Extended to November 15, 2022

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A I	or the	2021 calendar year, or tax year beginning	and	ending						
B	Check if upplicable	C Name of organization			D Employer identific	cation number				
Г	Addres	Godly Play Foundation								
	Name change				31-15890	53				
	Initial return	Number and street (or P.O. box if mail is not deli		Room/suite	E Telephone number					
	☐Final return/	PO Box 563, 122 W. 8th	.22 W. 8th Ave 971-344-2999							
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	1,451,151.				
	Amend return	ASIII and, RS 0/031			H(a) Is this a group re	eturn				
	Application		ther Ingersoll		for subordinates	? Yes X No				
	pendin	same as C above			H(b) Are all subordinates in	ncluded? Yes No				
T	Гах-ехе	mpt status: X 501(c)(3) 501(c) ()		or 527	If "No," attach a	list. See instructions				
J	Nebsit	e:▶ godlyplayfoundation.org	j		H(c) Group exemption	n number 🕨				
K	orm of	organization: X Corporation Trust Ass	sociation Other >	L Year	of formation: 1997 N	State of legal domicile: KS				
	art I	Summary			<u>. </u>					
0	1	Briefly describe the organization's mission or most	significant activities: The	Founda	tion's miss	ion is to				
ŭ		guide the use of the metho	od to support c	hildre	n's spiritu	ality.				
rns	2	Check this box 🕨 🔲 if the organization discor	tinued its operations or dispo	sed of more	than 25% of its net as	ssets.				
ove.	3	Number of voting members of the governing body	(Part VI, line 1a)		3	11				
ر م	4	Number of independent voting members of the gov				11				
es 4	5	Гotal number of individuals employed in calendar y	ear 2021 (Part V, line 2a)		5	9				
Ϋ́	6	Total number of volunteers (estimate if necessary)			6	7				
Activities & Governance		Total unrelated business revenue from Part VIII, col				0.				
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11		7b	0.				
					Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)			475,444.	657,607.				
	9	Program service revenue (Part VIII, line 2g)			47,300.	109,809.				
ě	10	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		12,434.	115,785.				
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		150,219.	204,930.				
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		685,397.	1,088,131.				
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es		Salaries, other compensation, employee benefits (F			309,883.	407,545.				
Expenses	16a I	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0.	0.				
ž	b ·	Total fundraising expenses (Part IX, column (D), line	e 25) > 8,1	06.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		228,894.	293,605.				
		Γotal expenses. Add lines 13-17 (must equal Part I)			538,777.	701,150.				
	19	Revenue less expenses. Subtract line 18 from line	12		146,620.	386,981.				
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year				
sset 3alai	20				2,342,499.	2,679,522.				
at Age	21	Fotal liabilities (Part X, line 26)			15,595.	29,556.				
<u> </u>	22	Net assets or fund balances. Subtract line 21 from	line 20		2,326,904.	2,649,966.				
	art II	Signature Block								
		ties of perjury, I declare that I have examined this return,				y knowledge and belief, it is				
true	, correc	, and complete. Declaration of preparer (other than office	r) is based on all information of wi	nich preparer	has any knowledge.					
		Signature of officer			 Date					
Sig					Date					
Her	e	Heather Ingersoll, Executive or print name and title	cutive Director							
		/	Duran annula ai mari	11	Date Check	II PTIN				
Paid	,		Preparer's signature John Hendrickso		1/08/22 Check Lift self-employee	1 1				
		Firm's name Kennedy McKee & (-		48-0997992				
		Firm's address P.O. Box 1477	сошрану ппг		Firm's EIN	TO 0001000				
J36	Jilly	Dodge City, KS 6	7801-1477		Phone no. (6	20) 227-3135				
May	the IE	S discuss this return with the preparer shown about			Li none no. 7 o	X Ves No				

