						•
Fo	,	. 990	Return of Organization Exempt From Incom	me Tax		OMB No. 1545-0047
IR	<b>~</b> 1	44eo. 2020)				2019
		quath \$050)	Under section 501(c), 527, or 4847(a)(1) of the Internal Revenue Code (except	-	ndations)	
De	Pertin	name of the Tressury	Do not enter social security numbers on this form as it may be ma	•	20001	Open to Public
<u>mu</u>		Revenue Service	► Go to www.irs.gov/Form980 for instructions and the latest inform		60	Inspection
<u> </u>			oar, or tax year boginning 07-01 , 2019, and on	ding	06-30	, 20 20
В	Ch	ack if applicable:	C Name of organization CHANGE THE PLAY INC		O Employer ide:	ntification number
님	Adx	dress change	Dong business as			2705059
닖	Ner	una cyantita	Number and street (or PO) box if med is not delivered to street address) Room/s	uste .	E Totophone num	ther
Ä	triti	refum	510 N BROAD STREET			
П	Fin	of rolum/terminated	City or town, state or province, country, and ZIP or foreign postal code	1	O Orosa receipts	
Ũ	Am	ended return	ERIDEN, CT 06450		\$	313,597
	App	ilication pending	F. Name and eddress of principal officer.	H(a) to tale og	Rup (State for subordin	2227 🔲 Yes 🔀 No
_			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	K(b) Are all a	ubordinetes include	d7   Yes   No
1	Tax	exampt status: 🗷 501	ch(3)	J 57No." €	atach a fist. (900 ins	tructions)
1	Wat		Theplay, org	H(c) Group (	toemption number	<u> </u>
K	Form	n of organization: X Cor		17 64 81	ato of legal domicile	CT
P	art					
	7	1 Briefly describe to	e organization's mission or most significant activities SER ATTACHED			
Ф		-				
Activities & Governance	-					
Ë		***************************************				
Š		2 Check this box ▶	if the organization discontinued its operations or disposed of more than 25% of its	net assets.		
Ğ	- 1		nembers of the governing body (Part VI, line 1a)		3	0
ගරි න	- [		Ident voting members of the governing body (Part VI, line 1b)		4	0
蝁	J	·			5	<del></del>
₹	- 1		lividuals employed in calendar year 2019 (Part V, line 2a)		6	
Ä	- 1	_	funteers (estimate if necessary)			<u>a</u> _
	1 '		iness revenue from Part VIII, column (C), line 12		78	
	┿	D Ret unrelated busi	lass taxable income from Form 990-T, line 39	<del></del>	76	0
	1.	<b> </b>	<del></del>	Prior Year		rrand Year
•	1 6		rants (Part VIII, tine 1h)	40,5	49	36,250
Revenue	9		venue (Parl VIII, line 2g)	174,9	15	215,103
8	10		(Part VIII, column (A), lines 3, 4, and 7d)			0
ĕ	11	·	VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,5	49	62,244
	12		ines 8 through 11 (must equal Part VIII, column (A), line 12)	283,0	13	313,597
	13		mounts paid (Part IX, column (A), lines 1-3)			0
	14		w members (Part IX, column (A), line 4)	·		0
Ø	15		ensation, employee benefits (Part IX, column (A), lines 5-10)	93,00	57	40,123
penses	16		sing fees (Part IX, column (A), line 11e)			0
8	1	b Total fundralsing ex	enses (Part IX, column (D), line 25)			
ø,	17		t IX, column (A), lines 11e-11d, 11f-24e)	183,94	8	248,109
i	18		lines 13-17 (must equal Part IX, column (A), line 25)	277,01		288,232
	19	Revenue tess expen	ses. Subtract line 18 from line 12 . DECENTED	5,99		
55			(C) Beginnin	of Current You		25,365
Fund Bartances	20	Total essets (Part X.	ine 16) · · · · · · · · · · · · · · · · · · ·	41,68		of Year
20	21	Total liabilities (Part )	Hine 28)	13,00		72,438
题	22		ances. Subtract tine 21 from tine 20			14,118
Part		Signature Blo	COEN UT	28,68	<u>*                                    </u>	50,320
Indor p	erati	es of perjuny, I declare that I i	the granings live gather mothers and the same	and betet it is		
00, 20		and company doctor ston or	reporter (other-trium officer) is based on all information of which properer has any knowledge			
		JABON TEAC	_/(/		11.21	
gn	- 1	Signature of alliant				2020
ere		JASON TEAL	CEO CEO	1	Date	
		Type or print name s				
		Print/Typo properer's nem	Render to Atrictica) _ [ (			
ild		Helen A Ebeli	Jacob Vielder	Check 0	PTON	
epai	rer	Firm's name	/LII-13-2020	self-employed	P02148	606
ie O		Firm's ackings	Taxas made HZ Inc			
	,	- unit autuoss	312 S Black Horse Pike			
the !	Rs -	decree the entree to	Blackwood NJ 08012		232-0958	
Dane		A Bodunda a A	the preparer shown above? (see instructions)	• • • • • •	· · · · X Ye	s No
- ape	· #0	·= requeson Act Not	co, see the separate instructions.		- P 10	

