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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

inter	nal Revenue	e Service	► Information about Form 990 and its instructions is at www.irs.go	ov/form990	0.	inspection
Α	For the 2	2013 cale	ndar year, or tax year beginning 6/1 , 2013, and ending	5,	/31	, 20 14
В	Check if a	pplicable	C Name of organization Playing At Learning		D Employ	er identification number
П	Address c		Doing Business As			20-1241878
$\overline{\Box}$		•	Number and street (or P O box if mail is not delivered to street address) Room/suite		F Telepho	ne number
H	Name cha Initial retur	•	·		L relepho	
H			42668 Lerwick St City or town, state or province, country, and ZIP or foreign postal code			510-656-8664
H	Terminate				• •	
님	Amended		Fremont, CA 94539		G Gross re	
ш	Application	n pending	F Name and address of principal officer		•	subordinates? Yes Vo
			42668 Lerwick St, Fremont, CA 94539	1 ' '		s included? LYes LNo
<u></u>	Tax-exem	pt status	✓ 501(c)(3)	l if "N	o," attach a	a list (see instructions)
<u>J</u>	Website:	****	://www.playingatlearning.org	H(c) Group	exemption	number ▶
<u>K</u>	Form of org	ganızatıon	✓ Corporation Trust Association Other ► L Year of formation	2004	M State	of legal domicile CA
P	art I	Summ	ary			
	1 E	3riefly de	scribe the organization's mission or most significant activities. Education	nal enrich	ment for o	children, using
8	l .		y. Primary programs provide robotics competitions for students in grades K-			
ā		lew Ham				
Ę			is box ▶☐ if the organization discontinued its operations or disposed of i	more than	25% of	ite not accote
Š	l l		of voting members of the governing body (Part VI, line 1a)		3	l a
<u>ن</u>			of independent voting members of the governing body (Part VI, line 1b)			3
Se	l l				5	3
Ę	l .		nber of individuals employed in calendar year 2013 (Part V, line 2a)			0
Activities & Governance	l l		nber of volunteers (estimate if necessary)		6	3000
⋖			elated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrel	ated business taxable income from Form 990-T, line 34		7b	0
				Prior Ye	ear	Current Year
Revenue	8 0	Contribut	ions and grants (Part VIII, line 1h)		65486	169346
	9 F	rogram	service revenue (Part VIII, line 2g)		85601	154275
ě	10 li	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
ш	11 (Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		36000	0
	12 T	otal reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		187087	323621
	13 (Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		0	0
			oald to or for members (Part-IX, column (A), (ine 4)		0	0
G			other compensation, employed benefits (Ran X, column (A), lines 5-10)		0	0
Expenses			nal fundraising fees (Part-IX, column (A), line 11a)		0	
ğ			draising expenses (Patilix, column (D)) Ine (25) ►	FGL (25:30:2	TABLE V	TATE OF THE SECOND
Ä			penses (Part IX, column (A), lines 11a-11d, 11f-24eX	Canada See See See See See See See See See Se		
	18 T	Juliel ext	appear Add lines 12 17 (miles 1 a - 1 u, 1 1 - 24 u)		224531	342287
	10 1		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		225386	342720
		revenue	less expenses. Subtract line 48 from the 12		-77859	-19099
is or			<u> </u>	inning of Cu		End of Year
Sse	20 T		ets (Part X, line 16)		57182	37590
Net Assets Fund Baland	21 T		lities (Part X, line 26)		13140	12347
_			ts or fund balances. Subtract line 21 from line 20		44042	25243
Pá	art II	Signat	ure Block			
			ry, I declare that I have examined this return, including accompanying schedules and statement			my knowledge and belief, it is
tru	e, correct, a	and compl	ete Declaration of preparer (other than officer) is based on all information of which preparer ha	is any knowl	edge	_
		\	Tom Wilker)	8	3/2/	2014
Sig	jn	Sign	ature of officer	Da	té	
He	re		JILL WILKER, PRESIDENT			
		Туре	or print name and title			
		Print/Tyi	pe preparer's name Preparer's signature Date		1	PTIN
Pa	-		" " " " " " " " " " " " " " " " " " "		Check self-em	□
	eparer			Τ_	_1	0.0700
Us	e Only				n's EIN ▶	•
NA-	v the IDC		ddress >	Pho	ne no	
ivia	y une inc	o uiscuss	s this return with the preparer shown above? (see instructions)			Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