Page 2

Pai	Statement of Program Service Accomplishments	37
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: The Godly Play Foundation is a non-profit religious and educational	
	organization created for the purpose of facilitating the practice of	
	Godly Play through research, training and resources.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	-
4a	(Code:) (Expenses \$ 200,949. including grants of \$ 0.) (Revenue \$ 214,933	<u> </u>
	Publications and Materials: In December 2007, The Godly Play Foundation was gifted a series of publications including the "Complete	
	Guide to Godly Play" volumes 1 through 6 from the founder and author,	=
	The Reverend Dr. Jerome Berryman. Additional publications and article	
	continue to be developed and gifted to the Foundation with the	= 5
	"Complete Guide" now at 8 volumes. Godly Play Foundation receives	
	royalty income from its publisher, Church Publishing, Incorporated.	
	Godly Play is a Montessori based program and, as such, there are	
	materials (e.g. Arks, Temples) that are used in combination with the	
	publications to deliver the Godly Play method. Godly Play Foundation	
	is producing and selling the materials that support its programs	
	through it's Godly Play Resources division.	
4b	(Code:) (Expenses \$113,764 • including grants of \$0 •) (Revenue \$99,806	5.
	U.S. Training: Godly Play Foundation trains and supports a network of	Ē
	independent Godly Play Trainers in the United States. The Godly Play	
	approach teaches classical religious (e.g. Christian, Quaker, Jewish)	
	language in a way that enhances the child's authentic experience of	
	God. Trainers learn to us Montessori's approach to education to	
	stimulate children's active participation in story and ritual and to	
	awaken their creativity for the learning of the language, sacred	
	stories, parables, liturgical action and silence of their religious	
	tradition.	
	The Godly Play Foundation maintains and enchances the offerings and	
	curriculum used by the trainer network as they train church school	
4c	(Code:) (Expenses \$ 247,082. including grants of \$ 0.) (Revenue \$ (Research and Development: The Godly Play Foundation through its	<u>0.</u>
	division, The Center for the Theology of Childhood, conducts research	
	and development into childhood spirituality and the practices of	
		he
	Center also is responsible for Godly Play publications, creating new	.10
	and revising current editions.	
	did icvibing carrene carerons.	
	The Foundation also provides membership support services as well as	
	international development activites.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses 561 . 795 .	

Form 990 (2021) Godly Play Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	37	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		х	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	^	
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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
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	47		х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		 ^
18		18		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	Ιδ		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	V V V 15 11 V V V V V V V V V V V V V V			

Form 990 (2021) 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part II	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	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
·	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	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	 •		
UZ.	Cohodulo N. Dort II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
55	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	- 55		
-		34		х
35 2	211	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	UJa		
b	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?	335		
50	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	30		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	_ 30	23	
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Ourloadio O contains a response of flote to any line in this fact v		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		10	Х	
	(gambling) winnings to prize winners?	1c	22	

O21) Godly Play Foundation Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0							
	filed for the calendar year ending with or within the year covered by this return	2a	9		37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	s		_		v				
				3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4-		X				
L	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country	account	3)?	4a						
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounte	- (EDAD)							
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?			6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut									
	were not tax deductible?		~	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices pro	ovided to the payor?	7a		X				
b	, , , , , , , , , , , , , , , , , , , ,									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requi	ired							
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8						
•	sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b						
10	Section 501(c)(7) organizations. Enter:			<u> </u>						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the	اعمدا								
_	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х				
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			. 710						
	excess parachute payment(s) during the year?			15		х				
	If "Yes," see the instructions and file Form 4720, Schedule N.			.,						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt incom	e?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	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 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	id finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Larry Konrade - 620-635-2299 122 W 8th Ave Ashland KS 67831			

Form 990 (2021)