	n 990 (201					46-27050	59 Page 2
Pa	rt III		gram Service Acc				
		Check if Schedule O co	ontains a response or no	te to any line in this Part I	<u> </u>	<u> </u>	<u></u>
1	Briefly de	escribe the organization	's mission.				
	SEE AT	TACHED			·	<del></del>	
					····		
2				ervices during the year w			
	prior For	m 990 or 990-EZ?					s 🔀 No
	If "Yes,"	describe these new serv	vices on Schedule O				
3				int changes in how it cond		_	_
	services'	?					s 🗌 No
	if "Yes,"	describe these changes	on Schedule O.				
4				ments for each of its three			
				are required to report the	e amount of grants and a	allocations to others,	
	the total of	expenses, and revenue,	If any, for each program	service reported			
		<u> </u>					···
4a	(Code			198 including grants of			)
					PRENEURIAL PATH	S AS PRACTICAL ALT	ERNATIONS TO
	BEING	ON THE FIELD, E	BALL COURT, OR S	TAGE.	<del></del>		
				·		<del></del>	
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						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
4b	(Code _	) (Expens	ses \$	including grants of	\$	) (Revenue \$	)
			<del></del>		<del></del>		
		<del></del>		<del> · · · · · · · · · · · · · · · · · ·</del>		<del></del>	<del></del>
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4c	(Code	) /Expens	ses \$	including grants of	\$	) (Revenue \$	
	,0000			including grants of	<u> </u>	) (November 4	
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		· - · · · · · · · · · · · · · · · · · ·					<del></del>
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						<del></del>	
		·				<del></del>	
4d	Other pro	gram services (Describ	e on Schedule Ω \				
-	(Expense			of \$	) (Revenue \$	1	
4e		gram service expenses		60,198	, , ,		
<u> </u>	<u> p. 0</u>	CAPONOCS		/		<del></del>	



Page 3

Fai	t IV Checkist of Required Schedules		T	
			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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
e	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		х
_	"Yes," complete Schedule D, Part I			
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ĺ		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	x	
_	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more		<del></del>	
В	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
		110		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	44-		.,
	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	١		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
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			
	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 the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			×
14a	Did the organization maintain an office, employees, or agents outside of the United States?			Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<del></del>		
D	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		x
4-		170		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4=		v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	$\vdash$	_ <u>x</u>
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	<del>                                     </del>	<u> </u>
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		X
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_		x
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		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
		2,00		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>990</b> (2	X 010)
FFA		-nrm	3301/	U 1253

Form	990 (2019) CHANGE THE PLAY INC 46-27050	59	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
	,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	-		
	through 24d and complete Schedule K If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 L	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 or any of these persons? If "Yes," complete Schedule L, Part II	26		X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	ŀ		
	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 Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):		<u> </u>	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	ļ	Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ļ	İ	
	conservation contributions? If "Yes," complete Schedule M	30	<b>.</b>	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	l		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	l		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		للم
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
b	···	1		
C				
	reportable gaming (gambling) wipnings to prize winners?	l 1c	(	

46-2705059

CHANGE THE PLAY INC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		162	140
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		×
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
3a L	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	3b	-	
b 4-	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	0.0		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country			
D	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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			
!1	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 )			
l2a	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	14-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Х
b 46	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х
		13		_
16	If "Yes," see instructions and file Form 4720, Schedule N  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720. Schedule. O		ـــــا	

46-2705059

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 0 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. 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 x supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 x 5 Did the organization become aware during the year of a significant diversion of the organization's assets? ¥ Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b x stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: х X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Ь 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 X 14 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official .......... 15a X X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Connecticut 17 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 ☑ Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 JASON N TEAL (203) 675-6863, 74 CITY AVE, NEW BRITAIN, CT 06051