011111 00	1 ugo =
Part	
1	Check if Schedule O contains a response or note to any line in this Part III
ı	Briefly describe the organization's mission: Educational enrichment for children, using technology. Inspire students to explore and understand educational and career pathways
	in science, technology, engineering and math fields.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	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.
	The same of persons, and received, it any, for each program of received representations.
4a	(Code:) (Expenses \$ 129870 including grants of \$ 0) (Revenue \$ 162033)
	Northern California FIRST Tech Challenge - Provided infrastructure for FIRST Tech Challenge, including
	tournament organization and operation. Supported approximately 1300 7th to 12th grade students
4b	(Code:) (Expenses \$ 128923 including grants of \$ 0) (Revenue \$ 54261)
	The Play Space - A 13,000 square foot facility that serves as a meeting space, workspace, hacker space, practice facility for area
	FIRST teams. It hosted several events, including coach trainings, program kickoff events, coach/mentor training, FIRST LEGO League
	and FIRST Tech Challenge tournaments, and meetings for area engineering advocacy groups.
4c	(Code.) (Expenses \$ 60756 including grants of \$ 433) (Revenue \$ 100464)
	Northern California FIRST LEGO League - Provided infrastructure for FIRST LEGO League program, including
	tournament organization and operation, training and outreach. Supported approximately 5000 children ages
	9-14.

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 21656 including grants of \$ 0) (Revenue \$ 6863)
4e	Total program service expenses ▶ 341205

Form 99	0 (2013)		ا	Page 3
Part	V Checklist of Required Schedules			
	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	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		ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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	.	1
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		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	 "	 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
-	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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		H
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		√
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			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9	<u> </u>	
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	WAT!	√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
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		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
9	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	Ť
	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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.			1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		1
		14a		1
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
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)			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		/
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
<u> </u>	If "Yes," complete Schedule G, Part III	19		1
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ <u> </u>	✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	I

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	_	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		1 00	000	

Form **990** (2013)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable)		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	2172		
_	reportable gaming (gambling) winnings to prize winners?	1c	17.32	√
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1		M.AM	A COMPANY
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1,119	3,5
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
.	If "Yes," enter the name of the foreign country: ▶	18.1.00	14.140	光海
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		17,1 %. PHE-	23
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	2	J
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	† ·
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7		Winds
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	4		1
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	1 70 7 81	
d	If "Yes," indicate the number of Forms 8282 filed during the year		16/2	291
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	├
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h 性科學	butas	e direction
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	in the state of	18	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	2.4	12.0	- 100
•		14.75.7 W	14.5	1000
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	T.	365
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	+
10	Section 501(c)(7) organizations. Enter:		- 44 F.	16/40
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		位置	
11	Section 501(c)(12) organizations. Enter:		1	100
а	Gross income from members or shareholders	ENGLISH ENGLISH		1
b	Gross income from other sources (Do not net amounts due or paid to other sources	第2.16		1 2
	against amounts due or received from them)	AP.		4
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	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.		100	133
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	2 .4955.0	خسور او
	Note. See the instructions for additional information the organization must report on Schedule O.			5.75
b	Enter the amount of reserves the organization is required to maintain by the states in which	2	NA STATE	
	the organization is licensed to issue qualified health plans			2
С	Enter the amount of reserves on hand	75.7	- A	3. 35°
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	1	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	structi	
Section	on A. Governing Body and Management	<u>· · · · · </u>		
0000	on A. dovorning 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 in Schedule O.		ı	
ь 2 3	Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct	2	√	
4 5 6 7a	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	3 4 5 6		√ √ √ √
b 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b_		✓
a b 9	the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8a 8b	√	✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 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		1
b 12a b	Describe in 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		<u>'</u>
13 14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14		√ ✓
<i>a</i> b	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	15a 15b		✓ ✓
	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		
Section	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply ✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the states with which a copy of this Form 990 is required to be filed ► CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply			
20	financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records organization:			

Part VII	Compensation of Officers, I	Directors, Tr	ustees,	Key Employees,	Highest C	ompensated	Employees	, and
	Independent Contractors							

