Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2022 calendar year, or tax year beginning and ending

| В | Check if applica | ble: C Name of organization Play for Hope | | D Emplo | yer identification number |
|-------------------------|-------------------------------------|--|---------------------|-------------------|--------------------------------|
| | Address change | Doing business as The Kefa Project | | 27-19 | 933668 |
| | Name change | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Teleph | none number |
| Ħ | Initial return | 8311 Brier Creek Pkwy 1 | 05-206 | (971) | 235-3057 |
| П | Final return/terminat | | | | |
| Ħ | Amended return | | | G Gross | receipts \$ 261,759. |
| Ħ | Application pending | | ı | • | eturn for subordinates? Yes No |
| | | 8311 Brier Creek Pkwy Ste. 105-206 Raleigh, NC 2 | | | dinates included? Yes No |
| | Fax-exempt statu | | 1 527 | | h a list. See instructions |
| _ | | w.kefaproject.org | _ | H(c) Group exemp | |
| | orm of organizat | | of formation: 20 | | State of legal domicile: NC |
| | art I Sum | | | ,,,, | 110 |
| | | escribe the organization's mission or most significant activities: | | | |
| Φ | | erve, empower, and advocate for at-ris | k vouth | through | n gugtainable. |
| Activities & Governance | | ity sports ministry. | on youth | ciii cugi | 1 Dubculliuble, |
| Ľ | | nis box if the organization discontinued its operations or disposed of more the | nan 25% of its no | t accate | |
| o Ve | 1 | of voting members of the governing body (Part VI, line 1a) | | 1 1 | 7 |
| Ö | 1 | | | | 6 |
| Š | I - | of independent voting members of the governing body (Part VI, line 1b) | | | 2 |
| ij | | mber of individuals employed in calendar year 2022 (Part V, line 2a) | | | |
| ફ | | mber of volunteers (estimate if necessary) | | | 30 |
| ⋖ | | related business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b Net unre | elated business taxable income from Form 990-T, Part I, line 11 | | 7b | 0. |
| | | | Prior Y | | Current Year |
| 4 | | utions and grants (Part VIII, line 1h) | 25 | 59,447. | 261,748. |
| Revenue | 1 | n service revenue (Part VIII, line 2g) | | | |
| š | | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | 1. | 11. |
| æ | | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1,878. | |
| | 12 Total rev | venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 57,570. | 261,759. |
| | 13 Grants a | and similar amounts paid (Part IX, column (A), lines 1-3) | 18 | 33,370. | 180,502. |
| | 14 Benefits | paid to or for members (Part IX, column (A), line 4) | | | |
| s | 15 Salaries | , other compensation, employee benefits (Part IX, column (A), lines 5-10) | 3 | 38,754. | 40,864. |
| Expenses | | ional fundraising fees (Part IX, column (A), line 11e) | | | |
| per | b Total fur | ndraising expenses (Part IX, column (D), line 25) 11,979. | | | |
| Ж | 17 Other ex | countries (Part IX, column (A), lines 11a-11d, 11f-24e) | | 9,922. | 15,984. |
| | 18 Total ex | penses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 23 | 32,046. | 237,350. |
| | 19 Revenue | e less expenses. Subtract line 18 from line 12 | 2 | 25,524. | 24,409. |
| or | | | Beginning of C | Current Year | End of Year |
| Net Assets | 20 Total as | sets (Part X, line 16) | 10 | 1,122. | 126,068. |
| t Ass | 21 Total lial | bilities (Part X, line 26) | | 856. | 1,393. |
| ē. | 22 Net asse | ets or fund balances. Subtract line 21 from line 20 | 10 | 00,266. | 124,675. |
| P | art II Sign | ature Block | • | | - |
| Un | | perjury, I declare that I have examined this return, including accompanying schedules and | d statements, and t | to the best of my | knowledge and belief, it is |
| tru | e, correct, and co | omplete. Declaration of preparer (other than officer) is based on all information of which p | preparer has any ki | nowledge. | |
| | | | | | |
| Si | ign Signature | of officer | | Date | |
| Н | ere Brian | Beckman, Executive Director | | | |
| | | int name and title | | | |
| P | aid | nt/Type preparer's name Preparer's signature | Date | Check | if PTIN |
| | | egory A Edlund Gregory A Edlund | 07/24/2 | a alf an | P01437142 |
| | | n's name CFO Unlimited LLC | / - | | 27-3493385 |
| J. | · · · · · · · · · · · · · · · · · · | n's address 2027 W Fond du Lac Ave Suite 100 Milwaukee, | WI 53205 | | 202)674-6170 |
| May | | ss this return with the preparer shown above? See instructions | | • | X Yes No |
| | , | the state of the s | | | |