Form 990 (20	19) CHANGE THE PLAY I	NC								46-2705		Page 7
Part VII	Compensation of Officers, Dire	ctors, Tru	istee	s, K	ey	En	nplo	yee	s, Highest Co	mpensated E	mployees	s, and
	Independent Contractors											
	Check if Schedule O contains a response									• • • • • • • • • • • • • • • • • • • •	<u></u>	<u>L</u>
Section A.	Officers, Directors, Trustees, Key Employers this table for all persons required to be listed									or within the	<del> </del>	
organization's		su report co	niipeii.	341101	11 101		, calci	iuu.	year ending with e	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
•	of the organization's <b>current</b> officers, direct	ors. trustees	(whet	her in	ndıvı	dua	ls or o	rgar	nizations), regardle	ess of amount of		
	Enter -0- in columns (D), (E), and (F) if no							•				
• List all	of the organization's <b>current</b> key employee	s, if any See	ınstru	ction	s fo	r de	finitior	of'	"key employee."			
	organization's five current highest comper											
	reportable compensation (Box 5 of Form W-	-2 and/or Box	7 of F	orm	109	9-M	IISC) d	of mo	ore than \$100,000	from the		
•	and any related organizations		J LL	4				1		ad mara than		
	of the organization's <b>former</b> officers, key er eportable compensation from the organization						aleo e	empi	loyees who receive	ed more than		
	of the organization's former directors or tr						acity	as a	former director or	trustee of the		
	more than \$10,000 of reportable compensate											
See instruction	ns for the order in which to list the persons a	bove										
Check this	s box if neither the organization nor any rela	ted organizat	ion co	mpen	sate	ed a	ny cur	rent	officer, director, or	trustee	1	
						C)						
	(A)	(B)	(do r	not che		ition ore th	nan one		(D)	(E)	(F)	
	Name and title	Average hours					s both a /trustee)		Reportable compensation	Reportable compensation	Estimated of of	-
		per week							from the	from related organizations	comper from t	
		(list any hours for	or di	Insti	Officer	Key	emp	F S	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organizat	tion and
		related	rector	ution	er	Key employee	est co loyee	ler		٠	related org	anizations
		organizations below	Individual trustee or director	Institutional trustee		уее	Highest compensated employee					
		dotted line)	&	slee			nsate					
							_					
					4							
(1) JASON CEO	TEAL	20.00			x				o	0		0
(2)										<u> </u>		
			ļ		_							
(3)												
(A)				$\vdash$	$\dashv$							
<u>(4)</u>		<b>-</b>										
(5)												
			<u> </u>	$\vdash \vdash$	$\dashv$						<del> </del>	
<u>(6)</u>												
(7)												
(8)												
<del>(0)</del>					$\dashv$						<del> </del>	
(9)												
(10)												
					$\Box$							
(11)					ļ							
(12)				$\vdash$							<u> </u>	
			ı		- 1		i	ıl		1	1	

(13)

<u>(14)</u>\_

	90 (2019) CHANGE THE PLAY I										<u>-27050</u>	059	P	age 8
Part	VII Section A. Officers, Directors, Trustee	s, Key Emp	loyee	s, ar	nd H	igh	est Co	omp	ensated Employe	es (continue	<u>∍d)</u>			
	(A) Name and title	(B) Average hours per week	box	unles	Pos eck m ss per	son is	nan one s both a /trustee	n j	(D) Reportable compensation from the	(E) Reportabl compensati from relate	on ed	cor	(F) ated am of other npensat	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizatio		orga	rom the nization d organiz	
<u>(15)</u> _													-	
<u>(16)</u>														
(17)_												-		
<u>(18)</u>														
<u>(19)</u>														
(20)_														
(21)														•
(22)_														
(23)_														
(24)														
(25)														
1b	Subtotal							· •						
C	Total from continuation sheets to Part VII, Sect			• •				· •						
d	Total (add lines 1b and 1c)									of.	0		<del></del>	0
_	reportable compensation from the organization		ioica a	5010	·, ···		300,40	<b>U</b> 1110	510 that \$100,000	O.				C
	· · · · · · · · · · · · · · · · · · ·												Yes	No
3	Did the organization list any former officer, direct											<del></del>		
	employee on line 1a? If "Yes," complete Schedu. For any individual listed on line 1a, is the sum of re									• • • • • •	• • •	3		Х
4	organization and related organizations greater th	•	•											
	ındıvıdual											4		х
5	Did any person listed on line 1a receive or accrue	compensation	on from	апу	unr	elate	ed org	anıza	ation or individual					
	for services rendered to the organization? If "Yes	s," complete	Sched	ule .	J for	suc	h pers	son	<u></u>	<u></u>	<u>·.··</u>	5		Х
	on B. Independent Contractors  Complete this table for your five highest compensa	tod indonon	dont co	ntrac	otore	tha	t recei	wad	more than \$100.00	nn of				
1	compensation from the organization. Report comp										vear.			
	(A)								(B)		<del></del>	(C)		
	Name and business address	is .							Description of service	es		Compens	ation	
								├						
										+				
								-						
2	Total number of independent contractors (including received more than \$100,000 of compensation from					ted a	above	) wh	0					

