# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

Α	For the	2022 calend	dar year, or tax year begin	ining 06/01/2022	and ending	05/31/	2023			
В	Check if	applicable:	C Name of organization PLA	YING AT LEARNING			D Emple	oyer identification number		
	Address	change	Doing business as					20-1241878		
	Name ch	nange	Number and street (or P.O.	box if mail is not delivered to s	street address)	Room/suite	<b>E</b> Teleph	none number		
	Initial ret	urn	2215 Oakland Rd Suite B		510-656-8664					
	Final retu	rn/terminated	City or town, state or provin							
	Amende	d return	San Jose, CA 95131				G Gross receipts \$ 349,003			
	Applicati	on pending	F Name and address of princip	pal officer: Jill Wilker		H(a) Is this a gr	oup return fo	or subordinates? Yes Vo		
			2215 Oakland Rd, Suite E	B, San Jose, CA 95131		H(b) Are all s	ubordinat	es included?  Yes  No		
ī	Tax-exe	mpt status:	<b>✓</b> 501(c)(3)		4947(a)(1) or 527	If "No," attac	h a list. Se	ee instructions.		
J	Website	: http://ww	ww.playingatlearning.org			H(c) Group e	xemption	number		
ĸ	Form of o			ssociation Other	L Year of for	mation: 2004	M State	of legal domicile: CA		
Р	art I	Summa		<del>_</del>						
	1		scribe the organization's	mission or most signific	ant activities: Fduc	ational enrichme	ent for cl	nildren, usina		
ĕ			y. Primary programs provi							
Activities & Governance			er, New Hampshire		g					
ern	2		box if the organization	on discontinued its ope	rations or disposed	of more than 2	5% of it	s net assets.		
Š	3		f voting members of the				3	8		
<u>ھ</u>	4		f independent voting mer				4	6		
es	5		ber of individuals employ			5,	5	3		
ΞĘ	6		ber of volunteers (estima	=			6	2,000		
Ć			·	= :			7a			
•	7a		lated business revenue fr		•			0		
	b	ivet unrela	ted business taxable inc	one ironi Form 990-1, i	ranti, iiile ii	Duian Van	7b	O		
		Contributio	ons and grants (Part VIII,	line 1h		Prior Yea		Current Year		
ne	8			231,531	185,736					
Revenue	9	_	ervice revenue (Part VIII,	= -			121,773	163,267		
Be	10		t income (Part VIII, colum		•		0	0		
	11		nue (Part VIII, column (A)	•	•		0	0		
	12		nue—add lines 8 through			;	353,304	349,003		
	13		d similar amounts paid (F		•		8,420	44,263		
	14	-	aid to or for members (Pa				0	0		
es	15		ther compensation, emplo	-			46,195	76,540		
eu.	16a		al fundraising fees (Part				0	0		
Expenses	b		raising expenses (Part IX		0					
ш	17	Other expe	enses (Part IX, column (A	A), lines 11a-11d, 11f-24	le)		255,704	300,877		
	18	-	nses. Add lines 13–17 (m	-			310,319	421,680		
	19	Revenue le	ess expenses. Subtract li	ine 18 from line 12			42,985	-72,677		
Net Assets or Fund Balances						Beginning of Curr	rent Year	End of Year		
sets	20	Total asset	ts (Part X, line 16)	. <b></b> .		4	129,129	391,794		
t As	21	Total liabili	ities (Part X, line 26)				69,756	-2,182		
울	22	Net assets	or fund balances. Subtr	act line 21 from line 20			359,373	393,976		
	art II	Signatu	ire Block							
			r, I declare that I have examined te. Declaration of preparer (othe					my knowledge and belief, it is		
Si	_	Signature of	officer			Date	•			
He	ere	Mark Edelr	man, Vice President							
		Type or print	name and title							
Pa	nid	Print/Type	e preparer's name	Preparer's signature		Date	Check	if PTIN		
	epare	r					self-emp	oloyed		
	epare se Onl		ne			Firm's	n's EIN			
_		Firm's add	dress			Phon	e no.			
Ma	v the IF	RS discuss t	this return with the prepa	arer shown above? See	instructions			. Yes No		