| Par | 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: |
| | To serve, empower & advocate for at-risk youth through sustainable, |
| | quality sports ministry, which facilitates community, education and |
| | ultimately spiritual growth. |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| _ | prior Form 990 or 990-EZ? Yes X No |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| 3 | 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. |
| 4a | (Code:) (Expenses \$ 135,444 • including grants of \$ 121,203 •) (Revenue \$) |
| | Rwanda Grants: Six hundred fifty at-risk athletes train at seven |
| | different training locations, where they practice at least twice |
| | a week, are given opportunities to play matches, enter discipling |
| | relationships, and receive life skill education. |
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| 4b | (Code:) (Expenses \$ 51,467. including grants of \$ 46,055.) (Revenue \$) |
| | Academy Grants: Seventeen at-risk boys were provided boarding, |
| | clothing, education, soccer training, match participation, |
| | discipleship, and given life and vocational skills to be successful |
| | upon graduation from the academy. Programs include community service |
| | out-reach performed by athletes to improve their community. |
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| | |
| 4C | (Code:) (Expenses \$ 8,607. including grants of \$ 7,702.) (Revenue \$) |
| | Catch-up: Provided soccer training, tutoring, & catch-up classes with schools for 60 children to be reintegrated back into their |
| | |
| | families. Provided trainings to parents and community service out-reach performed by athletes to improve their community. |
| | out-reach periormed by athretes to improve their community. |
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| | |
| Δd | Other program services (Describe on Schedule O.) |
| −u | (Expenses \$ 6,191. including grants of \$ 5,541.) (Revenue \$ |
| 4e | Total program service expenses 201 709 |

Form 990 (2022) Play for Hope
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----------|---|-----------|-----|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | _ | | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | _ | | |
| _ | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | | |
| ′ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| Ü | complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 7 | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | Х |
| b | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| 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 | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | 37 |
| | Schedule D, Parts XI and XII. | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | 405 | | 3 7 |
| 12 | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b 13 | | X |
| 13 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 144 | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | x | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | Х |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| 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 | | X |

Form 990 (2022) Play for Hope

Part IV Checklist of Required Schedules (continued)

| ı aı | Chooking of reduired continued (continued) | | | |
|----------|--|------------|-----|----|
| | Pild. 1 | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | х |
| 23 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | |
| 23 | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | х |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or | | | |
| | founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity | | | |
| | (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? | 20- | | v |
| h | If "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| b c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? | 200 | | |
| · | If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, | | | |
| | Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | X |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | 7, |
| | related organization? If "Yes,", complete Schedule R, Part V, line 2. | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 27 | | v |
| 20 | and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | X |
| 38 | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Pa | t V Statements Regarding Other IRS Filings and Tax Compliance | - 50 | 21 | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | The state of the s | | Yes | No |
| 1 a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | t | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling) | | | |
| | winnings to prize winners? | 1c | | |
| | | | | |

| Part ' | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|---------|--|------------------|-----|----|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| 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 | | |
| 4 a | 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 | | Х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6 a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| 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 | | X |
| 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 | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | 37 |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | | X |
| g h | If the organization received a contribution of qualified interlectual property, did the organization file a Form 1098-C? | 7 <u>9</u> 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 711 | | 21 |
| • | 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 | | | |
| 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.) | | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| C | Enter the amount of reserves on hand | 44- | | v |
| 14 a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b 15 | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O </i> | 14b | | |
| 13 | or excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 13 | | ^ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | х |
| | If "Yes," complete Form 4720, Schedule O. | .0 | | |
| 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. | | | |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management** Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct Х 3 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?..... 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X **a** The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body?. . . 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a X b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c X 13 13 X Х 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? Х 15a Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NC, OR 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. (414)212-5226State the name, address, and telephone number of the person who possesses the organization's books and records 20

