Form **990**

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internat Revenue Service and ending A For the 2022 calendar year, or tax year beginning D Employer identification number C Name of organization Check if HOMELESS CHILDREN'S PLAYTIME PROJECT Address change 20-3380456 Name change Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 202-425-8218 |Final 1525 NEWTON STREET, NW 341 001 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ WASHINGTON, DC 20010 H(a) Is this a group return Amended return F Name and address of principal officer: JAMILA LARSON Applica-Ition for subordinates? _____L Yes X No pending H(b) Are all subordinates included? Yes No SAME AS C ABOVE 527 If "No," attach a list. See instructions Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or H(c) Group exemption number WWW.PLAYTIMEPROJECT.ORG L Year of formation; 2005 M State of legal domicile: DC K Form of organization: X Corporation Trust Other Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. 1 Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) Number of Independent voting members of the governing body (Part VI, line 1b) 19 ŏ 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 154 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part 1, line 11 **Current Year** 1,739,967 1,338,223. 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) 2,778. 160. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,740,127 ,341,001. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 991,515. 794,462. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. n. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 305,899. 264,645. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,297,414. 1,059,107. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 43,587. 681,020. 19 Revenue less expenses. Subtract line 18 from line 12 End of Year **Beginning of Current Year** 2,305,796. 2,150,977. 20 Total assets (Part X, line 16) 58,400. 169,632. 21 Total liabilities (Part X, line 26) 2,092,577. 136,164. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. January Large Signature of officer Sign EXECUTIVE DIRECTOR JAMILA LARSON, Here Type or print name and title Date Check PTIN Přeparer's signature, Print/Type preparer's name 10/17/2023 P00288314 sell-employed RICHARD J. LOCASTRO, CPA Paid Firm's EIN 52-1392008 GELMAN, ROSENBERG & FREEDMAN Firm's name Preparer 4550 MONTGOMERY AVE SUITE 800N Use Only Firm's address Phone no. 301-951-9090 BETHESDA, MD 20814-2930

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

orm 99	HOMELESS CHILDREN'S PLAYTIME PROJECT 20 3300	100	1.0	<u> </u>
Part	V Checklist of Required Schedules	1	Yes	No
	the state of the s	-	100	,
1 ls	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
lf	"Yes," complete Schedule A	2	Х	
2	s the organization required to complete Schedule B, Schedule of Contributors? See instructions			
3 C	old the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3	1	X
þ	public office? If "Yes," complete Schedule C, Part I			
4 8	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X
C	during the tax year? If "Yes," complete Schedule C, Part II			
5	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		X
9	similar amounts as defined in Rev. Proc. 98-197 <i>If</i> "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised idings of any similal folids of accounts? If "Yes," complete Schedule D, Part I	6		X
ţ	provide advice on the distribution of investment of amounts in such fathes of accounted by Fest, complete estimates by Fest. Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7 [Did the organization receive or hold a conservation easement, including easements to preserve open open of the conservation easement, including easements to preserve open open of the conservation that the conservation that the conservation is a conservation that the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the conservation that the conservation is a conservation to the	7		X
t	the environment, historic land areas, or historic structures ** (f * Yes, ** complete Schedule B, f at f **			
8 [Did the organization maintain collections of works of art, historical treasures, of other similar assets: 17 Fes, complete	8		Х
	Schedule D, Part III			
9 (Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
1	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		Х
i	If "Yes," complete Schedule D, Part IV	Ť		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		Х
	or in quasi endowments? If "Yes," complete Schedule D, Part V			
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.	1	A	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
	Part VI	110	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110	-	T
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		х
	assets reported in Part X. line 16? If "Yes." complete Schedule D, Part VIII	110	 	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	443		Х
	Part X line 167 If "Ves " complete Schedule D. Part IX	11d	 	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	†	122
4	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	-	+ ==
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D. Perts XI and XII	12a	<u> </u>	1-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1	1	Х
	If "Ves." 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	10	+	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	╁≏
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ v
	or more? If "Von " complete Schedule F. Parts Land IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			\ _v
	foreign organization? If "Ves." complete Schedule F. Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			1 47
.0	or for foreign individuals? If "Vos." complete Schedule F. Parts III and IV	16	+-	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
**	column (A) lines 6 and 11e2 If "Vos." complete Schedule G. Part I. See instructions	17	4	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a2 if "Vos." 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,"		1	
เช	complete Schedule G, Part III	19		X
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20	3	X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	201	<u> </u>	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_
21	Did the orderinger tobout ment and a training and a second of the second	ہم!	1	ΙX