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

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

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

Check this box if neither the organization	nor any relate	d org	anız			ompe	nsa	ited any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er an	neck ss pe d a d	ntion more rson irect	than on the than of the the than of the	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	other
	hours for related organizations below dotted line)	directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jill Wilker - President	15	1		1				0	0	
(2) Mark Edelman - Vice President	35			1				0	0	
(3) Varsha Patel - Board Member	5	1			_			0		
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Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person													Admitted of the last of the la
for services rendered to the organization? If "Yes," complete Schedule J for such person	5										zation or ind	vidua	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation none 2 Total number of independent contractors (including but not limited to those listed above) who	•									_			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who	Section	on B. Independent Contractors									•		
year. (A) Name and business address Description of services Compensation none 2 Total number of independent contractors (including but not limited to those listed above) who			compensat	ted in	dep	end	lent	conti	ract	ors that receiv	ed more than	1 \$100	0,000 of
(A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who		compensation from the organization. Re	port compe	ensatio	on f	or t	he c	alend	dar y	year ending wi	th or within t	he or ç	ganızatıon's tax
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who		year.											
2 Total number of independent contractors (including but not limited to those listed above) who									-				
2 Total number of independent contractors (including but not limited to those listed above) who		Name and business add	dress —————						┶	Description of	services		Compensation
(A) 00 000 of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	none								↓_				<u></u>
(A) 00 000 of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_						1				
(A) 00 000 of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									\bot				
(A) 00 000 of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									\bot				
(A) 00 000 of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Takel manakan af andersanders and the	1 : 1'				l.er-	٠ د		ann lictari		1	The our copy we
	2								o tr		ovej wno	是国	

Part	VIII	Statement of Reve						
, , ; , , , , , , , , , , , , , , , , ,			स्टब्स्टर्स्टर्स्टर्स्टर्स्टर्स्टर्स्टर्	· 神學·	o any line in this (A) Total revenue	S Part VIII (B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
1 6.	7,		10. P.	李 沙 大		function revenue	revenue	under sections 512-514
nts nts	1a	Federated campaigns	s 1a	0	"是"是"是"	A CHARLES TO THE	And the state of t	AND THE SECOND
Gifts, Grani Iar Amount	ь	Membership dues .	1b	0		多知道教徒	"自然"的	医影響 泰沙 4
s, G Am	С	Fundraising events .	1c	0	The state of the state of	Barrier Marie	職等公司法	The state of the same
Gift lar	d	Related organizations		0	一个 地 图 第一	學學學發往	秦安全	· (4) (4)
ıs, (imi	е	Government grants (con		0	Server Broke	· 李德·科·	THE WASHINGTON	
tior er S	f	All other contributions, gi		1	ALL ALL AND	the state of		
ફ		and similar amounts not inc		169346			in-	A Service
ontr	9	Noncash contributions includ	•	0	-4.44	Salve Land	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
_	h	Total. Add lines 1a-1	<u>f</u>	.	169346	1-1	1	
un l		#:DOT # 1 01 11		Business Code	· 1000 1000 1000 1000 1000 1000 1000 10		THE BEAT OF THE	1.5
eve	2a	FIRST Tech Challenge			67816		 	
ě.	b	FIRST LEGO League			72298	1	 	
ÿ	C	The Play Space			8581	 	0	
Š	d	Jr FIRST LEGO League		<u> </u>	960	 		
<u>ra</u>	e	Camps/Classes All other program services			4620		0	
õ	g	Total. Add lines 2a-2			154275	0		
	3	Investment income			134273	200 4200 018 1 20 1 20 1 20 1	S TO THE WAY OF THE PARTY OF TH	2 (27) (48) 1 T. T. J.
	_	and other similar amo		•	0	o	0	,
Other Revenue Contributions, Gifts, Grants and Other Similar Amounts	4	Income from investment	•	ond proceeds ▶	0	0	0	
	5	Royalties			0	0	0	
		,	(ı) Real	(II) Personal	连续的 新品	图 特別 第四	海江海湖外 遊	正常理学》
	6a	Gross rents	0	0	·爾塔·索德	李子子事 知時	建设, 全省的	"学"支育学家
	b	Less: rental expenses	0	0	Company of the Compan	生活种的 新兴	海 "红色"	· 特· 阿· · · · · · · · · · · · · · · · ·
	С	Rental income or (loss)	0				30 F 36 1	And American
	d	Net rental income or ((loss)	<u>.</u> . ▶	0	0	_ 0	(
	7a	Gross amount from sales of	(i) Securities	(II) Other	The state of the	Dog the second second second	Mark Town	or the second second second
		assets other than inventory	0	0	S. Brand Main	A STATE OF THE STA	A STATE OF THE STA	The same state of the same of
	b	Less: cost or other basis			The state of the state of			
		and sales expenses .	0	0			Mr. 178 mile region of	
	С	Gain or (loss)	0	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	小人们 整督	· · · · · · · · · · · · · · · · · · ·	加州人為,便力為小海
	d	Net gain or (loss) .		<u> ▶</u>	0	0	0	T = 20 41 42
<u>ə</u>		Cuana income from fi			10000000000000000000000000000000000000	京島は珍糖	はない はいき	學是學術
JH.	oa	Gross income from fu events (not including \$	inaraising		1. 5. July 3. 15.	A begin of	· 安姆 爱沙·	· 是一个哪个到前
eve		of contributions reporte	0 2d on line 1e\		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the state of	File Balance	
Ē			•		S44.	97 (A	The state of the s	E WAR AND A DAY
the	ь	Less: direct expenses	•		1 8 1 1	The mile of said		IN THE MENTINE TO
0	C	Net income or (loss) for			0		0	** ***********************************
	9a	Gross income from ga		CVCITES . P	The state of the s	6. T. C. 7.		
			a			all the majority is	(株本山) · · · · · · · · · · · · · · · · · · ·	
	ь	Less: direct expenses	_				化二重 医外壁	A STATE OF THE STA
	С	Net income or (loss) fi			0	0	0	(
	10a	Gross sales of in			(重新) 不成意	か か よしま	"我们的两个特别 "	P. M. P. T.
		returns and allowance	es a	o	1 . West 1. 188	· 1	· 黄木醇 · 南水中的	The state of the s
	b	Less: cost of goods s	old b	0	1. 4. 满 必 1.1	1 - 18 " A S 1 4	· 中国	The same of the same of
	<u> </u>	Net income or (loss) f		entory ▶	0	0	0	
	L	Miscellaneous R	levenue	Business Code	1 7 7 10 41	1	Land Charles Co. He	
	11a				0			
	ь				0			
	С		•••••		0			
	d	All other revenue .			0			
	e e	Total. Add lines 11a-			0	最高 高山	South of the state of the	三月年時 歌 横山市
	i 12	Total revenue. See in	estructions.		222621	1	1	I

