			<u>,779.</u>		
Revenue	9			VIII, line 2g)				236,2			<u>,463.</u>		
eve	10		•	olumn (A), lines 3, 4, and 7d)				5,1		17	,853.		
ď	11			n (A), lines 5, 6d, 8c, 9c, 10c, and				250,2		257	,334.		
	12	Total revenue	e – add lines 8 thro	ough 11 (must equal Part VIII, col	umn (A), line	12)		845,1	32.	739	,429.		
	13	Grants and s	imilar amounts paid	d (Part IX, column (A), lines 1-3).				6	70.				
	14	Benefits paid	to or for members	(Part IX, column (A), line 4)									
	15	Salaries, other	ner compensation, employee benefits (Part IX, column (A), lines 5-10)					307,6	40.	270	,268.		
ses	16a	Professional	fundraising fees (P	art IX, column (A), line 11e)				, .					
Expenses													
Ä				t IX, column (D), line 25) ►		<u>,582.</u>							
_	17		•	n (A), lines 11a-11d, 11f-24e)				312,1			<u>,356.</u>		
	18			' (must equal Part IX, column (A),				620,4	13.	568	<u>,624.</u>		
	19	Revenue less	; expenses. Subtra	ct line 18 from line 12				224,7	19.	170	,805.		
or Ces								g of Current	t Year	End of Ye			
sets alan	20	Total assets	(Part X, line 16)				1	,949,0	45.	2,165	,889.		
t Assets id Balanc	21	Total liabilitie	s (Part X, line 26)					11,9	12.	23	,242.		
Fet	22	Net assets or	fund balances. Su	btract line 21 from line 20			1	,937,1	33.	2,142	.647.		
	rt II	Signatur	e Block				ı	, ,		,			
				ed this return, including accompanying schedu	ules and statemer	nts and to th	ne hest of m	v knowledae	and helie	f it is true correct	and		
comp	olete. [Declaration of prepa	irer (other than officer) is	ed this return, including accompanying sched based on all information of which preparer h	as any knowledge		10 5000 01 111	, momoago	uu boo	.,	, and		
		► EU	ectronically	y Filed									
Sig	ın	Signatu	re of officer	<i>y</i> 1 0000			Da	te					
He	re	Неа	ther Ingerso	11			Fveci	ıtive D	i rec	tor			
	. •	Type or	print name and title	11			LACCE	ICIVC L	<u>/11CC</u>				
		Print/Type r	oreparer's name	Preparer's signature	In	ate		Check	if F	PTIN			
_							1/20	<u> </u>	J "				
Pai	-		ra Murphy	Barbara Murp	ny .	11/1:	1/20	self-employe	u [E	P01386215			
Pre	epar	-al		Vetterling									
US	e Oı	Firm's addre			te 200					Firm's EIN ► 76-0269860			
			Houston,					Phone no.	(713	·, , , , , , , , , , , , , , , , , , ,			
May	/ the	IRS discuss th	is return with the r	reparer shown above? (see instru	uctions)					X Yes	No		