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2022)

ran	TV Checklist of Required Schedules (continues)		Yes	No
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	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			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			i
		23		X
04.0	Schedule J			
24 a	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		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
D	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
G	any tax-exempt bonds?	24c	<u> </u>	<u> </u>
.d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
OE o	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2 08	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b	<u> </u>	X
00	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	ļ		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
~7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1		ŀ
27	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		X
00	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
28	instructions for applicable filing thresholds, conditions, and exceptions):			Services
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ļ
a	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
b	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
32		32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Part V, line 1	34		X
25.4	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	358	3	X
00 E	of "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	351)	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			١
-	If "Ves " complete Schedule R. Part V. line 2	36	i	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
O,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u>' </u>	<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
JO	Note: All Form 990 filers are required to complete Schedule O	38	3 X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
Linear	Check if Schedule O contains a response or note to any line in this Part V			L
,		^	Ye	s No
1	a Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable 1a 1			
	b. Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<u>0</u>		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	188		
	(gambling) winnings to prize winners?	10		
		Fo	rm ษษ	0 (202

art	Statements Regarding Other Ins Fillings and Tax Compitation (continued)		Yes	No
	Wo. Transmitted of Words and Tay Statements		Yes	No
2a (Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
f	iled for the calendar year ending with or within the year covered by this return	2b	Х	
b l	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	За		Х
3a l	IN THE DITIALIXATION HAVE DITIEDATED DESIGNATION AND AND AND AND AND AND AND AND AND AN	3b		
b l	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a /	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a	ĺ	Х
1	inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	2000000		
b	f "Yes," enter the name of the foreign country			
;	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		Х
5a		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a	1	X
	any contributions that were not tax deductible as charitable contributions?		†	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
	were not tax deductible?		10000	
7	Organizations that may receive deductible contributions under section 170(c).	7a		Х
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	,,,	T	1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		Х
	to file Form 8282? 7d 7d	10		
d	If "Yes." Indicate the number of Portis 5252 fied during the year	7e		Х
е	The fine organization receive any funds, directly or indirectly, to pay promise and the control of the control	7f	1	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	+	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	+-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A	8		
	sponsoring organization have excess business riolatings at any time during the year.			
9	Sponsoring organizations maintaining donor advised funds. N/A	9a		
а	Did the sponsoring organization make any taxable distributions did to socion to so.	9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or rolated persons	19500		
10	Section 501(c)(7) organizations. Enter: N/A 10a			
a	Initiation fees and capital continuations included on flart viid line 12	7		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club racinities			
11	Section 501(c)(12) organizations. Enter: Oreas income from members or shareholders N/A 11a			
а	CARDES RECORDE HORIT MEMBERS OF GRACIFICATION			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1000		
		128	a	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	13.40		
b	If "Yes," enter the amount of tax-exempt interest received or accorded during the year	40000		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. N/A	13:	а	1
а	is the organization licensed to issue qualified fleatiff plans in those than one state.			
	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	1000 A		
	organization is licensed to issue qualified fleater plans			
C	Linter the amount of reserves on right	14	a	Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14		
t	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	·	1	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15	5	X
	excess parachute payment(s) during the year?			
	If "Yes," see the instructions and file Form 4720, Schedule N.	16	a	x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	388		38 88 88
	If "Yes," complete Form 4720, Schedule O.	0.00		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities N/A	1	7	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	SAC BAG		
	if "Yes," complete Form 6069.	Fr	orm 9	90 (202
				·