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con			ns must complete co	olumn (A).
	Check if Schedule O contains a respon			<u> </u>	
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		,		
	organizations in the United States See Part IV, line 21	433	433		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0	0		7 70 7
3	Grants and other assistance to governments,			or the state of th	广海企业产 3
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0	生活品品 经法院	是一个一个一个一个一个
5	Compensation of current officers, directors,				
	trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified	Ì			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	<u> </u>	0	0	0
b	Legal	0	0	. 0	0
C	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0	Mary Mary Mary Mary Mary Mary Mary Mary	Balto Brownia	0
f ~	Investment management fees	0		0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)			_	
40		0	0	0	0
12	Advertising and promotion	2410	2410	0	0
13 14	Office expenses	0040	2404	4545	
15	Royalties	3649	<u>2134</u> 0	1515	0
16	Occupancy	174088			
17	Travel	4248	4248	0	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	l o	٥	0	0
19	Conferences, conventions, and meetings .	7248	7248		
20	Interest	0		0	0
21	Payments to affiliates		0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	6749		0	0
24	Other expenses. Itemize expenses not covered	我的 是 你是 !!		G CAN BOOK	13.1
	above (List miscellaneous expenses in line 24e If	(1) · · · · · · · · · · · · · · · · · · ·	1900年1900年		
	line 24e amount exceeds 10% of line 25, column	The state of the state of the state of			
	(A) amount, list line 24e expenses on Schedule O)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S. S. S. Line Ten	GF. ET. Y. OF THE G	[27] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
a	A/V services	9900		0	0
b	Program service supplies	76720			
ч С	Equipment Rental Printing	41526			†
d		7747			
e 25	All other expenses	8002		 	
26	Joint costs. Complete this line only if the	342720	341205	1515	0
_0	organization reported in column (B) joint costs				
	from a combined educational campaign and				}
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)			1	

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net o n 學 一种 學 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . Notes and loans receivable, net . Inventories for sale or use Prepaid expenses and deferred charges o g 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c h Investments—publicly traded securities o Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11 Intangible assets Total assets. Add lines 1 through 15 (must equal line 34) . . . Accounts payable and accrued expenses 10775 17 ol 18 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. 14. 16 Ta. 16. Loans and other payables to current and former officers, directors. iabilities. trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets ol Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds.