CFO Unlimited LLC 2027 W Fond du Lac Ave Ste. 100 Milwaukee, WI 53205

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

| Check this box if neither the organization r | • | | rgar | nizat | tion | comi | en | sated any currer | nt officer, directo | r. or trustee. |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------|-------------------------|-----------------------|
| (C) | | | | | ., 0 | | | | | |
| (A) | (B) | | | Posi | | | | (D) | (E) | (F) |
| Name and title | Average | (do n | ot ch | | | than o | ne | Reportable | Reportable | Estimated amount |
| ratio and the | hours | · · | | | | is both | | compensation | compensation | of other |
| | per week | | | - 1 | | or/truste | N . | from the | from related | compensation |
| | (list any | | _ | _ | _ | | | organization (W-2/ | organization (W-2/ | from the |
| | hours for related | Individual or director | nstit: | Officer | Key employee | mpl | Former | 1099-MISC/ 1099-NEC) | 1099-MISC/ 1099-NEC) | organization and |
| | organizations | dua | ltio | 4 | mp | est o | er | 1099-INEC) | 1099-INEC) | related organizations |
| | below | ~ = | nal t | | loye | moc | | | | |
| | dotted line) | Individual trustee or director | Institutional trustee | | è | pen | | | | |
| | | | ee | | | Highest compensated employee | | | | |
| | | | | | | ă | | | | |
| (1) Brian Beckman | 40.00 | | | | | | | | | |
| President | | x | | х | | | | 36,000. | | |
| (2) Lydia Butner | 02.00 | | | | | | | , | | |
| Board Member | | х | | | | | | | | |
| (3) Kylee Barton | 01.00 | | | | | | | | | |
| Secretary | | Х | | X | | | | | | |
| (4) Ian Hawley | 04.00 | | | | | | | | | |
| Treasurer | | X | | Х | | | | | | |
| (5) Rodney Alexander | 02.00 | | | | | | | | | |
| <u> Vice President</u> | | X | | X | | | | | | |
| (6) Jeremy Clark | 01.00 | | | | | | | | | |
| Board Member | | X | | | | | | | | |
| (7) Nadia Philip | 02.00 | | | | | | | | | |
| Board Member | | X | | | | | | | | |
| _(8) | | | | | | | | | | |
| | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (40) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| () | | | | | | | | | | |
| (12) | | | | | | | | | | |
| | | | | | | | | | | |
| (13) | | - | | | | | | | | |
| (14) | | - | | | | | | | | |
| (17) | | 1 | | | | | | | | |
| | 1 | | | | | | | 1 | | |

| Part VII Section A. Officers, Directors, Tr | ustees, Ke | y Em | ploy | yee | s, a | nd Hi | igh | est Compensate | ed Employees | (continued |) |
|--|-------------------------------|-----------------------------------|-----------------------|----------|--------------|------------------------------|----------|-----------------------|------------------------------|--------------|----------------------|
| - | | | | (0 |) | | | | | | |
| (A) | (B) | | | Posi | ition | | | (D) | (E) | | (F) |
| Name and title | Average | (do n | ot ch | eck | more | than o | ne | Reportable | Reportable | | ited amount |
| | hours per week (list any | / | | • | | is both | | compensation from the | compensation from related | - | f other pensation |
| | hours for | Office | | _ | | or/truste | <u> </u> | organization (W-2/ | organization (W-2 | 1 | om the |
| | related | Individual or director | nstit | Officer | ey | empl High | Former | 1099-MISC/ | 1099-MISC/ | _ | ization and |
| | organizations below dotted | idua | utio | ė, | emp | est o | ј е | 1099-NEC) | 1099-NEC) | related | organizations |
| | line) | Individual trustee or director | nal tı | | Key employee | e com | | | | | |
| | | stee | Institutional trustee | | Ф | bens | | | | | |
| | | | ě | | | Highest compensated employee | | | | | |
| (15) | | | | | | | | | | | |
| 1 -7 | | | | | | | | | | | |
| (16) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (17) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (18) | | - | | | | | | | | | |
| (40) | | | | | | | | | | | |
| (19) | | | | | | | | | | | |
| (20) | | | | | 7 | | | | | | |
| | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| | | | | | | | | | | 1 | |
| (22) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| (-0) | | 1 | | | | | | | | | |
| 1b Subtotal | | | | <u> </u> | | | | 36,000. | | | |
| c Total from continuation sheets to P | art VII, Sec | tion | Α. | | | | | - | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 36,000. | | | |
| 2 Total number of individuals (including | but not limi | ted to | tho | se l | liste | d abo | ove) | who received m | ore than \$100, | 000 of | |
| reportable compensation from the organization | anization | | | | | | | | | | |
| 2 Did the expeniention list on the server offi | : | | | l. a. | | | | h:h | | | Yes No |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete | | | | - | | - | | - | | . 3 | |
| 4 For any individual listed on line 1a, is th | | | | | | | | | | | X |
| organization and related organizations g | | | | | | | | | | | |
| individual | | | | | | | | | | 4 | х |
| 5 Did any person listed on line 1a receive | | | | | fro | m an | y ur | related organiza | ation or individu | ial | |
| for services rendered to the organization | n? If "Yes," | comp | lete | Sc | hed | ule J | for | such person | | . 5 | х |
| Section B. Independent Contractors | | | | | | | | | | • | |
| 1 Complete this table for your five highest | | | | | | | | | | | |
| compensation from the organization. Retax year. | eport compe | ensatio | on to | or th | ne c | alend | lar y | year ending with | or within the o | rganizati | on's |
| (A) | | | | | | | | (B) | | (C |) |
| Name and business address | | | | | | | | Description of se | ervices | Compen | sation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors | s (including | but n | ot li | mite | ed t | o thos | se li | isted above) who | | | |
| received more than \$100,000 of comper | nsation from | the o | orga | niza | atio | n | | | | | |

Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or note | to any line in this | Part VIII | | | |
|---|----------|--|---------------------|---------------|------------------------------------|--------------------|------------------------------------|
| | | | | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt function revenue | Unrelated business | Revenue excluded from tax under |
| | | | | | | revenue | sections 512-514 |
| its, | 1a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues | | | | | |
| A G | С | Fundraising events 1c | | | | | |
| ar / | d | Related organizations 1d | | | | | |
| s, G | е | Government grants (contributions) 1e | | | | | |
| ion | f | All other contributions, gifts, grants, | | | | | |
| the st | | and similar amounts not included above 1f | 261,748. | | | | |
| n tri | g | Noncash contributions included in lines 1a-1f 1g \$ | | | | | |
| <u>a</u> ල | h | Total. Add lines 1a–1f | | 261,748. | | | |
| e | | | Business Code | | | | |
| Ven | 2a | | | | | | |
| 8 | b | | | | | | |
| <u>\$</u> | С | | | | | | |
| S | d | | | | | | |
| Γaπ | е | | | | | | |
| Program Service Revenue | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends, interest, | | | | | 7 |
| | | and other similar amounts) | | 11. | 11. | | |
| | 4 | Income from investment of tax-exempt bond proce | | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | l | Gross rents 6a | | | | | |
| | ı | Less: rental expenses Rental income or (loss) 6b 6c | | | | | |
| | ı | Rental income or (loss) 6c Net rental income or (loss) | | | | | |
| | l | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | ' a | assets other than inventory 7a | (II) Guici | | | | |
| | h | Less: cost or other basis | | | | | |
| | ~ | and sales expenses 7b | | | | | |
| | c | Gain or (loss) 7c | | | | | |
| | l | Net gain or (loss) | | | | | |
| a > | | | | | | | |
| une | 8a | Gross income from fundraising | | | | | |
| eve | | events (not including \$ | | | | | |
| <u>ام</u> | | of contributions reported on line 1c). | | | | | |
| Other Revenu | | See Part IV, line 18 | | | | | |
| O | b | Less: direct expenses | | | | | |
| | С | Net income or (loss) from fundraising events | | | | | |
| | 9a | Gross income from gaming activities. | | | | | |
| | | See Part IV, line 19 | | | | | |
| | ı | Less: direct expenses | | | | | |
| | l | ` ' ' " | | | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances | | | | | |
| | l | Less: cost of goods sold | | | | | |
| | С | Net income or (loss) from sales of inventory · · · | Business Code | | | | |
| Sno | 11 - | <u> </u> | Dualifeaa Coue | | | | |
| neo Tue | 11a b | | | | | | |
| scellaneo Revenue | C | | | | | | |
| Miscellaneous Revenue | l | All other revenue | | | | | |
| Σ | l | Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See instructions | | 261,759. | 11. | | |

| | TTIX Statement of Functional Expenses | | | | |
|------|--|-----------------------|---------------------|--------------------|---------------------------|
| Sect | ion 501(c)(3) and 501(c)(4) organizations must complete all colu | | | | |
| | Check if Schedule O contains a response or note to any | | | | <u> </u> |
| | not include amounts reported on lines 6b, 7b, 8b, 9b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| | 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| _ | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, | | | | |
| | foreign governments, and foreign individuals. See Part IV, | 100 -00 | 100 -00 | | |
| | lines 15 and 16 | 180,502. | 180,502. | | |
| 4 | Benefits paid to or for members. | | | | |
| 5 | Compensation of current officers, directors, trustees, | | | | |
| _ | and key employees | 36,000. | 14,400. | 14,400. | 7,200. |
| 6 | Compensation not included above to disqualified persons | | | | |
| | (as defined under section 4958(f)(1)) and persons | | | | |
| | described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,961. | 196. | 1,177. | 588. |
| 8 | Pension plan accruals and contributions (include section | | | | |
| | 401(k) and 403(b) employer contributions). | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 2,903. | 1,117. | 1,190. | 596. |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| | Legal | | | | |
| | Accounting | 3,670. | | 3,670. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A), amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 755. | 291. | 309. | 155. |
| 14 | Information technology | 1,749. | 673. | 717. | 359. |
| 15 | Royalties | | | | |
| 16 | Occupancy | 720. | | 720. | |
| 17 | Travel | 4,530. | 4,530. | | |
| 18 | Payments of travel or entertainment expenses for any | | | | |
| | federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 977. | | 977. | |
| 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.) | | | | |
| | Transaction Fees | 3,081. | | | 3,081. |
| b | Bank Fees | 450. | | 450. | |
| С | | 52. | | 52. | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 237,350. | 201,709. | 23,662. | 11,979. |
| 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) | | | I | |