232005 12-13-22

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

	Check If Schedule O contains a response or note to any line in this Part VI	*******		[2]
Sect	ion A. Governing Body and Management	I	., 1	
	1. 1.	SWEAK.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	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.			
h	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	245532	\$600E	Simple:
	officer director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		. X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7.	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7a	more members of the governing body?	7a		X
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
а	persons other than the governing body?	7b_		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	100000	1504 A 50 1504 A 50	
8	The governing body?	8a	X_	
_	Each committee with authority to act on behalf of the governing body?	8b	Х	
b	Each committee with authority to act on behalf of the governing body.			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		J. 1.	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
	0	10a		X
10a	Did the organization have local chapters, branches, or affiliates?	100		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	7.7	1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	27 2573244524
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b		+
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12.0	+==	+
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	X	
	on Schedule O how this was done	12c	X	1-
13	Did the organization have a written whistleblower policy?			
14	Did the organization have a written document retention and destruction policy?	14	4)	
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?	Visite	X	A Marier
а	The organization's CEO, Executive Director, or top management official	15a	1	X
b	Other officers or key employees of the organization	15b		12
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	455		37
	taxable entity during the year?	16:)	X
ŀ	l if "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation	120		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1000		
	exempt status with respect to such arrangements?	16k	<u> </u>	
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD, VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	3)s only	/) avai	able
	for public Inspection, Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ıncial	
13	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	JAMILA LARSON - 202-425-8218			
	1525 NEWTON STREET, NW, WASHINGTON, DC 20010			
	1/2/ ATMITA VAT D. LANDON / ATT /	Fo	rm 99	0 (2022

232006 12-13-22

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A) Name and title	(B) Average hours per week	(do	not ch	(C Posineck r	tion		ne an	(D) Reportabie compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JAMILA LARSON	40.00									
EXECUTIVE DIRECTOR		X		Х				119,696.	0.	5,545
(2) CHAR BEALES	5.00									_
BOARD CHAIR		Х				<u> </u>		0.	0.	0.
(3) ANN GRAY	1.00						ļ		_	_
BOARD MEMBER		X	<u> </u>		L	<u> </u>		0.	0.	0 .
(4) JASON WILSON	1.00			ı				_		
BOARD MEMBER		Х	L			L		0.	0.	0.
(5) LIZ VOYLES	1.00]	1	Ì						_
BOARD MEMBER		x	<u> </u>		L.			0.	0.	0
(6) GEOFFREY MOUNT VARNER	1.00									,
BOARD MEMBER		Х			<u> </u>			0.	0.	0
(7) FRANCO TAO	1.00									
BOARD MEMBER		X	Ļ	<u> </u>	 	ــــ	<u> </u>	0.	0.	0_
(8) KATIE WALDO	1.00	┨		1					1	0
BOARD MEMBER		X	-	╄	<u> </u>	-	<u> </u>	0.	0.	0
(9) JAN PIERCY	1.00	١			1				0.	0
BOARD MEMBER		Х	↓_	ـ	╁	-		0.	U+	U
(10) OMID MOHEBBI	1.00	┨						0.	0.	0
BOARD MEMBER	1 00	X	╄	 	╁	╂	١	0.	U •	
(11) JEAN NKAMDON	1.00	١.,						0.	0.	0
BOARD MEMBER	1 00	X	+	╁	+	╫	-	·	· ·	<u> </u>
(12) JA'SENT BROWN	1.00	$ _{\mathbf{x}}$						0.	0.	0
BOARD MEMBER	1.00	╀≏	┼	╀	╫	+-	╁	V •	•	
(13) ANDY CHASIN	1.00	$ \mathbf{x} $						0.	0.	0
BOARD MEMBER	1.00	┼≏	+	-	╅	+	╁╴			
(14) WESLEY HEPPLER	1.00	$d_{\mathbf{x}}$						0.	0.	0
BOARD MEMBER (15) PATIENCE PEABODY	1.00	╁	+	+	+	+	+-	<u> </u>		
BOARD MEMBER	1.00	$d_{\mathbf{x}}$						0.	0.	0
(16) CENA SMITH	1.00	+*	+	1	T	 	T			
BOARD MEMBER		$ _{\mathbf{x}}$						0.	0.	0
TOTAL PROPERTY		+===	+-	+-	+-	+	+			