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

- 1a 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and title	(B) Average hours per		not c		ition more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	n stitutional trustee	Officer b o		Highest compensated highest compensated employee	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Heather Ingersoll	45.00	7,		7,				100 006	0	0
Executive Director	F 00	Х		Х				100,006.	0.	0.
(2) Mary Hunter Maxwell	5.00	X		x				0.	0.	0.
President (3) Cynthia Hill	3.00	^		^				0.	0.	0.
Vice President	3.00	X		x				0.	0.	0.
(4) L. Zoe Cole	2.00	^		^				0.	0.	<u> </u>
Secretary	2.00	X		x				0.	0.	0.
(5) David Madison	3.00	Δ		<u> </u>				0.	0.	<u></u>
Treasurer	3.00	X		X				0.	0.	0.
(6) Rob ONeill	1.00			 					•	
Director	100	x						0.	0.	0.
(7) Noel Schmidt	1.00	 								
Director		x						0.	0.	0.
(8) Emily Griffin	3.00							-	<u> </u>	
Director		х						0.	0.	0.
(9) Judy Johnson	1.00									
Director		Х						0.	0.	0.
(10) Edward Johnson	2.00									
Director		Х						0.	0.	0.
(11) Laura Willis	1.00									
Board Member		Х						0.	0.	0.
(12) Mark Bozzuti - Jones	1.00									
Director		Х						0.	0.	0.
		1								
		_								
		-								

132007 12-09-21 Form **990** (2021)

Part VII Section A. Officers, Directors, True		ploy	/ees			ighe	st C		es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do not check more than one						Reportable	Reportable			timate	
	hours per week					is bot or/trus		compensation	compensation			nount o	of
	(list any	-	T				, 	from the	from related organizations			other pensat	tion
	hours for	Individual trustee or director				L		organization	(W-2/1099-MIS			om the	
	related	96 Or (stee			ısate		(W-2/1099-MISC/	1099-NEC)	٠,		anizati	
	organizations	truste	Institutional trustee		yee	umbei		1099-NEC)	,			d relate	
	below	idual	tution	-e	Key employee	est co	Jer	·			orga	anizatio	วทร
	line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former						
		1											
		1											
		$ldsymbol{f eta}$	<u> </u>			_							
		$oxed{igspace}$	<u> </u>	_	_	_							
										\dashv			
								100 006		$\overline{}$			
1b Subtotal								100,006.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								100,006.		0.			0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportable	Э			1
compensation from the organization												Vaa	1
												Yes	No
3 Did the organization list any former officer			key e	emp	loye	e, o	r hig	phest compensated emp	oloyee on	- 1			v
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s	•							•	•				37
and related organizations greater than \$15										·····	4		X
5 Did any person listed on line 1a receive or	=				-			•		- 1	_		v
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J i	or s	uch	pers	son .					5		X
·									ф. 100 000 г		,		
1 Complete this table for your five highest or										pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	enai	ng v	vitn	or w	ritnir		/ear.				
(A) Name and business	address	NI	INC	7				(B) Description of s	ervices	C	(C	رَ) nsatior	า
		14,	2111				\dashv	Boothpalon of o	0111000	<u> </u>			<u> </u>
							\dashv		+				
							\dashv		+				
							\dashv		+				
2 Total number of independent contractors	including but r	not li	mito	d to	tho	ا می	l	d ahove) who received m	ore than				
\$100,000 of compensation from the organ		iot il		u 10		0	٥١٥٥	a above, with teletived II	iore triair				
— \$100,000 of compensation from the organ	ızatıur 🚩										Гокто	000.70	2004)