| | Check if Schedule O contains a response or note to any line in this Part X | (A) | | |
|----------------------------|---|-----------------------|-----|--------------------|
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash — non-interest-bearing. | 68,437. | 1 | 97,253 |
| 2 | Savings and temporary cash investments | 15,699. | 2 | 15,702 |
| 3 | Pledges and grants receivable, net | - | 3 | _ |
| 4 | Accounts receivable, net | | 4 | |
| 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 | | 5 | |
| 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) | | 6 | |
| 7 | Notes and loans receivable, net. | | 7 | |
| ί 8 | Inventories for sale or use | 16,986. | 8 | 13,113 |
| 9 | Prepaid expenses and deferred charges | 10,000. | 9 | 13/113 |
| 1 - | Land, buildings, and equipment: cost or other | | | |
| '" | basis. Complete Part VI of Schedule D | | | |
| Ι, | D Less: accumulated depreciation | | 10c | |
| 11 | Investments — publicly traded securities | | 11 | |
| 12 | Investments — other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments — program-related. See Part IV, line 11 | | 13 | |
| 14 | Intangible assets | | 14 | |
| | | | 15 | |
| 15 | Other assets. See Part IV, line 11 | 101,122. | 16 | 126,068 |
| 16 17 | Total assets. Add lines 1 through 15 (must equal line 33) | 856. | 17 | 1,393 |
| 18 | Grants payable | 650. | 18 | 1,333 |
| 19 | • • | | 19 | |
| 1 - | Deferred revenue | | _ | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 22 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or | | | |
| i | founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 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 | 056 | 25 | 1 202 |
| 26 | Total liabilities. Add lines 17 through 25 | 856. | 26 | 1,393 |
| { | Organizations that follow FASB ASC 958, check here | | | |
| [| and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | 100,266. | 27 | 124,675 |
| 28 | Net assets with donor restrictions | | 28 | |
| 27 28 | Organizations that do not follow FASB ASC 958, check here | | 20 | |
| | and complete lines 29 through 33. | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 29 30 31 32 33 | Total net assets or fund balances | 100,266. | 32 | 124,675 |
| , i | Total liabilities and net assets/fund balances | 101,122. | 33 | 126,068 |

| 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) | 1 | 26 | 1,7 | 59. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 23 | 7,3 | 50. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2 | 4,4 | 09. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 10 | 0,2 | 66. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 32, column (B)) | 10 | 12 | 4,6 | 75. |
| Part | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . 🔲 |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C |). | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o | n a separate | | | |
| | basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by | asis, 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 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. | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | theUniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | х |
| 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 | | |
| UYA | - I - I - I - I - I - I - I - I - I - I | | | 990 | (2022 |

SCHEDULE A

(Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization 27-1933668 Play for Hope 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). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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. **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

| | that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness |
|---|--|
| | requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. |
| е | Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III |
| | functionally integrated, or Type III non-functionally integrated supporting organization. |

f Enter the number of supported organizations

| g Provide the following information | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------|---|--------------------------|----|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|--|---|---|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization | | listed in your governing | | listed in your governing | | listed in your governing | | listed in your governing | | listed in your governing | | listed in your governing | | listed in your governing | | listed in your governing | | listed in your governing | | listed in your governing | | listed in your governing | | listed in your governing | | listed in your governing | | listed in your governing | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see 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.)