Form **990** (2013)

Page	12	
Page	12	

					-
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	23621
2	Total expenses (must equal Part IX, column (A), line 25)	2		34	<u> 42720</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			19099
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			44042
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10			<u> 25243</u>
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · ·	· -	
			19074 CT	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	-1	- 5		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain ii			
0-					
za	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-			10 St. 15	<u>- ₩</u>
	reviewed on a separate basis, consolidated basis, or both:	piled 0		3 (1)	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			4.1	24
b	Were the organization's financial statements audited by an independent accountant?		2b	450m (54)	المتشكا
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited.	od on a		* 2° 10° 1	Series in the
	separate basis, consolidated basis, or both:	Ju 5 c			15 Tag
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		***		医囊
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versiah	t (2.5.1.22	1.025.1	
·	of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex			ik si	5 4 W 14
	Schedule O.	•		14	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth ir	n		
	the Single Audit Act and OMB Circular A-133?		. За		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo the	e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forr	m 990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public Inspection

	ng At Learning								20-124		_
Par			rity Status (All orga						nstructio	ns.	_
The c	-	•	ation because it is: (Fo		_		-				
1	_		hes, or association of			ed in sec	tion 170(b)(1)(A)(i)).		
2			170(b)(1)(A)(ii). (Attac								
3			spital service organiza								
4		earch organization ne, city, and stat	on operated in conjun	ction with	a hospit	al descrit	oed in se	ction 170)(b)(1)(A)(iii). Enter the	
_	•		the benefit of a colle		vorcity or	uned or	oporatod	by a go	vernment	al unit described i	 n
5		on operated for b)(1)(A)(iv). (Com		ge or unit	versity of	whea or	operated	by a go	vermient	ai unit described i	"
6			nment or government								
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governn	nental un	iit or from	the general publi	С
8	☐ A community	trust described i	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	ırt II.)					
9	☐ An organization	on that normally	receives: (1) more that	an 331/3%	of its su	ipport fro	om contri	butions,	members	hip fees, and gros	s
	receipts from	activities related	d to its exempt funct	ions—sub	oject to d	certain ex	ceptions	, and (2)	no more	than 331/3% of it	ts
	support from	gross investme	ent income and unrel	lated bus	iness ta	xable inc	ome (les	s section			
	acquired by the	he organization a	fter June 30, 1975. Se	e sectio i	n 509(a)(2). (Comp	olete Part	: III.)			
10	☐ An organization	on organized and	l operated exclusively	to test fo	r public s	safety. Se	e sectio i	n 509(a)(4).		
11			nd operated exclusive								
	purposes of o	one or more pub	licly supported organ	nizations	described	d ın secti	ion 509(a)(1) or se	ection 509	9(a)(2). See sectio	n
	509(a)(3). Che	eck the box that	describes the type of	supportin	g organiz	zation and	d comple	te lines 1	1e throug	jh 11h.	
	a 🗌 Type I	b 🗌 Type	II c 🗌 Type III	I–Functio	nally integ	grated	d □ 1	Type III–N	lon-functi	ionally integrated	
е	☐ By checking t	this box, I certify	that the organization	is not coi	ntrolled d	lirectly or	indirectly	by one	or more of	disqualified person	S
	other than for	undation manage	ers and other than one	e or more	publicly	supporte	ed organı	zations c	lescribed	in section 509(a)(1	i)
	or section 509	9(a)(2).									
f	_		a written determination		the IRS t	that it is	a Type	I, Type I	I, or Typ	e III supporting	7
			he organization acce		aft or co	 Antributio	n from a	ny of the			7
g	following pers	sons?		•				-			_
			ndirectly controls, eitlody of the supported						d in (11) an • • •	11g(i) Yes No	_
	(ii) A family m	nember of a pers	on described in (i) abo	ve?						11g(ii)	_
	(iii) A 35% co	ntrolled entity of	a person described in	ı (ı) or (ıı) a	above?.					11g(iii)	_
h		•	on about the support								_
(1)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o			ou notify			(vii) Amount of monetar	ry
	organization	1	(described on lines 1–9 above or IRC section	in col (t) lis	sted in your		nization in of your		tion in col zed in the	support	
			(see instructions)	governing	200011101111		port?		S?		
]		Yes	No	Yes	No	Yes	No		
(A)						Ï]				_
<i>יי</i> י		<u> </u>									_
B)											
(C)		<u> </u>									_
(D)		 								<u> </u>	_
							<u> </u>	<u> </u>			_
(E)	<u> </u>	12 12 12 12 12				351 1 71 H					
	•		The same of the same of	門參州		1. 片野小河	经产业		· 探》第		