Form 990 (2021) Godly Play Foundation
Part VIII Statement of Revenue

		Check if Schedule O	conta	ains a respon	se or note to any lir	ne in this Part VIII			
						(A)	(B)	(C)	(D) Revenue excluded
						Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
							- Tantonon Toronao		sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
Sra	b	Membership dues		1b	18,966.				
S, (С	Fundraising events		1c					
直	d	Related organizations		1d					
ini,	е	Government grants (conti	ributi	ons) 1e	63,671.				
흔	f	All other contributions, gifts,	grant	s, and					
ള		similar amounts not included	abov	e 1f	574,970.				
g	g	Noncash contributions included in	lines	1a-1f 1g \$	24,533.				
<u>8</u> 0	h	Total. Add lines 1a-1f			>	657,607.			
					Business Code				
Se	2 a	<u> Fees - Traini</u>			900099	99,806.	99,806.		
Program Service Revenue	b	CPI Royalties	}		900099	10,003.	10,003.		
n Si	С				_				
lev ev	d				_				
og F	е				_				
ه ا	f	f All other program service revenue							
	g	Total. Add lines 2a-2f			<u></u>	109,809.			
	3	Investment income (include	ding (dividends, in	terest, and				44
		other similar amounts)				115,785.			115,785.
	4	Income from investment of	of tax	exempt bon	d proceeds				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of		(i) Securitie	s (ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
nue		and sales expenses	7b						
ther Revenue		Gain or (loss)							
ı,		Net gain or (loss)			>				
E P	8 a	Gross income from fundraisi	ng ev	ents (not					
ō		including \$		of					
		contributions reported on		′					
		Part IV, line 18			8a				
		Less: direct expenses		L	8b				
		Net income or (loss) from		· ·	s >				
	9 a	Gross income from gamin		I					
		Part IV, line 19			9a				
		Less: direct expenses			9b				
		Net income or (loss) from			<u> </u>				
	10 a	Gross sales of inventory,			F C 7 71 C				
		and allowances			10a 567,716.				
	b	Less: cost of goods sold		<u></u>	_{Юь} 363,020.	004 606	004 606		
\blacksquare	С	Net income or (loss) from	sales	of inventory		204,696.	204,696.		
ရှ ၂		ari 11	_		Business Code	22.4	22.		
ne ge	11 a	Miscellaneous	<u> </u>	ncome	900099	234.	234.		
Miscellaneous Revenue	b				_				
Re Sc	С				_				
ž		All other revenue				224			
		Total. Add lines 11a-11d			<u></u>	234.	214 720	0	115 705
	12	Total revenue. See instruction	ns			1,088,131.	314,739.	0.	115,785.

Form 990 (2021) Godly Play Foundation Part IX Statement of Functional Expenses

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

-	Check if Schedule O contains a respon	•		<u> </u>	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•		•
	and domestic governments. See Part IV, line 21				
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,	100 006	75 004	25 002	
	trustees, and key employees	100,006.	75,004.	25,002.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	251,038.	208,105.	36,600.	6,333.
7	Other salaries and wages	4JI,U30.	400,103.	30,000.	0,333.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	27,100.	27,100.		
	· · · · · · · · · · · · · · · · · · ·	29,401.	24,203.	4,713.	485.
10 11	Payroll taxes Fees for services (nonemployees):	25, 401.	21,203.	1,715.	403.
ıı a	' ' ' '				
a b		24,033.		24,033.	
	Accounting	23,400.		23,400.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch 0.)	85,264.	72,146.	13,118.	
12	Advertising and promotion	6,770.	5,546.		1,224.
13	Office expenses	24,808.	22,270.	2,474.	64.
14	Information technology				
15	Royalties				
16	Occupancy	20,977.	19,068.	1,909.	
17	Travel	14,800.	14,800.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4.4.400	4.4.400		
19	Conferences, conventions, and meetings	14,189.	14,189.		
20	Interest				
21	Payments to affiliates	1 050	1 050		
22	Depreciation, depletion, and amortization	1,850. 11,101.	1,850. 11,101.		
23	Other expanses Itamize expanses not severed	11,101.	11,101.		
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 0.) Trainer expenses	34,577.	34,577.		
a h	Dues, fees & subscripti	17,230.	17,230.		
n	Contributions	5,356.	5,356.		
d	International discretio	4,956.	4,956.		
_	All other expenses	4,294.	4,294.		
25	Total functional expenses. Add lines 1 through 24e	701,150.	561,795.	131,249.	8,106.
26	Joint costs. Complete this line only if the organization	-	-	-	<u> </u>
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					F 000 (0004)