		Check if Schedule O contains a response or n	ote to any line in this	s Part VIII		<u></u> .	
	`			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
	Ь	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events 1c					
בים קם	ď	Related organizations 1d					
ifts, r Ar	e	Government grants (contributions) 1e	36,250				
nië Big	f	All other contributions, gifts, grants,	30,230				
Sir	•	and similar amounts not included above					
the	g			-			· ·
d O	9	lines 1a-1f 1g	s				
ΣĘ	h	Total. Add lines 1a-1f		36,250			
	1		Business Code				
	2a	FOOD PROGRAM/AFTER	812900	215,103	215,103		
Ş	ь						
Ser	С						
e a	d						
Program Service Revenue	е						
Ę	f	All other program service revenue					
	g	Total. Add lines 2a-2f		215,103	1 ,	Factor Carlos	ii .
	3	Investment income (including dividends, interest, a	and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond process	r				
	5	Royalties	<u></u> ▶				
		(i) Real	(il) Personal				, ,
		Gross rents 6a					]
	1	Less rental expenses 6b	-				!
	1	Rental income or (loss) 6c	<u></u>				
	q	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(II) Other				
	į	sales of assets other than inventory					
ω	b	Less cost or other basis and sales expenses 7b					
Revenue		Gain or (loss) 7c					
ě		Net gain or (loss)					
_		Gross income from fundraising		<del></del>			.,
<del>g</del>	"	events (not including \$	ŀ				
•		of contributions reported on line	·				
		1c) See Part IV, line 18 8a					ļ '
	ь	Less direct expenses 8b					
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9a					
	b	Less direct expenses 9b					
	С	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
	b	Less cost of goods sold 10t	)				
	С	Net income or (loss) from sales of inventory	▶				
			Business Code				ļ
e e	l .	ALTERNATIVE FUNDING	B12900	55,334	55,334		<del> </del>
an enu	b	OTHER INCOME	812900	6,910	6,910		<del> </del>
Miscellanous Revenue	C.						<del> </del>
ž Š		All other revenue	L		117 ig 19 \$ + .	Burney Commence	, att a
		Total. Add lines 11n-11d		62,244 313,597	277,347	0	
	14	Total revenue. See instructions	<i>.</i>	313,35/	1 411,341	ı	· · · · · · · · · · · · · · · · · · ·

# Part IX Statement of Functional Expenses

Seci	Check if Schedule O contains a response or note to a		Zations mast complete		X
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				·
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	40,123	14,680	25,443	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management			<u> </u>	
b	Legal				
C	Accounting				
d	Lobbying				· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	145,396	145,396		
12	Advertising and promotion	5,495	5,495		
13	Office expenses	2,350	2,350		
14	Information technology	2,295	2,295		
15	Royalties				
16	Occupancy		100		
17	Travel	490	490		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Interest		<del></del>		
	· ·				
22 23	Depreciation, depletion, and amortization	3,730	1,139	2,591	
23 24	Other expenses Itemize expenses not covered	3,730	1,133	2,331	
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	GOVERNMENT: FOOD	32,318	32,318		
b	SUMMER: FOOD	44,341	44,341		
c	OTHER EXPENSES	9,922	9,922		
d		1,002	1,002	· · · · · · · · · · · · · · · · · · ·	<del></del>
	All other expenses	770	770		
25	Total functional expenses. Add lines 1 through 24e	288,232	260,198	28,034	0
26	Joint costs. Complete this line only if the		, == 3		
	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)			}	

Form 990 (2019) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	<u></u>	<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	25,945	1	62,766
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	10,340	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,247	8	1,247
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 103 8,235	. 5 * 4 /		
	b	Less. accumulated depreciation 10b	3,962	10c	8,235
	11	Investments - publicly traded securities		11	
	12	Investments - other secunties. See Part IV, line 11		12	<u> </u>
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	190	15	190
	16	Total assets. Add lines 1 through 15 (must equal line 33)	41,684	16	72,438
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	<u></u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		_	
Liat		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	8,502
	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	13,003		5,616
	26	Total liabilities. Add lines 17 through 25	13,003	26	14,118
		Organizations that follow FASB ASC 958, check here ▶ ☐			
es		and complete lines 27, 28, 32, and 33.			<del></del>
auc	27	Net assets without donor restrictions		27	
Bal	28	Net assets with donor restrictions		28	
pu		Organizations that do not follow FASB ASC 958, check here ▶ 🗓			
Net Assets or Fund Balances		and complete lines 29 through 33.			
S Of	29	Capital stock or trust principal, or current funds		29	· · - · · · · · · · · · · · · · · · · ·
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	28,681	31	58,320
Net	32	Total net assets or fund balances	28,681	32	58,320
	33	Total liabilities and net assets/fund balances	41,684	33	72,438

Form	990 (2019) CHANGE THE PLAY INC	16-27	<u>05059</u>		Pa	<u>age 12</u>
Pa	rt XI Reconciliation of Net Assets					
	'Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			<u> </u>	<u>. X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1_			313,	597
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	<u> </u>		288,	232
3	Revenue less expenses Subtract line 2 from line 1	. 3			25,	365
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	İ		28,	681
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities	. 6	L			
7	Investment expenses	7_				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			4 ,	274
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	. 10			58,	320
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					<u>. 🖳</u>
			_		Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other					1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O		.			لـــا
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 on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		.			
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		ļ			
	separate basis, consolidated basis, or both:		ŀ			
	Separate basis Consolidated basis Both consolidated and separate basis		].			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain on		- 1			
	Schedule O.		.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		-			
	Single Audit Act and OMB Circular A-133?			3a		<u> </u>
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		<u></u>
EEA				Form	990 (	2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