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) 2009 (d) 2012 (e) 2013 (f) Total (b) 2010 (c) 2011 Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 108606 90764 147527 151087 323621 820606 2 Tax revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . 0 Total. Add lines 1 through 3. . . 151087 323621 821605 108606 90764 147527 . . The portion of total contributions by person (other governmental unıt publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4. 821605 Section B. Total Support (e) 2013 Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (f) Total 7 Amounts from line 4 90764 147527 151087 323621 108606 821605 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 36000 36000 Net income from unrelated business activities, whether or not the business is regularly carried on . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . 0 Total support. Add lines 7 through 10 11 857605 12 12 0 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 96 % 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this $\overline{\mathbf{V}}$ 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \Box 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported П 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

(Complete only if you checked the box on line 9 of Part I 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.)

C1:	an A Dublic Compact	<u> </u>	oto notou pon	511, p. 64.65		··· <i>/</i>	
	on A. Public Support		1 # 1 00 10		4.0.0040	() 0040	(D T + 1
Calen 1	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	received. (Do not include any "unusual grants ")		ł	}	1	}	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Secti	on B. Total Support					·	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6		,,,			1	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b]			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			•	ear as a section	
Secti	on C. Computation of Public Support			_ '	·		
15	Public support percentage for 2013 (line			3, column (f))		15	%
16	Public support percentage from 2012 Sci		•			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2013	•	• •	•		18	%
19a	331/3% support tests—2013. If the organ 17 is not more than 331/3%, check this box	ization did not	t check the box	x on line 14, a	nd line 15 is m		
b	331/3% support tests—2012. If the organization 18 is not more than 331/3%, check this	zation did not d	check a box on	line 14 or line	19a, and line 16	s is more than 3	3 ¹ /3%, and
00	Private foundation If the organization d	-	-				_

Schedule A (F	orm 990 or 990-EZ) 2013 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Playing	At Learning		20-1241878
<u>P</u> ar		or Advised Funds or Other Similar Fu	
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .	ļ	
3 4	Aggregate grants from (during year)		
5	Aggregate value at end of year Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, do	_	
	only for charitable purposes and not for the		
	conferring impermissible private benefit?	<u> </u>	· · · · · · 🔲 Yes 🗌 No
Part	Conservation Easements.		
		vered "Yes" to Form 990, Part IV, line	7
1	Purpose(s) of conservation easements held	· · · · · · · · · · · · · · · · · · ·	
		recreation or education) 🔲 Preservation	
	Protection of natural habitat	☐ Preservation	of a certified historic structure
_	Preservation of open space	A In that Infant	tion of the form of a consequent
2	Complete lines 2a through 2d if the organiza easement on the last day of the tax year.	ation held a qualified conservation contribu	Held at the End of the Tax Year
_	Total number of conservation easements		2a
a b	Total acreage restricted by conservation eas		
C	Number of conservation easements on a cer		2c
d	Number of conservation easements include		
	historic structure listed in the National Regis		
3	Number of conservation easements modified	d, transferred, released, extinguished, or to	erminated by the organization during the
	tax year ►		
4	Number of states where property subject to		
5	Does the organization have a written pol		
^	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring,	inspecting and enforcing conservation ea	esements during the year
•	►\$	inspecting, and emoreing conservation of	asoments during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · · 🗀 Yes 🗆 No
9	In Part XIII, describe how the organization re	ports conservation easements in its reven	ue and expense statement, and
	balance sheet, and include, if applicable, the	e text of the footnote to the organization's	financial statements that describes the
	organization's accounting for conservation e		
Part		ections of Art, Historical Treasures,	
		vered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other public service, provide, in Part XIII, the text of	The state of the s	
b	If the organization elected, as permitted up		
U	works of art, historical treasures, or other		
	public service, provide the following amount	•	
	(i) Revenues included in Form 990, Part VIII	, line 1	• \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works		
	following amounts required to be reported u		
а	Revenues included in Form 990, Part VIII, lin	e1	• \$
b	Assets included in Form 990, Part X		. . .