Pa	IL A	Dalance Sheet					
		Check if Schedule O contains a response or r	ote to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			650,055.	1	812,862.
	2	Savings and temporary cash investments			150,000.	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4,667.	4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		176,050.	8	142,010.	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	90,159.			
	b	Less: accumulated depreciation	10b	69,525.	13,532.	10c	20,634.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	392,942.	12	743,791.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	955,253.	14	955,253.		
	15	Other assets. See Part IV, line 11	0.	15	4,972.		
	16	Total assets. Add lines 1 through 15 (must ed	qual line (33)	2,342,499.	16	2,679,522.
	17	Accounts payable and accrued expenses		15,595.	17	14,862.	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
ja de		controlled entity or family member of any of the	nese pers	sons		22	
_	23	Secured mortgages and notes payable to unr	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrela		_		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	•		14 604
		of Schedule D			0.		14,694.
	26	Total liabilities. Add lines 17 through 25			15,595.	26	29,556.
ģ		Organizations that follow FASB ASC 958, c	heck her	re 🕨 🔼			
nce		and complete lines 27, 28, 32, and 33.			1 406 060		1 661 610
ala	27	Net assets without donor restrictions			1,486,862.	27	1,661,610.
д	28	Net assets with donor restrictions			840,042.	28	988,356.
Ë		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
٥r F		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2 226 004	31	2 640 066
ž	32	Total net assets or fund balances			2,326,904.	32	2,649,966.
	33	Total liabilities and net assets/fund balances	2,342,499.	33	2,679,522.		

Pai	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			4 00		- 4
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,08		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		6,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,32	6,9	04.
5	Net unrealized gains (losses) on investments	5	-6	3,9	<u> 19.</u>
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	2,64	9,9	66.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
	<u> </u>			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 on Schedu	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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 university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (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. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (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 activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

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	qualify under the tests listed beation A. Public Support	elow, please comp	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2019	(a) 2010	(d) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(c) 2019	(a) 2020	(e) 2021	(I) IOIAI
'	membership fees received. (Do not						
	include any "unusual grants.")	255,048.	353,485.	303,779.	446,583.	633,308.	1992203.
•		233,040.	333, 403.	303,113.	440,303.	033,300.	1772203.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	938,150.	972,699.	843,249.	495,359.	677,525.	3926982.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						_
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	1193198.	1326184.	1147028.	941,942.	1310833.	5919185.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	206,650.	302,715.	257,422.	333,603.	450,000.	1550390.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that		00271200				
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	: Add lines 7a and 7b	206,650.	302,715.	257,422.	333,603.	450,000.	1550390.
	Public support. (Subtract line 7c from line 6.)						4368795.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	1193198.	1326184.	1147028.	941,942.	(e) 2021 1310833.	(f) Total 5919185.
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,841.	4,984.	17,853.	12,434.	115,785.	156,897.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b	5,841.	4,984.	17,853.	12,434.	115,785.	156,897.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1199039.	1331168.	1164881.	954,376.	1426618.	6076082.
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	ion,
	check this box and stop here						>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	71.90 %
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	76.37 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	2.58 %
18	Investment income percentage from 2					18	.71 %
19a	33 1/3% support tests - 2021. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	ies as a publicly s	upported organiza	tion	 ► X
i.							
20							
19a	33 1/3% support tests - 2021. If the	organization did n nd stop here. The organization did n	ot check the box organization qualit ot check a box on	on line 14, and line ïes as a publicly s line 14 or line 19a	e 15 is more than 3 upported organiza , and line 16 is mo	3 1/3%, and line 1 tion ore than 33 1/3%,	7 is not X
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	_		
	1		
	2		
	За		
	3b		
	3с		
	30		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	_		
	8		
	9a		
	9b		
	9с		
	40		
	10a		
	10b		
dule	A (Forr	n 990	2021

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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,	_		
800	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations		1	
			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			
Sec	the supported organization(s). etion D. All Type III Supporting Organizations	1	ш	
566	Tion D. All Type III oupporting Organizations		Vac	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		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 on line 2, above, 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 on line 2a, above, 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	\sqcup	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus	st complet	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1 b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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-functions	ally integra	ted Type III supporting org	anization (see	

Schedule A (Form 990) 2021

instructions).