Page 2

Forn	n 990 (2019) Godly Play Foundation	31-1589053	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	The Godly Play Foundation is a non-profit religious and educ		
	created for the purpose of facilitating the practice of Godl	y Play® through r	esearch,
	training, and resources.		
	Did the organization undertake any significant program services during the year which were not listed or	the prior	
2	Form 990 or 990-EZ?		s X No
	If "Yes," describe these new services on Schedule O.	I Ie	S A NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog	ram services? Ye	s X No
	If "Yes," describe these changes on Schedule O.		71 110
4	Describe the organization's program service accomplishments for each of its three largest program	am services, as measured b	ov expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all and revenue, if any, for each program service reported.	locations to others, the tota	l expenses,
4 8	a (Code:) (Expenses \$ 159,988. including grants of \$) (Revenue \$	268,830.)
	Publications and Materials: In December 2007, The Godly Play	Foundation was g	ifted a
	series of publications including the "Complete Guide to Godl	y Play" volumes 1	through
	6 from the founder and author, The Reverend Dr. Jerome Berry		
	publications and articles continue to be developed and gifte		
	the "Complete Guide" now at 8 volumes. Godly Play Foundation		
	from its publisher, Church Publishing, Incorporated. Godly P		
	program and, as such, there are materials (e.g. Arks, Temple		
	combination with the publications to deliver the Godly Play		
	Foundation is producing and selling the materials that suppo	<u>rt its programs t</u>	nrougn
	it Godly Play Resources division.		
	o (Code:) (Expenses \$ 154,360. including grants of \$) (Revenue \$	148,967.)
7.	U.S. Training: Godly Play Foundation trains and supports a n		
	Godly Play Trainers in the United States. The Godly Play app		
	religious (e.g. Christian, Quaker, Jewish) language in a way		
	child's authentic experience of God. Trainers learn to use M		
	education to stimulate children's active participation in st	ory and ritual an	d to
	awaken their creativity for the learning of the language, sa	cred stories, par	ables,
	liturgical action and silence of their religious tradition.		
	The Godly Play Foundation maintains and enhances the offering		
	the trainer network as they train church school teachers, ho	<u>spital chaplains</u>	and
	others who use the Godly Play method.		
	- (Code: N. Company) C) (Days ^	
4 (c (Code:) (Expenses \$150,145. including grants of \$	(Revenue \$)
	Research and Development: The Godly Play Foundation through		
	for the Theology of Childhood, conducts research and develop spirituality and the practices of nurturing and developing t		
	story and play. The Center also is responsible for Godly Pla		
	new and revising current editions.	y publicacions, c	reacting_
	non una loviding cullone carelond.		
	The Foundation also provides membership support services as	well as internati	onal
	development activities.		
4 0	d Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Rever	nue \$)
4 6	e Total program service expenses ► 464,493.		

Form 990 (2019) 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	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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? <i>If 'Yes,' complete Schedule D, Part II</i>	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 donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Χ	
t	assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	Χ	
(bid 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
C	I 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		X
•	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
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		X
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	Χ	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
ŀ	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
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	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

Form 990 (2019) Godly Play Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
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	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
- 1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
;	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Χ
•	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
!	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	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? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. NI
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	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	
BAA			990 (2019

Form 990 (2019) Godly Play Foundation

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 8	a 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 11			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		
4 8	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
ı	olf '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).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a 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?	6 a		Х
ı	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			ļ.,.
	services provided to the payor?	7 a		Х
	s If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		X
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e 7 f		X
		/1		Λ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12 a		
	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.			
ı	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			
	Enter the amount of reserves on hand			
14 a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ı	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
10		16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O.	10		A

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 on 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.... 11 If there are material differences in voting rights among members See Sch. 0 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent... 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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: 8 a X a The governing body?..... X **b** Each committee with authority to act on behalf of the governing body?..... 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 on 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?..... Χ 10 a 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 Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done* ... See .Schedule .Q 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?..... 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? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0....... 15 a **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 X taxable entity during the year?..... 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 (1024 or 1024-A, 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 X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 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

Form	990	(2019)	Godly	Plaw	Foundation
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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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relat	ed organiz	ation	con	nper	ısate	ed any	cu	rrent officer, direct	or, or trustee.	
		(C)								
(A) Name and title	(B) Average hours	thar	n one s both	box, an c	unles	eck mor ss perso and a ee)	re	(D) Reportable compensation from	(E) Reportable compensation from	(F) 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) W. Lee Dickson	32									
Executive Dir.	0	Χ		Χ				53,147.	0.	0.
(2) Doug Watts	2									
President	0	Χ		Χ				0.	0.	0.
(3) Cynthia Hill	2									
Vice President	0	Χ		Χ				0.	0.	0.
(4) Adam Thomas	1									
Secretary	0	Χ		Χ				0.	0.	0.
(5) Ted Gerbracht	1									
Treasurer	0	Χ		Χ				0.	0.	0.
(6) Zoe Cole	1									
Director	0	Χ						0.	0.	0.
(7) Noel Huebner	1									
Director	0	Χ						0.	0.	0.
(8) Edward Johnson	1									
Director	0	Χ						0.	0.	0.
(9) Elias Lopez	1									
Director	0	Χ						0.	0.	0.
(10) Mary Hunter Maxwell	1									
Director	0	Χ						0.	0.	0.
(11) Jami Sweeney	2									
Director	0	Χ						0.	0.	0.
(12)										
(13)										
(14)										
	1	1		•	1					