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Page 7

Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loye	es,	and	Hig	hes	Co	mpensated Employee	s (continued)	
(A)	(B)			(C	;)		ı	(D)	(E)	(F)
Name and title	Average	/ela	ا	Posi	tion	than o		Reportable	Reportable	Estimated
rans and the	hours per	box.	unles	s per	son is	s both	an	compensation	compensation	amount of
	week		er an	d a di	recto	r/trust	30)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation from the
	hours for	rdir	a.			ated		organization	(W-2/1099-MISC/	organization
	related	stee (ruste		a)	Suad		(W-2/1099-MISC/	1099-NEC)	and related
	organizations	al tru	onal t		Joyer	E COM		1099-NEC)		organizations
	below line)	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			i
	Brie)	Ē	<u> </u>	ō_	- 5	포함	æ			
									!	
						-				
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		1		ļ			1			i
					↓_		<u> </u>			
						1				
				ļ		_i	L			
1b Subtotal								119,696.		5,545
c Total from continuation sheets to Part \	II. Section A							0.		0. 0.
								119,696		0. 5,545.
	not limited to t	hose	a list	ed a	hov	e) w	no r	eceived more than \$100	0,000 of reportable	
	HOL HILLIOG CO C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,			,				
compensation from the organization										Yes No
		.+	برميا	Am	برماد		r hir	hest compensated em	nlovee on	
3 Did the organization list any former office	r, airector, trus	stee,	көу	em	JIU y	ee, c	ır ı nış	illest compensation om	pioyee en	3 X
line 1a? If "Yes," complete Schedule J for	such individua	l	•••••	• • • • • •				Landan annotion from	the organization	
4 For any individual listed on line 1a, is the	sum of reporta	ble c	omp	oens	atio	n an	α οτ	ner compensation nom	BIC OIGH BZAGOT	1 7
and related organizations greater than \$1	50,000?	s," c	omp	olete	Scl	hedu	le J	for such individual	deret for openings	···
5 Did any person listed on line 1a receive of	accrue comp	ensa	tion	fron	n an	ıy un	relat	ed organization or indi-	ridual for services	5 X
rendered to the organization? If "Yes." co	mplete Schedi	ıle J	for .	suct	pe	rson				5 X
Section B. Independent Contractors										
Complete this table for your five highest of	compensated is	ndep	end	ent	conf	tract	ors t	hat received more than	\$100,000 of comp	ensation from
the organization. Report compensation for	r the calendar	year	enc	ing	with	or v	vithi	n the organization's tax	year.	
(A)								(B)		(C)
Name and busine	ss address	N	IOI	ΙE				Description o	services	Compensation
									1	
								<u> </u>		
2 Total number of independent contractors	s (including but	t not	limi	ted 1	to th	nose	liste	d above) who recelved	more than	
\$100,000 of compensation from the orga	anization					0				
wrongood or componential from the orga										Form 990 (202