| Secti | on A. Public Support | | | | | | |
|---------|--|-------------------------|-------------------|------------------|------------------|------------------|------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 224,840. | 251,963. | 228,618. | 259,447. | 261,748. | 1,226,616. |
| 2 | Tax revenues levied for the | | | | | _ | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 224,840. | 251,963. | 228,618. | 259,447. | 261,748. | 1,226,616. |
| 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) | | | | | | 278,486. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 948,130. |
| Section | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 7 | Amounts from line 4 | 224,840. | | | | 261,748. | 1,226,616. |
| 8 | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties, and income from similar | | | | | | |
| | sources | 5. | 3. | 8. | 1. | 11. | 28. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the business | | | | | | |
| | is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | 7,822. | 8,390. | | | | 16,212. |
| 11 | Total support. Add lines 7 through 10 | | _ | | | | 1,242,856. |
| 12 | Gross receipts from related activities, etc. | . (see instructi | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the o | organization's f | rirst, second, tl | nird, fourth, or | fifth tax year a | as a section 50 | 1(c)(3) |
| | organization, check this box and stop he | re | | | | | |
| Secti | on C. Computation of Public Suppo | rt Percentac | IE. | | | | |
| 14 | Public support percentage for 2022 (line | 6, column (f), | divided by line | 11, column (f) |) | 14 | 76.29% |
| 15 | Public support percentage from 2021 Scl | | | | | 15 | 81.48% |
| 16a | 33 1/3 % support test-2022. If the organ | ization did not | check the box | on line 13, an | id line 14 is 33 | 1/3 % or more | check this |
| | box and stop here. The organization qua | alifies as a pub | licly supported | l organization | | | X |
| b | 33 1/3 % support test-2021. If the organ | ization did not | check a box of | on line 13 or 16 | Sa, and line 15 | is 33 1/3 % or | more, |
| | check this box and stop here. The organ | ization qualifie | s as a publicly | supported org | ganization | | 🔲 |
| 17a | 10%-facts-and-circumstances test-202 | 22. If the organ | nization did not | check a box of | on line 13, 16a | , or 16b, and li | ne 14 is |
| | 10% or more, and if the organization me | ets the facts-a | ınd-circumstar | ices test, chec | k this box and | stop here. Ex | plain in |
| | Part VI how the organization meets the fa | acts-and-circur | nstances test. | The organizati | ion qualifies as | s a publicly sup | ported |
| | organization | | | | | | 🔲 |
| b | 10%-facts-and-circumstances test-202 | 21. If the orga | nization did no | t check a box | on line 13, 16a | a, 16b, or 17a, | and line |
| | 15 is 10% or more, and if the organization | n meets the fa | cts-and-circun | nstances test, | check this box | and stop her | e. |
| | Explain in Part VI how the organization m | | | | | | |
| | supported organization | | | | | | 🔲 |
| 18 | Private foundation. If the organization of | | | | | | |
| | instructions | | | | | | |

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 | | | , | | ,,, | |
|--------------|---|----------|---------------------------------------|---------------|-----------|-----------------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | (a) 2010 | (6)2019 | (6) 2020 | (u) 2021 | (e) 2022 | (I) Total |
| ' | 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 | | | | | | |
| 3 | organization's tax-exempt purpose | | | | | | |
| 3 | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| 7 | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| J | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| <i>i</i> u | received from disqualified persons | | | | | | |
| h | 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 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.) | | ļ | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | () (2) |
| 14 | First 5 years. If the Form 990 is for the or | - | | | - | | |
| 0 1 | organization, check this box and stop here | | | <u> </u> | <u> </u> | <u> </u> | |
| | on C. Computation of Public Suppor | | | | l | 145 | 0/ |
| 15 16 | Public support percentage for 2022 (lin | | · /· | • | ` ' ' | | <u>%</u> |
| 16 Sooti | Public support percentage from 2021 S | | · · · · · · · · · · · · · · · · · · · | 15 | | . 16 | <u>%</u> |
| <u>Secti</u> | on D. Computation of Investment Inc Investment income percentage for 2022 (| | | hy line 12 co | dumn (f)) | . 17 | % |
| | | | | - | | 18 | <u>%</u> |
| 18 | Investment income percentage from 202 | | | | | | |
| ıya | 331/3 % support tests-2022. If the organ | | | | | | |
| h | line 17 is not more than 331/3 %, check this I | | | | | | |
| b | 331/3 % support tests—2021. If the organize line 18 is not more than 331/3%, check this but | | | | | | |
| 20 | Private foundation. If the organization did | _ | - | - | | | |

Part IV

Supporting Organizations

(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.)

| | Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete | Par | t V.) | |
|------------|--|-----|-------|----|
| Secti | on A. All Supporting Organizations | | W | |
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | | |
| | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | 2 | | |
| 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 Part VI 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 Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | | | |
| | "Yes," and if you checked 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 Part VI 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 Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| | designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class | | | |
| | benefited by one or more of its supported organizations, or (iii) other supporting organizations that also | | | |
| | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in | | | |
| | Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | | | |
| | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity | | | |
| | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 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 | | |
| 9 a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | |
| | disqualified persons, as defined in section 4946 (other than foundation managers and organizations described | | | |
| | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 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 Part VI. | 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 Part VI. | 9с | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section | | | |
| | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | supporting organizations)? If "Yes," answer 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.)