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Part VII Section A. Officers, Directors, Tru		Key	Ьm		_	es,	and	Highest Com	pensated Empl	oyee	S (conti	nued)
	(B) (C) Position Average (do not check more than one											
(A) Name and title	Average hours per week	box	, unle	ess pe	erson	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Estim	(F) lated amo	ount
	(list any hours for related organiza - tions below dotted	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)	compe the o ar	ensation organization organization anization	ion I
	line)	Ö	tee			sated						
<u>(15)</u>												
(16)												
(17)												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)												
(24)				—— I								
(25)												
1 b Subtotal								53,147.	0.			0.
c Total from continuation sheets to Part VII, Section	on A							0.	0.			0.
d Total (add lines 1b and 1c)								53,147.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	isted	abov	/e) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
Did the organization list any former officer, direct	tor tructo	o ko	N/ 01	mnl	0),(0,0	or	hiak	act companyated	amplayaa		Yes	No
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal								3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	00?	If 'Y	es,'	corr	nple	te Schedule J for		. 4		X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fre chea	om : lule	any <i>J fo</i>	unre r suc	late ch p	d organization or erson	individual	. 5		X
Section B. Independent Contractors												
Complete this table for your five highest compen compensation from the organization. Report compen	sation for	epen the c	dent	cor dar	ntrad year	endi	tha ng v	vith or within the or	ganization's tax year			
Name and business address							Description (of services	Compe	C) ensatio	n	
				_								
2 Total number of independent contractors (including b		ited to	o the	se l	isted	labo	ve)	 who received more	than			
\$100,000 of compensation from the organization	D 0											

		Check if Schedule O contains a response or note to any	line in this Part VI	11		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns				
	h	Total. Add lines 1a-1f	303,779.			
nne	_	Business Code				
eve		Fees - Training 900099	148,967.	148,967.		
еВ	b	CPI royalties 900099	11,496.	11,496.		
Program Service Revenue	C					
Se	a					
ran	e f	All other program service revenue				
rog		Total. Add lines 2a-2f	1.00 4.00			
п.	Ť	Investment income (including dividends, interest, and	160,463.			
	3	other similar amounts) Income from investment of tax-exempt bond proceeds	17,853.			17,853.
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
	b	Less: rental expenses 6b				
		Rental income or (loss) 6c				
	d	Net rental income or (loss) ▶				
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses 7b				
		Gain or (loss)				
		Net gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Ä		See Part IV, line 18				
hei		Less: direct expenses 8b				
ð	С	Net income or (loss) from fundraising events ▶				
		Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances 10a 682,786.				
		Less: cost of goods sold 10b 425,452. Net income or (loss) from sales of inventory	257 224	257 224		
10	C	Business Code	257,334.	257,334.		
Miscellaneous Revenue	11 a					
a a	b					
ella Vel	С					
SCE	b c d All other revenue					
Σ		Total. Add lines 11a-11d				
		Total revenue. See instructions	739.429.	417.797.	0	17.853.

Form 990 (2019) Godly Play Foundation 31Part 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).