2019

OMB No 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

Name of the organization 46-2705059 CHANGE THE PLAY INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box ) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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  $\mathbf{I}$ section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **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. e 📙 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. Provide the following information about the supported organization(s). (I) Name of supported organization (III) Type of organization (Iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) instructions) above (see instructions)) document? Yes (A) (B) (C) (D) (E)

CHANGE THE PLAY INC 46-2705059 Schedule A (Form 990 or 990-EZ) 2019 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in)▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . . Total. Add lines 1 through 3 . . . . . . . 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . . . 6 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in)▶ 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ........ 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 11 Total support. Add lines 7 through 10... 12 Gross receipts from related activities, etc. (see instructions) ./....... 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . % 15 Public support percentage from 2018 Schedule A, Part II line 14 . . . . . . . . . . . . . . . . . % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the/organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly П 

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 20	19	(f) Total
	Gifts, grants, contributions, and membership fees	1		1				
	received (Do not include any "unusual grants ")				103,360	274	,524	377,884
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the			1				
	organization's tax-exempt purpose						-	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513.	1						
4	Tax revenues levied for the							
	organization's benefit and either paid to							
	or expended on its behalf				İ			
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge			l				
6	Total. Add lines 1 through 5				103,360	274	,524	377,884
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons							
b	Amounts included on lines 2 and 3							
	received from other than disqualified				1			
	persons that exceed the greater of \$5,000						-	
	or 1% of the amount on line 13 for the year	<u> </u>						
С	Add lines 7a and 7b							· · ·
8	Public support. (Subtract line 7c from							
	line 6.)	<u> </u>			<u> </u>			377,884
Sec	ction B. Total Support							
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 20	19	(f) Total
9	Amounts from line 6				103,360	274	,524	377,884
10a	Gross income from interest, dividends,			1				
	payments received on securities loans, rents,							
	royalties, and income from similar sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses				1			
	acquired after June 30, 1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business	1		,				
	activities not included in line 10b, whether			Ì				
	or not the business is regularly carried on						$\longrightarrow$	
12	Other income. Do not include gain or				1			
	loss from the sale of capital assets							
	(Explain in Part VI.)			<u> </u>			$\longrightarrow$	
13	Total support. (Add lines 9, 10c, 11,		:					
	and 12)		<u> </u>	<u></u>	103,360		,524	377,884
14	First five years. If the Form 990 is for the or							
	organization, check this box and stop here	<del></del>	<u> </u>	<u></u>				<u> ▶ ∐</u>
	tion C. Computation of Public Support					T .= T	<del></del>	
	Public support percentage for 2019 (line 8, c					15		100.00 %
	Public support percentage from 2018 Sched			· · · · · · · · ·		16		0.00 %
	tion D. Computation of Investment In					т := т		
	Investment income percentage for 2019 (line					17		0.00 %
	Investment income percentage from 2018 Se					18	4 (05)	0.00%
19a	33 1/3% support tests - 2019. If the organiz							
	17 is not more than 33 1/3%, check this box	-	-					
b	33 1/3% support tests - 2018. If the organiz							
	line 18 is not more than 33 1/3%, check this							
20_	Private foundation. If the organization did r	ot check a box	c on line 14, 19	a, or 19b, che	ck this box and	see insti	uctions	<u>   ▶                             </u>

Part IV **Supporting Organizations** 

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part I	art v.)		
Sect	ion A. All Supporting Organizations		V	NI.
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by	1		
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	<del>  '</del>		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	2		
	organization was described in section 509(a)(1) or (2).	1		
3a	11 0	3a		
	(b) and (c) below	Ja		i
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	, ,,,	3b		<del>-</del>
	organization made the determination.  Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		<u> </u>
С		3c		
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	44		
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	4b		
_	despite being controlled or supervised by or in connection with its supported organizations.	40		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c		
Ea	purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40	<del></del>	<del>                                     </del>
Эa	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			!
	was accomplished (such as by amendment to the organizing document).	5a		
b				
, ,	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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	1		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		ļ	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a				
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b				
_	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	-		
·	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	_	
100	Was the organization subject to the excess business holdings rules of section 4943 because of section	-	<del>                                     </del>	
iva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
J	determine whether the organization had excess business holdings.)	10b		

determine whether the organization had excess business holdings.)