Part	VII		Statement of Revenue						
	<u>.</u>		Check if Schedule O contains a	response or n	ote to any line i	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Girts, Grants and Other Similar Amounts			ederated campaigns	1 1					
g	b		lembership duesundraising events						
Εŝ			lelated organizations						
Ep. 2			Government grants (contributions)	1e					
24	f		Il other contributions, gifts, grants, and	d					
걸럼			imilar amounts not included above		38,223.				
E O			loncash contributions included in lines 1a-1f	1.441.	16,570.	,338,223.			
<u>ပိုရ</u>	-	<u>1</u>	otal. Add lines 1a-1f		usiness Code	,330,223.			
				 -	trainess dode				
je Je	2 :	-							
ier.									
Program Service Revenue		c_ d		E .					
Beg		ч - е							
۲ <u>.</u>			All other program service revenue				vowalistomiawo interest		
		g	Total. Add lines 2a·2f						i wiseweithwassensetters
	3	I	Investment income (including divid	iends, interest,	, and	2,778.			2,778.
						2,110.			
	4		Income from investment of tax-exe		ceeas				
	5	1	Royaltles	(i) Real	(ii) Personal				
	_	_	Gross rents 6a	W), 124					
!	o		Gross rents 6a Less; rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7) Securities	(ii) Other				
			assets other than inventory 7a						
			Less: cost or other basis			100			
Jue .			and sales expenses 7b Gain or (loss) 7c						
Other Revenue			CAGA: ()						
ř. Æ	٦		Net gain or (loss)						
the	8		including \$	of					
Ų			contributions reported on line 1c)						
			Part IV, line 18	1 1					
			Less: direct expenses						
			Net income or (loss) from fundrals						
	٤	a	Gross income from gaming activi						
			Part IV, line 19						
			Less: direct expenses			100000000000000000000000000000000000000			
	١.,		Net income or (loss) from gaming Gross sales of inventory, less ret						
	"	ı a	and allowances	1 1]			
		b	Less: cost of goods sold						
		 _c	Net income or (loss) from sales of	of inventory					
	Τ				Business Code				50 000000000000000000000000000000000000
ous	1	1 a							
ane	T a	b							
Miscellaneous	<u>Ş</u>	C	······································						
Mis	1		All other revenue						
		<u>е</u> 2	Total, Add lines 11a-11d			1,341,001	. 0	. C	2,778.
			rotal royondo. God manadonomo		*1.2				Form 990 (2022)

	Check if Schedule O contains a response	(A) 1	IS Part IX (B)	(C)	(D)
b, 8b, 9	nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Managèment and general expenses	Fundraising expenses
	ints and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21		:		
Gra	ants and other assistance to domestic				
	lividuals. See Part IV, line 22				
3 Gra	ants and other assistance to foreign				
	ganizations, foreign governments, and foreign			60.000.000.000.000.000.000.000.000.000	
	fividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				egian englesträggint sätte kikkontäätegen kiräinin
5 Co	ompensation of current officers, directors,	105 041	E0 660	61,788.	12,793
	ustees, and key employees	125,241.	50,660.	01,700.	<u> </u>
	mpensation not included above to disqualified				
per	rsons (as defined under section 4958(f)(1)) and				
pei	rsons described in section 4958(c)(3)(B)		E42 C00	1 272	192,683
7 Ot	ther salaries and wages	737,684.	543,628.	1,373.	194,000
3 Pe	ension plan accruals and contributions (include		50	000	182
se	ction 401(k) and 403(b) employer contributions)	1,818.	727.	909.	12,150
	ther employee benefits	51,091.	35,156.	3,785.	17,130
	ayroil taxes	75,681.	52,075.	5,607.	11,333
	ees for services (nonemployees):				
	lanagement				
	egal				,
	ccounting	44,541.	21,971.	22,570.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	vestment management fees				
	other. (If line 11g amount exceeds 10% of line 25,				
	olumn (A), amount, list line 11g expenses on Sch 0.)	30,958.	<u> 15,270.</u>	15,688.	40.144
	dvertising and promotion	14,145.	685.	1,048.	12,412
	Office expenses	67,743.	52,106.	9,854.	5,78
	nformation technology	5,654.	60.	419.	5,17
	Royalties				
	Decupancy	67,379.	62,386.	4,993.	
		2,854.	2,619.	211.	2.
	ravel Payments of travel or entertainment expenses				
8 P	or any federal, state, or local public officials				
	or any rederal, state, or local public difficials				
	1				
	nterest				
	Payments to affiliates	5,736.	4,323.	425.	98
	•	10,894.	10,087.	807.	-
	nsurance Other expenses, Itemize expenses not covered				
a	above. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A).				
а	amount, list line 24e expenses on Schedule 0.)	25,227.	25,227.		
a (CURRICULUM & INSTRUCTIO	13,108.	10,367		1,77
	PAYROLL PROCESSING FEES	5,949.	5,949		
	SNACKS FOR KIDS	5,444.	5,444		
-	VOLUNTEER SUPPLIES	6,267.	5,776		
	All other expenses	1,297,414.	904,516		261,95
	Total functional expenses. Add lines 1 through 24e	1,491,414.	304,310	130,303.	
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
4	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2