Do i 6b,	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			J 1	
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	53,147.	36,406.	16,741.	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	179,847.	139,548.	31,659.	8,640.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,017.	1337310.	317033.	0,010.
9	Other employee benefits	18,165.	18,165.		
10	Payroll taxes	19,109.	14,745.	3,703.	661.
11	Fees for services (nonemployees):				
a	Management				
k	Legal	165.		165.	
C	: Accounting	28,602.	1,500.	27,102.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	1,174.		1,174.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.Sch. 0	109,647.	107,281.		2,366.
12	Advertising and promotion	12,023.	10,183.		1,840.
13	Office expenses	19,610.	17,652.	1,958.	,
14	Information technology	1,320.		·	1,320.
15	Royalties	,			,
16	Occupancy	19,131.	17,318.	1,813.	
17	Travel	66,573.	61,734.	4,234.	605.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,570.	3,570.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	919.	919.		
23	Insurance	5,086.	5,086.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	Dues & subscriptions	15,735.	15,585.		150.
	Training expenses	8,733.	8,733.		
	Program materials & supplies	3,184.	3,184.		
	Sales_tax	2,884.	2,884.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	568,624.	464,493.	88,549.	15,582.
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 li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			451,435.	1	318,142.
	2	Savings and temporary cash investments			200,000.	2	350,000.
	3	Pledges and grants receivable, net			·	3	·
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er offic contrib	er, director, outor, or 35%		5	
	6	Loans and other receivables from other disqualified pe		-			
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
ts	8	Inventories for sale or use			141,047.	8	181,554.
Assets	9	Prepaid expenses and deferred charges			,	9	, , , , , , , , , , , , , , , , , , , ,
A	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	88,204.			
	b	Less: accumulated depreciation	10 b	76,278.	12,845.	10 c	11,926.
	11	Investments — publicly traded securities		•	11	•	
	12	Investments – other securities. See Part IV, line 11		204,465.	12	349,014.	
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets		939,253.	14	955,253.	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	1,949,045.	16	2,165,889.		
	17	Accounts payable and accrued expenses			11,912.	17	15,242.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		_		20	
ies	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	icer, di itor, or sons	rector, trustee, 35%		22	
	23	Secured mortgages and notes payable to unrelated th	ird par	ties		23	8,000.
	24	Unsecured notes and loans payable to unrelated third	parties	3		24	•
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to re plete P	lated third parties, art X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25			11,912.	26	23,242.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	. ►	X			
盲	27	Net assets without donor restrictions			1,509,133.	27	1,524,257.
m	28	Net assets with donor restrictions			428,000.	28	618,390.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	; ► ∐			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipm	ent fur	nd		30	
SS	31	Retained earnings, endowment, accumulated income,	or oth	er funds		31	
ot A	32	Total net assets or fund balances			1,937,133.	32	2,142,647.
ž	33	Total liabilities and net assets/fund balances			1,949,045.	33	2,165,889.

	W () Court ray roundaction		•••			
Par	t 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)			7.	39,4	129.
2	Total expenses (must equal Part IX, column (A), line 25)					524.
3	Revenue less expenses. Subtract line 2 from line 1			1	70,8	305.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1	L,9:	37,1	L33.
5	Net unrealized gains (losses) on investments.	5			34,7	709.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2	2,14	42,6	<u> 547.</u>
Par	t 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.					37
28	Nere the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ed on a	ì			
	Separate basis, Consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis					
				٥.	Х	
ľ	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:	ate				
	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 audireview, or compilation of its financial statements and selection of an independent accountant?	,		2 c	Х	
	·			20	Λ	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 a		Х
ŀ	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit				
-	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
BAA	TEEA0112L 01/21/20		F	orm	990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service 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 12 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. 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 **g** 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						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) 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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see in	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	nird, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support F	Percentage				
	Public support percentage for 20						%
	Public support percentage from 2						%
16a	33-1/3% support test—2019. If the and stop here. The organization						
b	33-1/3% support test—2018. If the and stop here. The organization						
17a	10%-facts-and-circumstances te 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 Par	t VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Par	t 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 in	structions ►