Sche	dule A (Form 990) 2021 Godly Play Fo			3	1-1589053 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				

Schedule A (Form 990) 2021

e From 2020

line 7:

and 4c.

8 Breakdown of line 7:
 a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

f Total of lines 3a through 3e

Part VI. See instructions.

g Applied to underdistributions of prior yearsh Applied to 2021 distributable amount

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

4 Distributions for 2021 from Section D,

i Carryover from 2016 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

Organization type (check one):							
Filers o	f:	Section:					
Form 990 or 990-EZ		\boxed{X} 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	90-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
<u> </u>							
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
Genera	l Rule						
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \(\bigstyle \)\$					
answer	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization Employer identification number

Godly Play Foundation

31-1589053

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Jerome Berryman 5455 Landmark Place Greenwood Village, CO 80111	\$\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	Cynthia Hill Catalina Court Fort Worth, TX 76107	\$10,203.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	John & Patricia Carney Trust 9322 NW Wiley Ln Portland, OR 97229	\$50,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	Alyda Macaluso 9576 Aspen Hill Circle Lone Tree, CO 80124	\$5,155.	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		
5	Hill Gilstrap PC 1715 Catalina Court Ft Worth, TX 76107	\$5,000.	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		
6	Fran & Ian Hutchison 20 Horace Road Belmont, MA 02478	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

Godly Play Foundation

31-1589053

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization Employer identification number Godly Play Foundation 31-1589053 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

Godly Play Foundation

Employer identification number 31-1589053

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
	organization answered Tes on Form 556, Fart IV, iii	(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 v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Tracquires or C	Other Similar Assets
Ра	till Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		Other Sillinar Assets.
10	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
Id	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its finar	,	'
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
		exhibition, education, or research in full	inerance of public service,
	provide the following amounts relating to these items:		*
	(i) Revenue included on Form 990, Part VIII, line 1		L
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treations.	agurag, or other similar agests for financia	
2			ai yaiii, piovide
_	the following amounts required to be reported under FASB A	-	*
d	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
IJ	Assets included in Form 330, Fall A		Ψ Ψ

Par	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Ot	her Similar A	ssets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	e significant use	of its
	collection items (check all that apply):					
а	Public exhibition	d	Loan or excl	nange program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	kempt purpose ii	n Part XIII.
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other simi	lar assets	
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	llection?		Yes No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes"	on Form 990, Pa	rt IV, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.				
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets n	ot included	
	on Form 990, Part X? Yes No					
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			
	Amount					
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	istodial account lia	bility?	L Yes L No
	If "Yes," explain the arrangement in Part XIII.					L
Par	t V Endowment Funds. Complete i	f the organization an				
		(a) Current year	(b) Prior year	(c) Two years back		back (e) Four years back
	Beginning of year balance	200,000.	200,000.	100,000	. 100,	100,000.
b	Contributions					
	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance	200,000.	200,000.	200,000	. 100,	100,000.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	ı)) held as:		
	Board designated or quasi-endowment		_%			
	Permanent endowment ► 100	%				
С		%				
	The percentages on lines 2a, 2b, and 2c sho	•				
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered fo	r the organization	
	by:					Yes No
	(i) Unrelated organizations					3a(i) X 3a(ii) X
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organiza					3b
Day	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.			
Fai	Complete if the organization answere) Dart IV line 11a S	oo Form 000 Part	V line 10	
	· · · · · · · · · · · · · · · · · · ·		` '	i	-	(d) Deek velve
	Description of property	(a) Cost or or basis (investn			Accumulated lepreciation	(d) Book value
	Land	- 	nent) Dasis	(Other)	iepi eciation	
	Land		1	8,027.	8,250	9,777.
	Buildings			2,242.	2,242	
	Leasehold improvements			9,890.	59,033	
	Equipment			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	35,033	10,037
	Other		Y column (D) line 1	<u> </u>	<u> </u>	20,634.
TOTAL	. Add intes 1a tillough 1e. (Column (d) Must e	quari omi 330, Parl	A, COIGITIII (D), IIIIE I	uu.)		adula D (Form 990) 2021