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	· · · ·
•	Educational enrichment for children, using technology. Inspire students to explore and understand educational and career	
	matheres in a signer tradematery, anning and math fields	
	patriways 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	
2	prior Form 990 or 990-EZ?	s ☑ No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	i ✓ No
4	lf "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as me	asured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 96,001 including grants of \$ 3,801) (Revenue \$ 190,5	86 )
	Northern California FIRST LEGO League - Provided infrastructure for FIRST LEGO League Challenge program, including	
	tournament organization and operation, training and outreach. Supported approximately 6000 children ages 9-14.	
4b	(Code:) (Expenses \$181,469 including grants of \$0 ) (Revenue \$4	19 )
	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 LEG	60
	League and FIRST Tech Challenge tournaments, and meetings for regional engineering & technology advocacy groups	
4c	(Code: ) (Expenses \$ 114,584 including grants of \$ 39,962 ) (Revenue \$ 87,0	00 )
	Northern California FIRST Tech Challenge - Provided infrastructure for FIRST Tech Challenge, including tournament organiz	
	and operation. Supported approximately 1800 7th to 12th grade students	
	V	
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 2	
	(Expenses \$ 29,626 including grants of \$ 0 ) (Revenue \$ 49,108 )	
4e	Total program service expenses 421,680	

Part	t IV Checklist of Required Schedules	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)	12 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	~	
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? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3	-	_
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		~
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			
7	"Yes," complete Schedule D, Part I	6		<i>'</i>
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		V
	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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9	V	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		,
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		,
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		,
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	_	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
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		,
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		,
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part l	V 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		_
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		~
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		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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		~
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? If "Yes," complete Schedule L, Part IV	28a		_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		,
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? <i>If "Yes," complete Schedule R, Part I</i>	33		~
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> 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		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	,	
Part	Statements Regarding Other IRS Filings and Tax Compliance		. •	
	Check it Schedule O contains a response or note to any line in this Part V	• •	Yes	No
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
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		~
b	If "Yes," enter the name of the foreign country			
<b>5</b> 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E o		
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		V
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	-		
-	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
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		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>.</b>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		~	<i>-</i>
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h	~	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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 . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
10-	1 112	10-		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
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		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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? <i>If "No," provide an explanation on Schedule O</i> .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	4.5		
		15		~
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section 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 . . . 1a 8 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 V 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 1 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . 15a Other officers or key employees of the organization . . . . . . . . . . . . . . . 15b 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 16a V 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ✓ Upon request Other (explain on Schedule O) ✓ Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Mark Edelman, (510)656-8664

Part VI

# 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, box 6 of 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.

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

Check this box if fletther the organization no	i aily relate	u oig	ailiz	auc	льс	ompe	1130	ated arry current	onicer, un ector,	oi iiusiee.
				(0	C)					
(A)	(B)	١,,		Pos				(D)	(E)	(F)
Name and title	Average hours per week	box,	unles er and	ss pe	rson lirect	e than on the thick that the thick t	n an tee)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	
Jill Wilker	10.00									
President	0.00	~		~				0	0	0
Mark Edelman	40.00									
Vice President	0.00	~		~				0	0	0
Robert France	5.00									
director	0.00	~						0	0	0
Rathish Jayabarathi	5.00									
director	0.00	~						0	0	0
Sudsanshu Jain	5.00									
director	0.00	~						0	0	0
Sandy Yu	5.00									
director	0.00	~						0	0	0
Heather Van Cura	5.00									
director	0.00	~						0	0	0
Spencer Greene	5.00									
director	0.00	~						0	0	0

Part	VII Section A. Officers, Directors,	rustees, I	Key I	⊨mį			s, ar	a F	ilgnest Compe	nsated Emplo	oyees (continued)
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than	n an	(D)  Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of other
		per week (list any hours for related organizations below dotted line)	Individua or directo	a Institutional trustee	a Officer	Key employee	or/tru Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2 1099-MISC/ 1099-NEC)	compensation
1h	Subtotal								0		0
C	Total from continuation sheets to Part	VII, Sectio	n A								
d 2	Total number of individuals (including reportable compensation from the organi		limite	ed t	to t	hos	e lis	ted	above) who re	eceived more	
3	Did the organization list any former of		ector	tru	ıste	- k	ev e	mpl		st compensate	Yes No
4	employee on line 1a? If "Yes," complete so For any individual listed on line 1a, is the	Schedule J	for su	uch	indi	ivid	ual				3 🗸
-	organization and related organizations individual										
5	Did any person listed on line 1a receive of for services rendered to the organization								. •	tion or individua	
Secti	on B. Independent Contractors										
1	Complete this table for your five high compensation from the organization. Report										
	(A) Name and business add	ress							(B) Description of serv	vices .	(C) Compensation
None											
	Total number of independent agreement	ro (includia	20 b	.+	ot '	im:	od t		and listed share	a) who	
2	Total number of independent contractor received more than \$100,000 of compens						.eu ((	וו כ	nose listed abov	e) WIIO	

### Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	rt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Ś, Ś	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
اع ق	C	Fundraising events			1c	0				
ts, ∡	d	Related organization			1d	0				
ia gi	<u> </u>	Government grants			1e	0				
Ë,	f	All other contribution				•				
ion	-	and similar amounts no			1f	105 724				
t e	a	Noncash contribution				185,736				
	9	lines 1a–1f			1g	¢ 0				
ja ja	h						105 72/			
0 "	h	Total. Add lines 1a-	-11 .		•		185,736			
ø	0-	FIDOT L FOOL	O			Business Code	(4.750	(4.750		
<u>Ş</u>	2a	FIRST LEGO League		lenge		611699	64,750	64,750	0	0
gram Ser Revenue	b	FIRST Tech Challen				611699	54,215	54,215	0	0
n S	C .	FIRST LEGO League		ore		611699	24,101	24,101	0	0
je je	d	Robotics Camps/Cla	isses			611699	19,781	19,781	0	0
Program Service Revenue	e									
<u>-</u>	f	All other program se					420	420	0	0
	g	Total. Add lines 2a-	-2† .				163,267			
	3	Investment income other similar amoun	•	•			_	_	_	_
			-				0	0	0	0
	4	Income from investr			•	•	0	0	0	0
	5	Royalties					0	0	0	0
			_	(i) Real		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses	6b		0	0				
	С	Rental income or (loss)			0	0				
	d	Net rental income o	r (los	ľ			0	0	0	0
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets	_		0	0				
	_	other than inventory	7a			_				
ne	b	Less: cost or other basis								
Revenue		and sales expenses .	7b		0	0				
ě		Gain or (loss)	7c		0	0				
	d	Net gain or (loss)					0	0	0	0
Other	8a	Gross income fro		ndraising						
0		events (not including		0						
		of contributions re								
		1c). See Part IV, line			8a	0				
		Less: direct expens			8b	0				
	_	Net income or (loss)	•		g eve	nts	0		0	0
	9a	Gross income 1								
		activities. See Part			9a	0				
		Less: direct expens			9b	0				
		Net income or (loss)	,	0	tivitie	es	0	0	0	0
	10a	Gross sales of in		•						
		returns and allowan			10a	0				
	b	Less: cost of goods			10b	0				
	С	Net income or (loss)	) from	sales of in	vento	ory	0	0	0	0
ns						Business Code				
eo e	11a									
scellaneo Revenue	b									
e e	С									
Miscellaneous Revenue	d	All other revenue			-					
2	е	Total. Add lines 11a					0			
	12	Total revenue. See	instr	uctions .			349,003	163,267	0	0

### Part IX Statement of Functional Expenses

Section 50°	1(c)(3)	and 50 and	1(c)(4)	organ	izations	must complete	all colu	mns. A	II othei	r org	anizat	ions mus	st comp	lete col	lumn (l	A).	
		1 '( 0															

Check if Schedule O contains a response or note to any line in this Part IX										
Do no	t include amounts reported on lines 6b, 7b,	(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	44,263	44,263							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0							
4 5	Benefits paid to or for members	0	0	0	0					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0					
7	Other salaries and wages	70,601	70,601	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	5,939	5,939	0	0					
11	Fees for services (nonemployees):									
a	Management	0	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			0					
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) .	0 82	82	0	0					
12	Advertising and promotion	0	0	0	0					
13	Office expenses	1,803	1,803	0	0					
14	Information technology	7,668	7,668	0	0					
15	Royalties	0	0	0	0					
16	Occupancy	187,626	187,626	0	0					
17	Travel	3,492	3,492	0	0					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0					
19	Conferences, conventions, and meetings .	1,195	1,195	0	0					
20	Interest	0	0	0	0					
21	Payments to affiliates	0	0	0	0					
22	Depreciation, depletion, and amortization .	0	0	0	0					
23	Insurance	10,723	10,723	0	0					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)									
а	postage/shipping	334	334	0	0					
b	equipment rental	11,800	11,800	0	0					
C	Program delivery supplies	67,727	67,727	0	0					
d	payroll processing	1,187	1,187	0	0					
е	All other expenses	7,240	7,240	0	0					
25	Total functional expenses. Add lines 1 through 24e	421,680	421,680	0	0					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	, , , ,	,							

# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	394,240	1	356,905
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	10,004	4	10,004
	5	Loans and other receivables from 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	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ä	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D   10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments – program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	24,885	15	24,885
	16	Total assets. Add lines 1 through 15 (must equal line 33)	429,129	16	391,794
	17	Accounts payable and accrued expenses	56,574	17	-794
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	13,182	21	-1,388
Ş	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	69,756	26	-2,182
Se		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	355,240	27	389,843
Ã	28	Net assets with donor restrictions	4,133	28	4,133
Ĕ		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
šet	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASE	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	359,373	32	393,976
Ż	33	Total liabilities and net assets/fund balances	429,129	33	391,794
					Earm <b>QQ</b> ( (2022)

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		349	9,003
2	Total expenses (must equal Part IX, column (A), line 25)		421	1,680
3	Revenue less expenses. Subtract line 2 from line 1		-72	2,677
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		359	9,373
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments		107	7,280
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		393	3,976
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			_Ц
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on	-		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	r		
	reviewed 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		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	ı		
	separate basis, consolidated basis, or both:			
	☐ 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	f		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	•		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2022)

# SCHEDULE A (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

**PLAYING AT LEARNING** 

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.

Open to Public Inspection

20-1241878

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

Insp

Name of the organization

Employer identification number

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) ☐ 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 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: An organization that normally receives (1) more than 331/3% 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 33½% 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.) 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 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** 

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) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 278,087 286,997 169,963 231,531 185,735 1,152,313 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 0 **Total.** Add lines 1 through 3 169,963 4 278.087 286,997 231,531 185,735 1,152,313 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) . . . . **Public support.** Subtract line 5 from line 4 1,152,313 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 . . . . . . 278,087 185,735 286,997 169,963 231,531 1,152,313 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 0 0 0 0 0 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 1,152,313 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 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) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . 100 % Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. 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 10%-facts-and-circumstances test - 2021. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Schedule A (Form 990) 2022 Page **3** 

#### 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.)

Secti	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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	<b>Total.</b> Add lines 1 through 5						
7a	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.)						
	on B. Total Support		1	I	1		
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6						
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 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.)						
14	First 5 years. If the Form 990 is for the	-			-		
0 1:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10 1 (f)		45	0/
15 16	Public support percentage for 2022 (line a Public support percentage from 2021 Scl		-				<u>%</u> %
16 Secti	on D. Computation of Investment In					16	70
17	Investment income percentage for 2022 (			ov line 13 colu	ımn (f\)	17	%
18	Investment income percentage for 2022 (			-			
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2022. If the organ						
·Ju	17 is not more than 331/3%, check this box						
b	331/3% support tests—2021. If the organiz	_	-	-		-	_
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990) 2022 Page 4

#### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 12 of 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.)

#### Se

Jeen	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	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 <b>Part VI</b> .	9c		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described 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 c 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 Section 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 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 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. 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 instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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.

3b

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage <b>C</b>
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ <del>_</del> _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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	1b		
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-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 . . . . . From 2018 **c** From 2019 **d** From 2020 . . . . . **e** From 2021 . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 D (Form 990)

#### **Supplemental Financial Statements**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

PLAYING AT LEARNING 20-1241878 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