Schedule A (Form 990 or 990-EZ) 2019 Godly Play Foundation 31-1589053 Page 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	·		•			
	lar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not include						
	any 'unusual grants.')	41,046.	311,267.	255,048.	353,485.	303,779.	1,264,625.
2	Gross receipts from admissions, merchandise sold or services	11,010.	011/10/1	20070101	3337 1331	33377731	1,201,020.
	performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	985,524.	865,791.	938,150.	972,699.	843,249.	4,605,413.
3	Gross receipts from activities that are not an unrelated trade						
_	or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on its behalf						0
5	The value of services or						0.
	facilities furnished by a governmental unit to the						
	organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1,	1,026,570.	1,177,058.	1,193,198.	1,326,184.	1,147,028.	5,870,038.
, a	2, and 3 received from	00.000	005 005	006 575	000 717	0.55	1 001 707
h	disqualified persons	30,000.	235,000.	206,650.	302,715.	257,422.	1,031,787.
U	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year	504.	0.	0.	0.	25,750.	26,254.
С	Add lines 7a and 7b	30,504.	235,000.	206,650.	302,715.	283,172.	1,058,041.
8	Public support. (Subtract line	30,301.	2337000:	200,030.	302,713.	203/172:	
Sac	7c from line 6.)tion B. Total Support						4,811,997.
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1,026,570.	1,177,058.	1,193,198.		1,147,028.	5,870,038.
	Gross income from interest, dividends,	1,020,570.	1,177,000.	1,100,100.	1,320,104.	1,147,020.	3,070,030.
	payments received on securities loans, rents, royalties, and income from						
	similar sources	8.	134.	5,841.	4,984.	17,853.	28,820.
D	income (less section 511						
	taxes) from businesses acquired after June 30, 1975.						Λ
С	Add lines 10a and 10b	8.	134.	5,841.	4,984.	17,853.	28,820.
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						0
12	regularly carried on Other income. Do not include						0.
-	gain or loss from the sale of capital assets (Explain in						
	Part VI.)						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1 026 578	1 177 192	1 199 039	1,331,168.	1 164 881	5,898,858.
14	First five years. If the Form 990	is for the organiza	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3) \square
Sac	organization, check this box and tion C. Computation of Pu	stop here	Percentage				<u>F</u>
	Public support percentage for 20			ne 13 column (f))	15	81.58 %
	Public support percentage from	•	***		•		84.07 %
	tion D. Computation of Inv					1 2	, , , ,
17	Investment income percentage f	or 2019 (line 10c,	column (f), divide	ed by line 13, colu	umn (f))	17	0.49 %
	Investment income percentage f					l l	0.19 %
19a	33-1/3% support tests—2019. If is not more than 33-1/3%, check	the organization of	lid not check the l	box on line 14, ar	nd line 15 is more	than 33-1/3%, an	id line 17
b	33-1/3% support tests—2018. If the	· · · · · · · · · · · · · · · · · · ·					
	line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qu	alifies as a public	ly supported orga	nization >
20	Private foundation. If the organi.	zation did not che	ck a box on line		neck this box and	see instructions.	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) 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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3с		
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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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 (as 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))?	9a		
b	If 'Yes,' provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9a 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 Part VI .	9с		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II 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		

Pa	irt iv Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
	·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ıstruci	tions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b		

1589053	Page

Га	1 V 1 Type in Non-1 unctionally integrated 303(a)(3) Supporting Orga	IIIIZati	0113	
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 No	v. 20, 1970 (explain in t complete Sections A	n Part VI). See A 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):			
á	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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2019

10 Line 8 amount divided by line 9 amount

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
RAA		Schodulo A (Eo	rm 000 or 000 E7) 2010

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Schedule A (Form 990 or 990-EZ) 2019

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.) Part VI

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

PUBLIC DISCLOSURE COPY Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

2019

OMB No. 1545-0047

	lay Foundati		31-1589053
Organizatio	on type (check one):		
Filers of:		Section:	
Form 990 o	r 990-EZ	X 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
Form 990-F	PF	527 political organization	
		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
-	•	ed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Ru	le		
		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalione contributor. Complete Parts I and II. See instructions for determining a contribu	
Special Rul	les		
L ui	nder sections 509(a)(eceived from any on	rescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000 ine 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	ne 13, 16a, or 16b, and that
dı	uring the year, total	rescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reconstributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I, II, and III.	
dı \$ cl	uring the year, conti 1,000. If this box is haritable, etc., purpo	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receivable in sections exclusively for religious, charitable, etc., purposes, but no such conchecked, enter here the total contributions that were received during the yeak ose. Don't complete any of the parts unless the General Rule applies to this invely religious, charitable, etc., contributions totaling \$5,000 or more during the	tributions totaled more than ir for an <i>exclusively</i> religious, organization because
990-PF), bu	ıt it must answer 'N	sn't covered by the General Rule and/or the Special Rules doesn't file Sched o' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 90s, or shedule B (Form 990, 990-F7, or 990)	990-EZ or on its Form 990-PF,

Name of organization

Employer identification number

Godly	Play	Foundat	cior
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31-1589053

raiti	Contributors (see instructions). Use duplicate copies of Part i if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>5,155.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Godly Play Foundation