		Check if Schedule O contains a response or not	e to any li	e in this Part X		·····	
		-			(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing			1,398,884.	1	501,921.
-		Savings and temporary cash investments			552,020.	2	1,503,445.
١		Pledges and grants receivable, net			176,699.	3	176,821.
		Accounts receivable, net				4	
		Loans and other receivables from any current or					
1	_	trustee, key employee, creator or founder, subst	tantial con	ibutor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali	fied perso	s (as defined			
		under section 4958(f)(1)), and persons described				6	
١	7	Notes and loans receivable, net				7	
Assers	8	Inventories for sale or use			7,841.	8	5,142
₹	9	Prepaid expenses and deferred charges			5,657.	9	14,522
		Land, buildings, and equipment: cost or other	1				
-		basis. Complete Part VI of Schedule D	10a	89,799.			= 445
	b	Less: accumulated depreciation	10b	82,686.	9,876.	10c	7,113
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	0.000
ļ	15	Other assets, See Part IV, line 11			0.		96,832
	16	Total assets. Add lines 1 through 15 (must equ			2,150,977.		2,305,796
	17	Accounts payable and accrued expenses			58,400.	17	72,403
!	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D	The second secon	21	
w	22	Loans and other payables to any current or for	mer office	director,			
Liabilities		trustee, key employee, creator or founder, sub-	stantial co	tributor, or 35%			
<u> </u>	1	controlled entity or family member of any of the	ese persor	,		22	
:≌	23	Secured mortgages and notes payable to unre	lated third	oarties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	ayables to	related third			
		parties, and other liabilities not included on line	es 17-24).	omplete Part X			07 000
		of Schedule D				25	97,229
	26	Total liabilities. Add lines 17 through 25			58,400.	26	169,632
		Organizations that follow FASB ASC 958, ch	eck here	X			
es		and complete lines 27, 28, 32, and 33.					1 001 040
auc	27	Net assets without donor restrictions			2,033,827		1,921,849
Bal	28	Net assets with donor restrictions			58,750.	28	214,315
힏		Organizations that do not follow FASB ASC	958, che	c here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund				29	
šets	30	Paid-in or capital surplus, or land, building, or	equipmen	fund		30	
Ass	31	Retained earnings, endowment, accumulated				31	0 100 104
let,	32	Total net assets or fund balances			2,092,577		2,136,164
Z	33	Total liabilities and net assets/fund balances				• 33	2,305,796 Form 990 (20)

* a waa (990 (2022) HOMELESS CHILDREN'S PLAYTIME PROJECT	20-338	0456	Page	_э 12
Part	XI Reconciliation of Net Assets			ſ	
	Check if Schedule O contains a response or note to any line in this Part XI				
2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9 9	1,341 1,297	,41 ,58	$\frac{4.}{37.}$
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,136	5 . 1.6	54.
rai	TXII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:		2a		x
	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the separate basis and selection of an independent accountant?	e basis, e audit,		X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scr As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	neaute O.	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	mou auust	3b		1

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization 20-3380456 HOMELESS CHILDREN'S PLAYTIME PROJECT 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 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, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type ii. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (vi) Amount of other (v) Amount of monetary (iii) Type of organization (i) Name of supported support (see instructions) support (see instructions) (described on lines 1-10 organization above (see instructions))

Schedule A (Form 990) 2022

(Form 990) 2022 HOMELESS CHILDREN'S PLAYTIME PROJECT 20-3380 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.)

Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	(f) Total
1 Gifts, grants, contributions, and	
membership fees received. (Do not	051006
Include any "unusual grants.") 1161268. 1365982. 1346486. 1739967. 1338223. 6	<u>951926.</u>
2 Tax revenues levied for the organ-	
ization's benefit and either paid to	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	951926.
4 Total. Add lines 1 through 3 1161268. 1365982. 1346486. 1739967. 1338223. 6	9313201
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,	315,140.
	636786
6 Public support, Subtract line 5 from line 4.	030700-
Section B. Total Support	/f) Total
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 1161268 1365982 1346486 1739967 1338223 6	(f) Total 5951926.
7 Amounts from line 4 1161268. 1365982. 1346486. 1739967. 1338223. 6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	4,053.
and income from similar sources	4,033.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	6955979.
11 Total support. Add lines 7 through 10	0,000,00
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	95.41 %
14 Public support percentage for 2022 (line 6, column (1), divided by line 11, column (1)	95.41 %
45. Dublic support percentage from 2021 Schedule A. Part II. line 14	
	X
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box a	
stop here. The organization qualifies as a publicly supported organization	box
stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this	DOX -
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stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10.	more,
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Par	t III Support Schedule for Or	ganizations C	escribed in S	ection 509(a)(2	2)		
(Qg) namn	(Complete only if you checked the	he box on line 10	of Part I or if the o	rganization failed t	o qualify under Pa	rt II. If the organiz	ation fails to
	qualify under the tests listed be	ow, please compl	ete Part II.)				
Sect	tion A. Public Support						(a T. I. I
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						E
1	membership fees received. (Do not			į			!
i	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-			1			
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that	•					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					<u></u>	
7a	Amounts included on lines 1, 2, and				1		
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						<u> </u>
Sec	ction B. Total Support				1	110000	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	[i] Total
	Amounts from line 6						
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
Ė	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 activities not included on line 10b,						
	whether or not the business is						
	regularly carried on	1	l .				
	regularly carried on						1
12	Other income, Do not include gain						
	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
43	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				vaca as a contion	501(c)/3) organiza	ation
43	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support, (Add lines 9, 10c, 11, and 12.) First 5 years, If the Form 990 is for the same of the	he organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organiza	ation,
13 14	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here			, fourth, or fifth tax	year as a section	501(c)(3) organiza	ation,
13 14 Se	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here action C. Computation of Publications.	lic Support Pe	ercentage				
13 14 Se	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here section C. Computation of Public Support percentage for 2022	lic Support Pe	ercentage divided by line 13	column (f))		15	9/2
13 14 Se 15	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	lic Support Pe (line 8, column (f), 1 Schedule A, Pai	ercentage divided by line 13 t III, line 15	, column (f))		15	
13 14 Se 15 16 Se	Other Income, Do not include galn or loss from the sale of capital assets (Explain in Part VI.) Total support, (Add lines 9, 100, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here section C. Computation of Public Public support percentage for 2022 Public support percentage from 2022 Public Support Public Suppor	lic Support Pe (line 8, column (1), 1 Schedule A, Pa stment Incom	ercentage divided by line 13 t III, line 15	column (f))		15 16	% %
13 14 Se 15 16 Se	Other Income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support, (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here section C. Computation of Public Public support percentage for 2022 Public support percentage from 2022 Public support percentage for 2022	lic Support Pe (line 8, column (f), 1 Schedule A, Par stment Incom 2022 (line 10c, col	ercentage divided by line 13 t III, line 15 ne Percentage umn (f), divided by	column (f)))	15 16	9/2