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			i 1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<u>11</u> c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			. [
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ı İ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			لـــــا
		1		<u> </u>
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			. 1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			اــــا
	supervised, or controlled the supporting organization.	2	<u></u>	
Sec	tion 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			1
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			į <u> </u>
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			<i>i</i>
	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)			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struc	tions)	<i>.</i>
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			, [
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
h	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	La	-	
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			, ,
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> .	<del></del>	-	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			. [
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non-Function Part V Type III Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part V Type II Non-Function Part	ranis	rations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VII) See		
instructions. All other Type III non-functionally integrated supporting organization					
Section A - Adjusted Net Income	(A) Prior Year				
1 Net short-term capital gain	1	· (;	(optional)		
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see	T				
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				
e Discount claimed for blockage or other					
factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supporting	organization (see		

instructions).

Schedu	ile A (Form 990 or 990-EZ) 2019 CHANGE THE PLAY INC		46-270	5059 Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continued)	<u></u>
Sec	tion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exen			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	· · · · · · · · · · · · · · · · · · ·		
3	Administrative expenses paid to accomplish exempt purpose	<del></del>		
4	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	
5	Qualified set-aside amounts (prior IRS approval required)			<del></del>
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	ive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		·	<u> </u>
S	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
С	From 2016			
d	From 2017		-	
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
ī	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
-	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016	<u> </u>		
	Excess from 2017			
	Fuer of from 2040		· · · · · · · · · · · · · · · · · · ·	
	Fire and from 2040			
-	Excess from 2019	-l		

Page 8 17b; Part Section 1c, 2a, 2b, Section E,	
<del></del>	
<del> </del>	
<del></del>	

Schedule A (Form 990 or 990-EZ) 2019

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2019

Open to Public Inspection

Name	of the organization		Employer identification number
CHA	NGE THE PLAY INC		46-2705059
Pa	t I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (dunng year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advi	ised
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor adv		
	only for charitable purposes and not for the benefit of the donor		
	conferring impermissible private benefit?		
Pa	t II Conservation Easements.		
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or educ	_	ition of a historically important land area
	Protection of natural habitat	·	ition of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired af		
		· · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, release		
	tax year ▶		-
4	Number of states where property subject to conservation ease	ment is located ▶	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing cons	servation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	70(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expen-	se statement, and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements		
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public
	service, provide, in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ems
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items		
	•		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		
	following amounts required to be reported under FASB ASC 9		
а	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · <b>▶</b> \$
b	Assets included in Form 990, Part X		

chedule D (Form 990) 2019 CHANGE THE P				<u> </u>		46-27050		Page 2
Part III Organizations Maintain							sets (con	tinued
3 Using the organization's acquisition, accer-	ssion, and other records	s, check any	of the follow	ving that make	significa	ant use of its		
collection items (check all that apply)			_					
a Public exhibition		d [	=	exchange pro	-			
<b>b</b> Scholarly research		е [	Other _					
c Preservation for future generations								
Provide a description of the organization's	s collections and explain	how they fu	urther the or	ganızatıon's ex	empt pı	urpose in Part		
XIII.								
During the year, did the organization solici							_	_
assets to be sold to raise funds rather tha	in to be maintained as p	art of the or	ganızation's	collection?	<u></u>		☐ Yes	☐ No
Part IV Escrow and Custodial A							_	
Complete if the organization	on answered "Yes'	on Form	990, Par	t IV, line 9, o	or rep	orted an amou	unt on Fo	rm
990, Part X, line 21.								
<ul> <li>Is the organization an agent, trustee, custo</li> </ul>							_	_
included on Form 990, Part X?							. 🗌 Yes	☐ No
b If "Yes," explain the arrangement in Part	KIII and complete the fol	lowing table	•					
						Amo	unt	
c Beginning balance		<b></b>			1c			
					1d			
e Distributions during the year					1e			
f Ending balance					1f			
a Did the organization include an amount or	n Form 990, Part X, line	21, for escre	ow or custo	dial account liab	ollity?.		Yes	☐ No
b If "Yes," explain the arrangement in Part	KIII. Check here if the ex	kplanation ha	as been pro	vided on Part X	M	<u> </u>		
art V Endowment Funds.							·	
Complete if the organization	on answered "Yes'	on Form	990, Par	t IV, line 10.				
	(a) Current year	(b) Pric	or year	(c) Two years bac	k (d	) Three years back	(e) Four ye	ars back
a Beginning of year balance								
<b>b</b> Contributions								
c Net investment earnings, gains, and								
losses	.							
d Grants or scholarships								
e Other expenditures for facilities and								
programs	.							
f Administrative expenses						-		
g End of year balance								
Provide the estimated percentage of the c	urrent year end balance	(line 1g, co	lumn (a)) he	eld as:			•	•
a Board designated or quasi-endowment		. •	. ,,					
b Permanent endowment ▶	%							
c Term endowment ▶ %	<del></del> 6							
The percentages on lines 2a, 2b, and 2c s	hould equal 100%.							
a Are there endowment funds not in the pos	ssession of the organiza	ation that are	held and a	dministered for	the			
organization by	Ū						Y	es No
							3a(i)	
(ii) Related organizations							3a(ii)	
b If "Yes" on line 3a(ii), are the related orga	nizations listed as requi	red on Sche	dule R?				3b	
Describe in Part XIII the intended uses of	•						L 1	
Part VI Land, Buildings, and Equ			<del></del>	<del></del>	,			
Complete if the organization	-	on Form	990. Par	t IV. line 11a	a. See	Form 990. Pa	art X. line	10.
Description of property	(a) Cost or ot		(b) Cost or o			umulated	(d) Book va	
bescription of property	(a) Cost of ot	į.		ner)		eciation	(G) DOOK V	
a Land								
b Buildings	• • • • • • • • • • • • • • • • • • • •							
c Leasehold improvements	• • • • • • • • • • • • • • • • • • • •	-		-				
d Farment	• • • • • • • • • • • • • • • • • • • •	2 062				<del></del>		2 062