31-1589053

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u>N/A</u>	(222	
		ŝ	
		Ť	
(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
		İs	
		'	
(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	(h)	(c)	(q)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	C.A.	 edule B (Form 990, 990-E	7 or 990 DE\ /20

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Godly Play Foundation

Employer identification number

	Play Foundation			31-1589053	
Part III	Exclusively religious, charitable, et	c., contributions to orgai	nizations des	scribed in section 501(c)(7), (8),	
	or (10) that total more than \$1,000 for the	ne year from any one contrib	utor. Complete o	columns (a) through (e) and	
	the following line entry. For organizations of	ompleting Part III, enter the total	I of exclusively	religious, charitable, etc	
	contributions of \$1,000 or less for the year.	(Enter this information once. Se	ee instructions.)	▶\$ N/A	
	Use duplicate copies of Part III if additional	space is needed.			
(a)	(b)	(c)		(d)	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I					
	N/A				
	[
			- – – – – † –		
		(0)	Į.		
		(e) Transfer of gift			
	Transferee's name, addres	s. and ZIP + 4	Relatio	nship of transferor to transferee	
		Treationship of durisieror to durisieroe			
	<u> </u>				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
No. from	Purpose of gift	Use of gift		Description of how gift is held	
Part I					
	L				
		(e)			
		(e) Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Relatio	nship of transferor to transferee	
	<u> </u>				
	<u> </u>				
	L				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I	ruipose oi giit	ose of gift		Description of now grit is near	
	<u> </u>		- – – – – 🕂 –		
	<u> </u>		- – – – – + –		
			- – – – – 🕸 –		
		(e) Transfer of gift			
	Townstown de monte adduse	ift			
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee		
	L				
					
(a)	(b)	(c)		(4)	
(a) No. from	Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I		•			
	[
			+-		
			+-		
		(a)	<u>f</u>		
		(e) Transfer of gift			
	Transferee's name, addres	s. and ZIP + 4	Relatio	nship of transferor to transferee	
	The state of the s			- 1	
					
	1				

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

	Godly Play Foundation	31-1589053
Paı	t Organizations Maintaining Donor Advised Funds or Other Similar Funds	nds or Accounts.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor the organization's property, subject to the organization's exclusive legal control?	onor advised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun- for charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	ds can be used only repurpose conferring Yes No
Pai	t II Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		ion of a historically important land area
		ion of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	m of a conservation easement on the
	last day of the tax year.	Held at the End of the Tax Year
,	a Total number of conservation easements.	
	o Total acreage restricted by conservation easements.	
	Number of conservation easements on a certified historic structure included in (a)	
	I Number of conservation easements included in (c) acquired after 7/25/06, and not on a histo	
	structure listed in the National Register.	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by t tax year ►	he organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha	
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	• •
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se and section 170(h)(4)(B)(ii)?	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue an include, if applicable, the text of the footnote to the organization's financial statements that or	d expense statement and balance sheet, and describes the organization's accounting for
Da	conservation easements. † Ⅲ Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets
Pai	Complete if the organization answered 'Yes' on Form 990, Part IV, line	8.
1 a	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue significant treasures, or other similar assets held for public exhibition, education, or research Part XIII the text of the footnote to its financial statements that describes these items.	tatement and balance sheet works of art, in furtherance of public service, provide in
ı	If the organization elected, as permitted under FASB ASC 958, to report in its revenue stated historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for finar amounts required to be reported under FASB ASC 958 relating to these items:	
	a Revenue included on Form 990, Part VIII, line 1	
1	Assets included in Form 990. Part X	►\$