Schedu	e D (Form 990) 2022									Page 2
Part	Organizations Maintaining Col	lections of	Art, His	torical 1	<b>Treasures</b>	, or Ot	her Similar A	ssets (co	ntinu	ued)
3	Using the organization's acquisition, access collection items (check all that apply):									
а	☐ Public exhibition		d	Loan	or exchang	e progr	ram			
b	Scholarly research		е	Other						
С	☐ Preservation for future generations			_						-
4	Provide a description of the organization's XIII.	s collections a	and expla	ain how t	hey further	the org	ganization's exe	mpt purp	ose ir	n Par
5	During the year, did the organization solid assets to be sold to raise funds rather than								es [	] No
Part	IV Escrow and Custodial Arrange	ments.								
	Complete if the organization ans 990, Part X, line 21.	wered "Yes	" on For	m 990, I	Part IV, line	e 9, or	reported an ar	mount or	n For	m
1a	Is the organization an agent, trustee, cus							ot		
	included on Form 990, Part X?							✓ Ye	s	□ Nc
b	If "Yes," explain the arrangement in Part XI	III and comple	ete the fo	llowing to	able:					
							A	mount		
С	Beginning balance					10	;		1	3,981
d	Additions during the year					10	ı			600
е	Distributions during the year					16	)		1	5,170
f	Ending balance					11	1			-589
2a	Did the organization include an amount on					ustodia	l account liabilit	√? <b>∠</b> Ye	s	No
b	If "Yes," explain the arrangement in Part XI									
Par										
	Complete if the organization ans	wered "Yes	" on For	m 990, I	Part IV, line	e 10.				
	·	Current year		or year	(c) Two year		(d) Three years bac	k (e) Fou	years	back
1a	Beginning of year balance		.,		,,,,		, , , , ,	1.7		
b	Contributions									
C	Net investment earnings, gains, and									
·	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
-	programs									
	· -									
f	Administrative expenses									
g	End of year balance		L	<b></b>	. ,					
2	Provide the estimated percentage of the cu			e (line 1g	j, column (a	i)) held	as:			
a	Board designated or quasi-endowment		%							
b	Permanent endowment%									
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c sh									
3a	Are there endowment funds not in the pos	ssession of th	ne organi	zation th	at are held	and ad	ministered for the	ne		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	• •							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi	zations listed	l as requi	red on So	chedule R?			3b		
4	Describe in Part XIII the intended uses of the		on's endo	wment f	unds.					
Part	, , , , , , , , , , , , , , , , , , , ,									
	Complete if the organization ans	wered "Yes	<u>on For</u>	<u>m 99</u> 0, I	Part IV, line	e 11a.	See Form 990	, Part X,	line 1	10.
	Description of property	(a) Cost or ot		, ,	or other basis	٠,	Accumulated	(d) Boo	k value	е
		(investm	ent)	(c	ther)	d	epreciation			
1a	Land									
b	Buildings									
c	Leasehold improvements									
d	Equipment									
e	Other									
	<u> </u>	1								