| Schedul | le A (Form 990) 2022 Play for Hope 27-19 | <u> 336</u> | <u>68 ⊦</u> | Page 5 |
|----------|---|-------------|-------------|-----------|
| Part | V Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | 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 | | |
| Secti | on B. Type I Supporting Organizations | - | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organizations'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. | | | |
| | organizations and white containons or receiverents, if any, applied to each powers during the tax your. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | - | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | 1 | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | |
| _ | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | | | |
| Coot! | | 3 | | |
| | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | nstruc | tions | <i>).</i> |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | , | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental instructions. | entity (| see | |
| 2 | instructions). Activities Test. Answer lines 2a and 2b below. | ı | Vaa | Na |
| 2 | | | Yes | INO |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| h | · | | | |
| 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. | 26 | | |
| 2 | - | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | 2- | | |
| | · · · · · · · · · · · · · · · · · · · | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard | 26 | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | rgar | nizations | |
|--|--------|-----------------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | trus | t on Nov. 20, 1970 <i>(explai</i> | n in Part VI). |
| See instructions. All other Type III non-functionally integrated supporting of | rgar | nizations must complete Se | ections A through E. |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 8 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount | 0 | (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): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | V / |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 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 | | |
| Section 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 | ly in | tegrated Type III supportir | ng organization (see |

UYA Schedule A (Form 990) 2022

instructions).

Play for Hope

| Part | Type III Non-Functionally Integrated 509(a)(| 3) Supporting Organ | nizations (continue | <u>-d)</u> | | | |
|------|---|-----------------------------|--|------------|---|--|--|
| | on D - Distributions | o, oupporting organ | inzations (continue | ,u) | Current Year | | |
| 1 | | evemnt nurnoses | | 1 | Current rear | | |
| | | | | | | | |
| 2 | organizations, in excess of income from activity | empt purposes of suppo | | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | onses of supported orga | | 3 | | | |
| 4 | Amounts paid to acquire exempt-use assets | occo or supported orga | | 4 | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required | - provide details in Par | | 5 | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | · · | 6 | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | <u> </u> | | 7 | | | |
| | Distributions to attentive supported organizations to which | h the organization is rec | | + | | | |
| 8 | (provide details in Part VI). See instructions. | ii iile organization is res | • | 8 | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 0 | | | |
| - 10 | Ellie o amount divided by line o amount | | | ╕ | /:::\ | | |
| Se | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | 5 | (iii) Distributable Amount for 2022 | | |
| 1 | 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 instr. | | | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | | | |
| а | From 2017 | | | T | | | |
| b | From 2018 | | | T | | | |
| С | From 2019 | | | T | | | |
| d | From 2020 | | | T | | | |
| е | From 2021 | | | | | | |
| f | Total of lines 3a through 3e | | | | | | |
| g | Applied to underdistributions of prior years | | | ٦ | | | |
| h | Applied to 2022 distributable amount | | | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | |
| 4 | Distributions for 2022 from Section | | | | | | |
| | D, line 7: \$ | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | |
| b | Applied to 2022 distributable amount | | | | | | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | 1 | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | 1 | | | |
| | greater than zero, explain in Part VI. See instructions. | | | J | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | |
| | Part VI. See instructions. | | | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | | | | |
| 8 | Breakdown of line 7: | | | | | | |
| а | Excess from 2018 | | | | | | |
| b | Excess from 2019 | | | | | | |
| С | Excess from 2020 | | | | | | |
| d | Excess from 2021 | | | | | | |
| е | Excess from 2022 | | | | | | |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 2022