4,273

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

4,273

8,235

	(a) Description of security or category	(b) Book v	alue	•	) Method of valuation
<del></del>	(including name of security)			Cost or	end-of-year market value
	derivatives				
•	neld equity interests				
Other					
(A)					
(B)				<del></del>	
(C)			·		
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	نيــــــــــــــــــــــــــــــــــــ	<u> </u>	
Part VIII	Investments - Program Related.				
, <u> </u>	Complete if the organization answered "Yes" on Fo	<u>rm 990, Par</u>	t IV, line 1	1c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book v	alue	(c	) Method of valuation
				Cost or	end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		-			
	nn (b) must equal Form 990, Part X, col (B) line 13.)				
rant IX	Other Assets.				
Part IX	Other Assets.  Complete if the organization answered "Yes" on Fo	rm 990. Par	t IV. line 1	1d. See Form	990. Part X. line 15.
тап іх	Complete if the organization answered "Yes" on Fo	rm 990, Par	t IV, line 1	1d. See Form	
	Complete if the organization answered "Yes" on Fo	rm 990, Par	t IV, line 1	1d. See Form	(b) Book value
(1)DTHER	Complete if the organization answered "Yes" on Fo	rm 990, Par	t IV, line 1	1d. See Form	(b) Book value
(1))THER (2)	Complete if the organization answered "Yes" on Fo	rm 990, Par	t IV, line 1	1d. See Form	(b) Book value
(1)DTHER (2) (3)	Complete if the organization answered "Yes" on Fo	rm 990, Par	t IV, line 1	1d. See Form	(b) Book value
(1) THER (2) (3) (4)	Complete if the organization answered "Yes" on Fo	rm 990, Par	t IV, line 1	1d. See Form	(b) Book value
(1)DTHER (2) (3) (4) (5)	Complete if the organization answered "Yes" on Fo	rm 990, Par	t IV, line 1	1d. See Form	(b) Book value
(1) THER (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Fo	rm 990, Par	t IV, line 1	1d. See Form	(b) Book value
(1) THER (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on Fo	rm 990, Par	t IV, line 1	1d. See Form	(b) Book value
(1) THER (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on Fo	rm 990, Par	t IV, line 1	1d. See Form	(b) Book value
(1) THER (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Fo		t IV, line 1	1d. See Form	(b) Book value
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Fo  (a) Description  ASSEETS  Inn (b) must equal Form 990, Part X, col (B) line 15)		t IV, line 1	1d. See Form	(b) Book value
(1) THER (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Form (a) Description  ASSECTS  Inn (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.				(b) Book value  19
(1) THER (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Formats (a) Description  ASSECTS  In (b) must equal Form 990, Part X, col (B) line 15)				(b) Book value  19
(1) OTHER (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Form (a) Description  ASSECTS  Inn (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.				(b) Book value  19
(1) THER (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column	Complete if the organization answered "Yes" on Fo  (a) Description  ASSEETS  In (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Fo	 rm 990, Par			(b) Book value  19
(1) THER (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X	Complete if the organization answered "Yes" on Formasseets  Inn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.  Complete if the organization answered "Yes" on Formasseet.	 rm 990, Par			(b) Book value  19
(1) THER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" on Form 1990, Part X, col (B) line 15)	 rm 990, Par			(b) Book value  19
(1) THER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" on Form 1 Description  ASSEETS  Inn (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book Income taxes	rm 990, Par			(b) Book value  19
(1) THER (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  (1) Federal (2) TD CRE (3)	Complete if the organization answered "Yes" on Form 1 Description  ASSEETS  Inn (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book Income taxes	rm 990, Par			(b) Book value  19
(1) THER (2) (3) (4) (5) (6) (7) (8) (9)  total. (Column Part X  (1) Federal (?)TD CRE (3) (4)	Complete if the organization answered "Yes" on Form 1 Description  ASSEETS  Inn (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book Income taxes	rm 990, Par			(b) Book value  15
(1) THER (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columna	Complete if the organization answered "Yes" on Form 1 Description  ASSEETS  Inn (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book Income taxes	rm 990, Par			(b) Book value  15
(1) THER (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  (1) Federal (2) TD CRE (3) (4) (5) (6)	Complete if the organization answered "Yes" on Form 1 Description  ASSEETS  Inn (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book Income taxes	rm 990, Par			(b) Book value
(1) THER (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  (1) Federal (2) TD CRE (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on Form 1 Description  ASSEETS  Inn (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book Income taxes	rm 990, Par			(b) Book value  19
(1) THER (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  (1) Federal (?)TD CRE (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on Form 1 Description  ASSEETS  Inn (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book Income taxes	rm 990, Par			(b) Book value  19
(1) THER (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X)  (1) Federal (2) TD CRE (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Form 1 Description  ASSEETS  Inn (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.  Complete if the organization answered "Yes" on Form 25.  (a) Description of liability (b) Book Income taxes	rm 990, Par			(b) Book value  19