Part	III Organizations Maintaining	Collections of A	rt, Hist	torical T	reasures	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		er recor	ds, chec	k any of th	e follow	ving that are a s	ignificant use of its
а	☐ Public exhibition		d [Loan	or exchang	ge progr	ams	
b	☐ Scholarly research		e [Other	,			
C	☐ Preservation for future generations	S						
4	Provide a description of the organiza XIII	tion's collections a	nd expla	in how tl	hey further	the org	anızation's exer	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							ar 🗌 Yes 🗌 No
Part							-	
	Complete if the organization	n answered "Yes"	to Forn	n 990, P	art IV, line	9, or r	eported an am	ount on Form
	990, Part X, line 21.		·					
1a	Is the organization an agent, trustee							
	included on Form 990, Part X?							☐ Yes ✓ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the to	llowing ta	abie:			mount
_	Deciment belones					1c		
۲ C	Beginning balance					1d		
d	<u> </u>					— -		
e •	Distributions during the year					1e		
f	Ending balance							✓ Yes 🗌 No
2a b	If "Yes," explain the arrangement in P							
Par		ait Aiii. Offect field	II LIIE EX	pianation	ii iias beeii	provide	dillatan .	<u>. , , , , , , , , , , , , , , , , , , ,</u>
	Complete if the organization	answered "Yes"	to Forn	n 990. P	art IV. line	10.		
		(a) Current year	(b) Pno		(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance						_	
b	Contributions				·			
c	Net investment earnings, gains, and losses							
d	Grants or scholarships				-			
	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of	the current year end	d balanc	e (line 1g	, column (a	a)) held a	as:	
а	Board designated or quasi-endowme	nt 🕨	%					
b	Permanent endowment ▶	%	-					
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	e possession of the	e organiz	zation tha	at are held	and ad	ministered for th	ne
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(II), are the related organ							3b
4	Describe in Part XIII the intended use		n's endo	wment fi	unas.			
Pari			to Form	~ 000 E	ant IV line	. 11. 0	Saa Farm 000	Dort V. line 10
	Complete if the organization	(a) Cost or oth						
	Description of property	(a) Cost or oth		1	or other basis other)		Accumulated epreciation	(d) Book value
	Land			 		100 E 30	John Landing	
b	Buildings						11 6 48 48 84 BC	
C	Leasehold improvements							
d	Equipment					 -		
e	Other							
	Add lines 1a through 1e. (Column (d) I	nust equal Form 99	0. Part)	K. columr	n (B). line 10	O(c).)		

Part VII	Investments - Other Securities.					
	Complete if the organization answered	"Yes" to Form	990, Part	IV, line 11b.	See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book va	lue		thod of valuation I-of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A)	•••••••••••••••••••••••••••••••••••••••					
(B)			<u> </u>	-+-		
(C)						
(D) (E)						
(E) (F)		-			 	
(G)				-+-		
(H)						
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			- 1.77	Marie de la de la company	FUZZY CALIFORNIA
Part VIII	Investments – Program Related.	·			·	to the to the term of the terms
	Complete if the organization answered	"Yes" to Form	990, Part	IV, line 11c.	See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book va	ilue		thod of valuation
_					Cost or end	d-of-year market value
(1)						
(2)						<u></u>
_(3)						
_(4)						
_(5)						
_(6)						
_(7)						
_(8)						
(9)	11				T 1 - 189, - 1 - 18, 5	THE PROPERTY OF PROPERTY.
	b) must equal Form 990, Part X, col (B) line 13.)			<u> 1912 -</u>		是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Part IX	Other Assets. Complete if the organization answered	"Voo" to Form	000 Dort	IV line 11d	Soo Eorm	000 Port V line 15
	(a) Descrip		1990, Pait	iv, ine i iu	. See Folli	(b) Book value
- <u></u>	(2)					(4) 23
_(1) _(2)						
_(3)						
_(4)						
_(5)	-		-			· -
_(6)				,		
_(7)						
(8)			-			
_(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		· .	▶	
Part X	Other Liabilities.					
	Complete if the organization answered line 25.	"Yes" to Form	n 990, Part	IV, line 11e	or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value	Title 18	يا وي المراجع	دُ يَتُ رِينَا اللهِ عَلَيْهِ مِنْ	arten Kilandenakorikan Antri
(1) Federal II		(b) Book value				
	llated sales tax		1088		The state of the state of	一种,种种种种
(3)	ildleu sales tax		1000	并办。这一样	The States	
(4)		-			·新城上。	THE RESERVE OF THE PARTY OF THE
			7 2/4			
(5) (6) (7) (8)		· · · · · · · · · · · · · · · · · · ·		1. 12 Jan 196	· · · · · · · · · · · · · · · · · · ·	
(7)					學的學	
(8)				大學權利達	建物学	
(9)				THE STATE OF	第一个一个	。中国中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国
	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	<u>-</u>	1088		ALL LANGE	