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

| Play | y for Hope | | | | 27-19 | 33668 |
|-------|--|---|---|--|---|---|
| Part | | | ies Outside | the United States. Com | plete if the organization and | |
| 1 | For grantmakers. Does the assistance, the grantees' elig grants or assistance? | gibility for the | grants or ass | istance, and the selection of | criteria used to award the | r . Ⅸ Yes ☐ No |
| | granto or acciotance | | | | | · K les [] NO |
| 2 | For grantmakers. Describe assistance outside the Unite | | e organization | 's procedures for monitorin | g the use of its grants and | other |
| 3 | Activities per Region. (The fo | ollowing Part | I, line 3 table | can be duplicated if additio | nal space is needed.) | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
| (1) : | Sub-Saharan Africa | | | Grants to recipients | | 180,502. |
| (2) | | | | | NPY | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
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| (11) | | | | | | |
| (12) | | | | | | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | | | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| 3a | Subtotal | 0 | 0 | | | 180,502. |
| b | Total from continuation sheets to Part I | | ^ | | | |
| С | Totals (add lines 3a and 3b) | 0 | <u>0</u> 0 | | | 180,502. |

| Part II Grants an Part IV, lir | nd Other Ass ne 15, for any | istance to Organ recipient who rece | izations or Entities eived more than \$5, | Outside the U | Inited States. Comp be duplicated if add | olete if the organize itional space is ne | zation answered "Yes eeded. | " on Form 990, |
|-----------------------------------|--|-------------------------------------|--|--------------------------|---|---|---|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g)Amount of noncash assistance | (h)Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | Sub-Saharan Africa | Sports Program Developme | 176,629. | Wire Transfer | 3,873. | Sports Equipment | Book Value |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | DV | | | |
| (10) | | | | 7 | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |
| (13) | | | | | | | | |
| (14) | | | | | | | | |
| (15) | | | | | | | | |
| (16) | | | | | | | | |
| exempt 501(c)(3 | 3) organization | by the IRS, or for w | hich the grantee or co | unsel has provide | s by the foreign countred a section 501(c)(3) | equivalency letter . | • | 1 |

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (h) Method of valuation (book, FMV, (b) Region (c) Number of (g) Description (d) Amount of (e) Manner of (f) Amount of cash disbursement recipients cash grant noncash of noncash assistance assistance appraisal, other) (1) (3) (5) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

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

UYA Schedule F (Form 990) 2022

Part V Supplemental Information

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

| P1, Ln 2 | Play for Hope receives monthly reports from grant recipient. We did two |
|-----------------|---|
| P1, Ln 2 | on-site visits to Rwanda to ensure proper implementation of funds for |
| P1, Ln 2 | program services. |
| P1, Ln 3, Col F | Play for Hope uses the cash method of accounting for expenditures. |
| P2, Ln 1 | Play for Hope uses the cash method of accounting for expenditures. |
| Part I Line 2 | See Part V |
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UYA

SCHEDULE 0 (Form 990)

Department of the Treasury

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.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization Play for Hope 27-1933668 Part VI, Section B, Line 12c Play for Hope's Board members are required to sign conflict of interest Part VI, Section B, Line 12c statements at the start of their terms of service. Board members are also Part VI, Section B, Line 12c required to annually disclose potential conflicts of interest. The Part VI, Section B, Line 12c Executive Director is responsible for monitoring and enforcing compliance Part VI, Section B, Line 12c with the policy. Should a conflict arise, the board member who is a party Part VI, Section B, Line 12c to the conflict of interest provides all detailed information and then the Part VI, Section B, Line 12c remainder of the board discusses and votes; the member with the conflict Part VI, Section B, Line 12c abstains from the discussion and vote unless additional information is Part VI, Section B, Line 12c needed. Part VI, Section B, Line 15a The independent Board of Directors reviews and sets the Executive Part VI, Section B, Line 15a Director's compensation using comparability data. The deliberation and Part VI, Section B, Line 15a decision are contemporaneously recorded in Board minutes. Part VI, Section B, Line 15b The organization does not compensate any other officers or key employees Part VI, Section B, Line 15b and in accordance with the instructions this line has been answered no.

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** Play for Hope 27-1933668 Part III Line 3 We ceased our Emergency Aid program at the end of 2021. Part VI Line 11b Prepared by a CPA firm, reviewed in detail by management, and then provided Part VI Line 11b to the board of directors for their review. Part VI Line 12c See Schedule O Part VI Line 15a or b See Schedule O Part VI Line 19 The organization's governing documents, conflict of interest policy, and Part VI Line 19 financial statements are available upon request.

UYA Schedule O (Form 990) 2022

Name of the organization **Employer identification number** 27-1933668 Play for Hope Part III Line 4d Expenses: \$3626.00 including grants of: \$3245.00 Revenue: \$0.00 Part III Line 4d Includes foreign grants Part III Line 4d Graduate: Provided graduates mentorship and opportunities to create Part III community. Part III Line 4d Expenses: \$2565.00 including grants of: \$2296.00 Revenue: \$0.00 Part III Line 4d Includes foreign grants Part III Line 4d Co-Op: Provided skills, parenting & financial training to 13 at-risk women Part III Line 4d to create economic stability to keep their families from going onto streets