		<u>6-27050</u>		<del></del>				ule D (Form 990) 20	
1 Total revenue, gains, and other support per audited financial statements	rn.	r Returi							Par
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments.		· · ·		_					
a Net unrealized gains (losses) on investments.  b Donated services and use of facilities  c Recoveries of prior year grants  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII)  c Add lines 4a and 4b  5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).  5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Reture Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  c Other losses on losses per audited financial statements  d Other (Describe in Part XIII.)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b  4 Amounts included on Form 990, Part IX, line 25, but not on line 1  a Investment expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIII)  c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Forunde the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line		1	• • • • • • • • • •	• • •			•	•	-
b Donated services and use of facilities		1	1	1 _ 1					2
c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).  5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information.		1					•		а
d Other (Describe in Part XIII.) e Add lines 2a through 2d		1	· · · · · · · · · · · · · · · · · · ·					_ +	b
Add lines 2a through 2d   3   3   3   3   3   3   3   3   3		1							С
3 Subtract line 2e from line 1							·	•	d
A Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Reture Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2b Pror year adjustments 2b 2c 2c 2c 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d		<del> </del>					•		е
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII ) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Reture Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a b Pnor year adjustments 2b 2b 2c 2c 2c 2c 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d 2d		3							3
b Other (Describe in Part XIII )		1				ine 12, but not on line 1	cluded on Form 990, Part VIII	Amounts inclu	4
c Add lines 4a and 4b		1		$\vdash$					а
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).  Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Reture Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a Donated services and use of facilities 2b Prior year adjustments 2b 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c 2c			<del></del>					•	þ
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		<del></del>							C
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	···								
Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Prior year adjustments  Other losses  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Amounts included on Form 990, Part IX, line 25, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line	eturn.	per Ref							Par
Amounts included on line 1 but not on Form 990, Part IX, line 25  a Donated services and use of facilities	- ·		rt IV, line 12a.	<u>, Part</u>	on Form 990	ation answered "Ye	Complete if the organ	C	
a Donated services and use of facilities 2a		1				incial statements	ses and losses per audited fi	Total expense	1
b Prior year adjustments c Other losses			1			n 990, Part IX, line 25	cluded on line 1 but not on Fo	Amounts inclu	2
c Other losses		1		2a					а
d Other (Describe in Part XIII.)  e Add lines 2a through 2d		!		2b			-		b
e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1°       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII)       4b         c Add lines 4a and 4b       4c         5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)       5         Part XIII Supplemental Information.         Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line		<b>!</b>					5	Other losses	С
3 Subtract line 2e from line 1			<del></del>						ď
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b		2e					a through 2d	Add lines 2a t	е
a Investment expenses not included on Form 990, Part VIII, line 7b		3			· · · · · · · ·				3
b Other (Describe in Part XIII )		1				e 25, but not on line 1°	cluded on Form 990, Part IX,	Amounts inclu	4
c Add lines 4a and 4b				_			•		а
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				4b			ribe in Part XIII)	Other (Describ	b
Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line	<del> </del>								C
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line	<del></del>	5			t I, line 18.)				
2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	1e	'art X, line							
			ditional information	ny addit	art to provide ar	and 4b Also complete	I and 4b, and Part XII, lines 2	art XI, lines 2d a	2; Pa
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#### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

46-2705059

Department of the Treasury Internal Revenue Service Name of the organization

CHANGE THE PLAY INC

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

01. Form 990 governing body review (Part VI, line 11) THE 990 IS REVIEWED BY THE ENTIRE BOARD AT A SPECIAL MEETING HELD TO APPROVE THE RETURN 02. Governing documents, etc, available to public (Part VI, line 19) ALL DOCUMENTS ARE AVAILABLE UPON REQUEST 03. Explanation of other changes in net assets or fund balances (Part XI, line 9) ADJUSTMENT 04. List of other fees for services expenses (Part IX, line 11g) CONSULTING AND OTHER OUTSIDE SEVICES 05. List of other expenses (Part IX, line 24e) OTHER EXPENSES