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

Dana	4

Part			Return.	
	Complete if the organization answered "Yes" to Form 990, F			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	10 · 产	
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)		1.1.2	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i <u>.</u> [PAc'	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	4c	
С 5	Add lines 4a and 4b		5	
Part				
ı qı t	Complete if the organization answered "Yes" to Form 990, F		er rietarri.	
1		artiv, mio iza.	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		(4.19)	
a	Donated services and use of facilities	2a	#	
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		18 W. g	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	
Part	XIII Supplemental Information.		· · · · · · · · · · · · · · · · · · ·	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			art X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
Part IV	- Line 2a: Playing At Learning serves as a fiscal sponsor agent for a small nu	mber of Northern California	youth	
roboti	s teams with exceptional fund-raising needs. Sponsoring arrangements are li	mited to teams participating	ın Playing At Learn	ıng
suppo	rted programs and are used solely to support the teams' expenses.			
			••••••	
			•••••	

Schedule D (For	orm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
- 		
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•••		
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	•••••••••••••••••••••••••••••••••••••••	**************************************
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•••••		
	•••••	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations.

OMB No. 1545-0047

(Form 990)				bivibal bac	l oft in slen	Covernments and Individuals in the United States		
		ď	Complete if the organ	nization answered "	Yes" to Form 990,	the organization answered "Yes" to Form 990, Part IV, line 21 or 22	ď	210Z
7 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -				► Attach to Form 990.	Form 990.			Open to Public
Department of the Treasury Internal Revenue Service		▶ Infor	mation about Sche	dule I (Form 990) an	d its instructions is	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	m990.	Inspection
Name of the organization		!		t				Employer identification number
Playing At Learning		ļ						20-1241878
Part General Ir	nformation c	General Information on Grants and Assista	Assistance					
1 Does the organiz	zation maintair	records to subs	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility f	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	;
the selection criteria used to award the grants or assistance?	eria used to av	ward the grants	or assistance?					· · LYes LNo
2 Describe in Part I	IV the organiza	ation's procedur	es for monitoring 1	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nds in the United	States.		
Part II Grants an	nd Other Ass	Grants and Other Assistance to Governmer Part IV line 21 for any recipient that received	vernments and received more the	Organizations i	n the United SI	ates. Complete i	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization ansv Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nts and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, more than \$5.000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	organization	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) White Hill Middle School 101 Glen Dr, Fairfax, CA 94930	hool 94930	n/a		433				grant for robotics club
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) and government	er of section 5	01(c)(3) and gov	ernment organiza	organizations listed in the line 1 table	ine 1 table			1
ı	er of other org	janizations listec	Enter total number of other organizations listed in the line 1 table					0

Schedule I (Form 990) (2013)

Cat. No. 50055P

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

Page 2

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance							ional information.				:		Schedule I (Form 990) (2013)
(e) Method of valuation (book, FMV, appraisal, other)							n (b), and any other addit						
(d) Amount of non-cash assistance							ne 2, Part III, colum						
(c) Amount of cash grant							 required in Part I, I						
(b) Number of recipients							the information						
(a) Type of grant or assistance							Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
	-	8	က	4	ro	9	 Part IV			!			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Playing At Learning	20-1241878
Form 990, Part III, Line 4d: Other program Services: Playing At Learning only has two additional progr	ams/services, Jr, FIRST LEGO League
and Outreach. Jr FIRST LEGO League brings STEM enrichment opportunities to a younger audience (ages 6-9). Outreach generates no	
revenue. It is purely a public service program with the goal of providing awareness to the general public.	
Form 990 , Part VI, Line 2: The president (Jill Wilker) and vice-president (Mark Edelman) of the non-profit are spouses.	
Form 990, Part VI, Line 11b: The tax filings for Playing At Learning are reviewed by the members of the board prior to filing, with opportunity	
for comment and revision provided.	
Form 990, Part VI, Line 12c: Conflict of Interest Enforcement: Enforcement is managed by continuous	conversation and awareness. All
officers and board members are currently not compensated.	
Form 990, Part VI, Line 19: Governing documents and financial statements are available for inspection	by appointment. Tax returns are
posted to our website shortly after each filing.	
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