Schedule D (Form 990) 2021 GOCITY Flay	roundacton	31	-1369033 Page 3
Part VII Investments - Other Securities.	are Faure 000. Don't IV. lines	11b Coo Form 000 Port V line 10	
Complete if the organization answered "Yes"			l af
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) Episcopal Church Fdn	742 701	To do a final way have been	77.1
(B) Funds	743,791.	End-of-Year Market	value
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	E 4 2 E 0 4		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	743,791.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	<u> </u>		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 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) Salaries payable			9,052.
(3) Payroll liabilities			5,642.
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (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 uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

14,694.

(8) (9)

Sche	edule D (Form 990) 2021 Godly Play Foundation	31-	1589053 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	١.
	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	1,024,212.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	•	
b			
С			
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	-63,919.
3	Subtract line 2e from line 1	3	1,088,131.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,088,131.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	701,150.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	701,150.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	701,150.
Pa	rt XIII Supplemental Information.		
Prov	ide 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	e 4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
Pa [·]	rt V line 4:		

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

Part X, Line 2:

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2).

Supplemental information (continued)
The Organization has not identified any uncertainties in federal or state
income taxes for any open tax years as of December 31, 2021. The
Organization is no longer subject to examinations by tax authorities for
years before 2019. No authorities have commenced income tax examinations
as of December 31, 2021.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

V, line 14b, 15, or 16. **202**

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

30	dly Play Foun	dation				31-15890	53
			ctivities Ou	tside the United States. Comple	ete if the organiz		
	Form 990, Part IV	/, line 14b.					
1	•			ds to substantiate the amount of its gra			
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assis	tance? L	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and oth	ner assistance out	tside the
3				an be duplicated if additional space is r			1
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	ty listed in (d) ram service, specific type s) in the region	(f) Total expenditures for and investments in the region
T	th America		1		Internationa	īΙ	E1 643
101	th America		1	Program services	development		51,643.
3 ^	Subtotal	0	1				51,643.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a		1				51 643

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, FM\ appraisal, other)

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

31-1589053

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

31-1589053

Schedule F (Form 990) 2021 (Part IV Foreign Forms

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 Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified 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)	Yes	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)	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 (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Godly Play Foundation

Employer identification number 31-1589053

Form 990, Part III, Line 4b, Program Service Accomplishments:

teachers, hospital chaplains and others who use the Godly Play method.

Form 990, Part VI, Section A, line 1a:

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, Section B, line 11b:

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

Form 990, Part VI, Section B, Line 12c:

The Goldy 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 (i.e. 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.

Name of the organization Godly Play Foundation	Employer identification number 31-1589053
Form 990, Part VI, Section B, Line 15a:	
The Board Executive Committee reviews recommended compen	sation levels for
comparable not-for-profit organizations, and negotiated	a reasonable salary
with the Executive Director. This was subsequently appropriately	oved by the Board
and is adjusted as necessary during quarterly reviews of	financial
performance and assessment of the Executive Director's or	ngoing performance.
Form 990, Part VI, Section C, Line 19:	
Available on request	
Form 990, Part IX, Line 11g, Other Fees:	
Other Professional Services:	
Program service expenses	53,247
Management and general expenses	13,118
Fundraising expenses	0 .
Total expenses	66,365.
Trainer fees:	
Program service expenses	14,677
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	14,677.
Program materials and supplies:	
Program service expenses	1,564.
Management and general expenses	0 .
Fundraising expenses	0 .
132212 11-11-21	Schedule O (Form 990) 202

Schedule O (Form 990) 2021 Page **2**

Name of the organization Godly Play Foundation	Employer identification number 31-1589053
Total expenses	1,564.
Other taxes:	
Program service expenses	2,658.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	2,658.
Total Other Fees on Form 990, Part IX, line 11g, Col A	85,264.