Part III	Organizations Mainta	ining Colle	ections	of Art, Histo	orical	Treasures, or	r Other	Similar Ass	ets (c	ontinu	ıed)
3 Usin item	g the organization's acquisition s (check all that apply):	, accession, a	nd other	records, check a	ny of t	he following that m	nake signi	ficant use of its	collection	on	
а	Public exhibition			d Loan	or exc	hange program					
b	Scholarly research			e Other							
С	Preservation for future gener	ations		_							
	ide a description of the organiz XIII.	ation's collect	ions and	explain how the	y furthe	er the organization'	s exempt	purpose in			
to be	ng the year, did the organiza e sold to raise funds rather th	nan to be ma	intained	as part of the	organiz	zation's collection	?		Yes		No
Part IV	Escrow and Custodia line 9, or reported an	Arrangen amount on	Form	Complete if 1 990, Part X,	the of line :	rganization an 21.	swered	'Yes' on Fo	rm 99	0, Par	t IV,
1 a Is th	e organization an agent, trus orm 990, Part X?	stee, custodia	an or oth	er intermediary	for co	entributions or oth	er assets	s not included	Yes	: Г	No
	es,' explain the arrangement								ш	_	
				•	Ü				Amour	it	
c Beg	nning balance						1 c	:			
d Add	tions during the year						1 d	1			
e Disti	ributions during the year						1 е				
f End	ing balance						1f				
2a Did	the organization include an a	mount on Fo	rm 990,	Part X, line 21,	for es	scrow or custodial	account	liability?	Yes	,	No
b If 'Y	es,' explain the arrangement	in Part XIII.	Check h	ere if the expla	nation	has been provide	ed on Pa	rt XIII		[
Part V	Endowment Funds. C				1						
		(a) Current	-	(b) Prior yea		(c) Two years back		Three years back		Four years	
_	inning of year balance		,000.	100,0	00.	100,00	0.	0.			0.
b Con	tributions	100	,000.					100,000			
	investment earnings, gains,										
	losses										
	nts or scholarships										
	er expenditures for facilities programs							0.			
	inistrative expenses								1		
	of year balance	200	,000.	100,0	000.	100,00	0.	100,000			0.
-	ride the estimated percentage		•	,					<u> </u>		
a Boar	d designated or quasi-endowm	ent ►	-	%							
b Pern	nanent endowment >	100.008	i								
c Terr	n endowment ►	%									
The	percentages on lines 2a, 2b, ar	nd 2c should e	equal 100	1%.							
3 a Ara	there endowment funds not in t	ha noccaccior	of the o	raanization that	ara hal	d and administered	l for the				
	nization by:	11C p033C33101	i oi tiic o	rgariization that	arc rici	a ana aaniinisteree	1 101 1110			Yes	No
(i)	Unrelated organizations								. 3a(i)		X
(ii)	Related organizations								. 3a(ii)		X
	es' on line 3a(ii), are the rela	•							. 3b		
4 Des	cribe in Part XIII the intended	d uses of the	organiza	ation's endowm	ent fur	^{nds.} See Par	t XII	I			
Part VI	Land, Buildings, and										
	Complete if the organi	zation ans	wered	'Yes' on For	m 99	0, Part IV, line	: 11a. S	See Form 99	0, Pai	τX, lir	ne 10.
	Description of property			or other basis vestment)	(b)	Cost or other casis (other)	(c) Ad	ccumulated preciation	(d)	Book va	alue
1 a Land	1										
b Build	dings					18,027.		7,326.		10	,701.
c Leas	sehold improvements					2,242.		2,242.			0.
d Equ	pment					67,935.		66,710.		1,	,225.
	er										
	I lines 1a through 1e. (Colum	nn (d) must e	qual For	m 990, Part X,	colum	n (B), line 10c.)					,926.
DAA								الممام ع	ula D /E	'arm 000	1) 2010