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

(1) Federal income taxes (2) (3) (4) (5) (6) (7)	Part VII	Investments – Other Securities.	V 5 11- C E		David V. Lina 10
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (B) (C) (C) (D) (C) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		(a) Description of security or category		(c) M	ethod of valuation:
22 Closely held equity interests				Cost or er	nd-of-year market value
(3) Other					
A					
B					
C    C    C    C    C    C    C    C					
C					
Co.   Co.					
(G) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII  Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of Investment  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (b) (c) (a) (b) (c) (c) (c) (d) (e) (f) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)					
Column (b) must equal Form 990, Part X, col. (B) line 12.)   Part VIII   Investments—Program Related.	(G)				
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of vialuation: Cost or end-of-year market value     (1)					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Cost or end-of-year market value (e) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII		V 8 44- 0 E		Dt V 15 40
Cost or end-of-year market value					
Column (b) must equal Form 990, Part X, col. (B) line 15.)   Column (b) must equal Form 990, Part X, col. (B) line 15.)   Column (b) must equal Form 990, Part X, col. (B) line 15.)   Column (b) must equal Form 990, Part X, col. (B) line 15.)   Column (b) must equal Form 990, Part X, col. (B) line 15.   Column (b) must equal Form 990, Part X, col. (B) line 15.   Column (b) must equal Form 990, Part X, col. (B) line 15.   Column (b) must equal Form 990, Part X, col. (B) line 15.   Column (b) must equal Form 990, Part X, col. (B) line 15.   Column (b) must equal Form 990, Part X, col. (B) line 15.   Column (b) must equal Form 990, Part X, col. (B) line 15.   Column (b) must equal Form 990, Part X, col. (B) line 15.   Column (b) must equal Form 990, Part X, col. (B) line 15.   Column (b) must equal Form 990, Part X, col. (B) line 15.   Column (b) must equal Form 990, Part X, col. (B) line 15.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 25.   Column (b) must equal Form 990, Part X, col. (B) line 2		(a) Description of investment	(b) Book value		
(9)	(1)				
(4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (9) (7) (10) (10) must equal Form 990, Part X, col. (B) line 13.) .    Part X	(2)				
(5) (6) (7) (8) (9) Total. (Column (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) fixed assets 22(2) Undeposited Funds 24,683 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . 24,885  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(3)				
(6) (7) (8) (9) (9) (7) (9) (9) (7) (10) (10) (10) (10) (10) (10) (10) (10					
(P)   (B)   (B)					
(8) (9) Total. (Column (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) fixed assets 202 (2) Undeposited Funds (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(9)					
Total.   Column   (b) must equal Form 990, Part X, col.   (B) line 13.					
Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		mn (b) must equal Form 990 Part X_col_(R) line 13.)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    (a) Description					
(a) Description (b) Book value (1) fixed assets 202 (2) Undeposited Funds 24,683 (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 24,885  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (1) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			V, line 11d. See F	orm 990,	Part X, line 15.
24,683   3   6   6   6   6   6   6   6   6			•	ĺ	•
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(1) fixed as	sets			202
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(2) Undepo	sited Funds			24,683
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		mn (b) must equal Form 990. Part X. col. (B) line 15.)		_	24 885
line 25.         1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (2)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       (3)		Other Liabilities.	V line 11e er 11f	Soo For	·
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (2)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)       (5)			v, iiile i ie oi i ii.	366 I 0II	11 990, 1 att X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1.				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(1) Federal ir				.,
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(4)				
(7)         (8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(5)				
(8)         (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(6)				
(9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(8)				
		(I)			
A LISTONIA DE LOCATISME DAS DOSUMOS. DE PAREAUL DEDAMA TOS			ization's financial state	·	at ranarta tha
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.					

Schedule D (Form 990) 2022 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . 2 Amounts included on line 1 but not on Form 990. Part VIII. line 12: Net unrealized gains (losses) on investments . . . . . . Donated services and use of facilities h Recoveries of prior year grants . . . . Other (Describe in Part XIII.) . . . . . . . Add lines **2a** through **2d** . . . . . . . . . . . 2e Subtract line **2e** from line **1** . . . . . . . 3 3 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines 4a and 4b . . . 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 2a Prior year adjustments 2b Other losses . . . . . . . . . . . . 2c Other (Describe in Part XIII.) . . . . . . . Add lines 2a through 2d . . . . 2e 3 Subtract line **2e** from line **1** . . . . . . . . . 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines **4a** and **4b** . . . . . . . . . . . . 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5 Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D, Part IV, Line 1b - Playing at Learning maintains a liability account as a fiscal sponsor for a high school robotics team Schedule D, Part IV, Line 2b - Playing At Learning serves as a fiscal sponsor for a high school robotics teams. Funds for the team are maintained in a liability account

# SCHEDULE O (Form 990)

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
PLAYING AT LEARNING	20-1241878
Form 990, Part VI, Section A, Line 2 - Mark Edelman and Jill Wilker are spouses	
Form 990, Part VI, Section B, Line 11b - Board members are given the opportunity to review filings at their	option
Form 990, Part VI, Section C, Line 19 - Relevant documents are available for inspection by appointment at	the offices of Playing at Learning

Schedule O, Statement 1 PLAYING AT LEARNING

Form: **Form** 990 (2022) EIN: 20-1241878

Page: 1 Header Section

Reasonable Cause Explanations

Explanation
filed for extension of filing date

Schedule O, Statement 2 PLAYING AT LEARNING

Form: Form 990 (2022)

EIN: 20-1241878

Part III, Line 4d

Page: **2** 

#### **Other Program Services Accomplishments**

Activity Code	Description	Expense	Grants	Revenue
	FIRST LEGO League Explore - infrastructure and program operation of festivals for teams.  Robotics Camps - 6 -7 weeks annually of enrichment camps for students during summer months	29,626	0	49,108
Total:		29,626	0	49,108