Schedule D (Form 990) 2019

(a) Description of security or category (including name of security) (1) Financial derivatives. (2) Closely held equity interests. (3) Other Episcopal Church Fdn Funds (A) (B) (C) (C) (D) (E) (F) (G) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) > 349, 014. (B) (C) (D) (E) (F) (G) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	K, line 13
(2) Closely held equity interests	
(3) Other Episcopal Church Fdn Funds 349,014 End of Year Market Value (A) (B) (C) (C) (C) (B) (C) (D) (C) (C) (D) (C) (D) (C) (C) (C) (E) (C) (C) (C) (D) (C) (C) (C) (E) (C) (D) (C) (C) (C) (C) (C) (C) (D) (C) (C) (C) (C) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C)	
(A) (B) (C) (C) (C) (C) (C) (C) (E) (F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)▶ 349, 014. Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year mar (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)▶ Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book (b) Book (c) (1)	
(F) (G) (H) (I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12) > 349, 014. Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year mar (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) > Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book (b) Book (c) (1)	
(F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	
(F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	
(F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	
(F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	
(G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	
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Part VIII Investments — Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year mar (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book	
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(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ► Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book	
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book	
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ► Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book	
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(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book	
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book	
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book (1)	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) Book (1)	
(a) Description (b) Book	/ lina 1E
(1)	
	Value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8) (9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.).	
Part X Other Liabilities.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability (b) Book	value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6) (7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for unc	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	780,042.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	4,709.	
b Donated services and use of facilities	7,078.	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	41,787.
3 Subtract line 2e from line 1	3	738,255.
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	1,174.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	1,174.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	739,429.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expense	ses 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	574,528.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	7,078.	
b Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	7,078.
3 Subtract line 2e from line 1		567,450.
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	1,174.	
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		1,174. 568,624.
n lotal evnences wad lines ≼ and Ac / this must edual Form 990 Part Line IX)	, h	L L U L 1 / 1

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 2; Part XI, lines 2d and 4b; and Part XII, 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 purpose of supporting the administrative and management expenses of the organization.

BAA Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

Open to Public

Employer identification number

31-1589053

Department of the Treasury Internal Revenue Service Name of the organization

Godly Play Foundation

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

Inspection

OMB No. 1545-0047

offices in the employees, the region (by type) (such (d) is a program expending agents, and as, fundraising, program service, describe and inv	
United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors (d) Activities conducted in the region (by type) (such as, fundraising, program service, describe specific type of service(s) in the region (by type) (such as, fundraising, program service, describe specific type of service(s) in	Total ditures for restments region Pt V
(a) Region (b) Number of offices in the region (c) Number of employees, agents, and independent contractors (d) Activities conducted in the region (by type) (such as, fundraising, program service, investments, grants to recipients (e) If activity listed in (d) is a program service, describe specific type of in the service(s) in	ditures for vestments region
offices in the region (by type) (such agents, and independent contractors of fices in the region (by type) (such as, fundraising, program service, describe and investments, contractors of grants to recipients of service(s) in	ditures for vestments region
the region,	15,000.
International	15,000.
(1) North America 1 Program services development	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	
(16)	
(17) 3a Subtotal	
b Total from continuation sheets to Part I	15,000.
c Totals (add lines 3a and 3b) 0 1	15,000.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

BAA

Schedule F (Form 990) 2019

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA	•	•		•	•	Schedule F	(Form 990) 2019

	edule F (Form 990) 2019 Godly Play Foundation	31-1589053	Page 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	····· Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	····· Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Corporations (see Instructions for Form 5471)	ertain Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qual electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	_	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	nn Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (se Instructions for Form 5713; don't file with Form 990)	ee _	X No

BAA Schedule F (Form 990) 2019 TEEA3505L 06/28/19

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 3f - Investments & Expenditures Per Region

Amounts reported in Part I, Line 3, column (f) represent the organization's expenditures in the region following the accrual method of accounting.

BAA TEEA3504L 06/28/19 Schedule F (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 31-1589053

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

The President, Vice-President, Secretary, Executive Director and Treasurer constitute the Executive Committee. The Executive Committee has the responsibility of carrying out the directives of the Board of Directors and overseeing the functioning of the Foundation between Board meetings. The Board may, in its discretion, appoint other members of the Board to the Executive Committee.

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

Form 990 is reviewed by the Board Treasurer and Executive Director prior to distribution to the full Board of Directors for discussion before filing with the IRS.

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 conflicts of interest 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 themselves from votes in which they have a conflict of interest.

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 ED. This was subsequently approved by the Board and is adjusted as necessary during quarterly reviews of financial performance

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

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

Available upon request

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

Editing services
Leadership consulting
Marketing services
Other prof. services
Trainer fees

	(A) Total	(B) Program <u>Services</u>	(C) Management <u>& General</u>	(D) Fund- raising
	4,366. 4,000. 11,490. 16,000. 73,791.	2,000. 4,000. 11,490. 16,000. 73,791.		2,366.
Total 🕏	109,647.	\$ 107,281.	\$ 0.	\$ 2,366.