13 14 Se 15 16 Se 17	Other Income, Do not include galn or loss from the sale of capital assets (Explain in Part VI.) Total support, (Add lines 9, 100, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here section C. Computation of Public Public support percentage for 2022 Public support percentage from 202	lic Support Pe (line 8, column (f), 1 Schedule A, Par stment Incom 2022 (line 10c, col	ercentage divided by line 13 t III, line 15 ne Percentage umn (f), divided by	column (f)))	15 16 17 18	% % %
13 14 Se 15 16 Se 17	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here section C. Computation of Public Support percentage for 2022 Public support percentage from 202 ection D. Computation of Investment income percentage from 203 investment income 203 investment incom	lic Support Pe (line 8, column (f), 1 Schedule A, Par stment Incom 2022 (line 10c, col 2021 Schedule A e organization dic	divided by line 13 t III, line 15 ne Percentage umn (f), divided by A, Part III, line 17 I not check the box	column (f) line 13, column (f) c on line 14, and lin)ne 15 is more than	15 16 17 18 33 1/3%, and line	9/ 9/ 9/ 9 17 is not
13 14 Se 15 16 Se 17	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here contained from 2022. Public support percentage from 2022. Public support percentage from 2022. Investment income percentage from 203 investment income 20	lic Support Per (line 8, column (f), 1 Schedule A, Par stment Incom 2022 (line 10c, col 2021 Schedule A de organization dic	divided by line 13 t III, line 15 me Percentage umn (f), divided by A, Part III, line 17 I not check the boome organization quarter	column (f)) line 13, column (f) k on line 14, and line) ne 15 is more than supported organi	15 16 17 18 33 1/3%, and line zation	9% 9% 9% 9 17 is not
13 14 Se 15 16 Se 17	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here section C. Computation of Public Support percentage for 2022 Public support percentage from 202 Public support percentage from 202 Investment income percentage from 203 1/3% support tests - 2022. If the more than 33 1/3%, check this box 201 1/3% support tests - 2021. If the 201 Investment income percentage from 202 Investment Income percentage from 203 1/3% support tests - 2021. If the 201 Investment Income percentage from 203 1/3% check this box 201 Investment Income percentage from 203 1/3% support tests - 2021. If the 201 Investment Income percentage from 203 1/3% support tests - 2021.	lic Support Per (line 8, column (f), 1 Schedule A, Par stment Incom 2022 (line 10c, col 2021 Schedule A e organization dic and stop here. The	divided by line 13 t III, line 15 me Percentage umn (f), divided by A, Part III, line 17 I not check the box he organization quality of the check a box of	column (f)) line 13, column (f) k on line 14, and line alifies as a publicly) ne 15 is more than supported organi 9a, and line 16 is r	15 16 17 18 33 1/3%, and line zation more than 33 1/3%	9/ 9/ 9/ 9 17 is not
13 14 Se 15 16 Se 17 18	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here contained from 2022. Public support percentage from 2022. Public support percentage from 2022. Investment income percentage from 203 investment income 20	lic Support Per (line 8, column (f), 1 Schedule A, Par stment Incom 2022 (line 10c, col 2021 Schedule A re organization dic and stop here. The re organization dicects this box and	divided by line 13 till, line 15 ne Percentage umn (f), divided by A, Part III, line 17 I not check the book ne organization quality of the core as th	column (f)) line 13, column (f) k on line 14, and linelifies as a publicity on line 14 or line 15	ne 15 is more than supported organice, and line 16 is reas a publicly sup	15 16 17 18 33 1/3%, and line zation nore than 33 1/3% ported organization	9/ 9/ 9/ 9/ 9/ 9/ 17 is not

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990)

Part	IV Supporting Organizations (continued)	т	, 1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b	78.247.47.47.47.47.47.47.47.47.47.47.47.47.4	innejtjede i
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			TERRETT.
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		1650466	i teased
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	walastologo	resultante s
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			10000000
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations		1	
		a basel or distriction	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1 1	<u> </u>	<u> </u>
Sec	tion D. All Type III Supporting Organizations			т
		- made of Constitution	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	A0000000000000000000000000000000000000		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	vear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	905005	A players in
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	0600000		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			A ROWERS
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	105544666	6 64004890
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		10000	
	supported organizations played in this regard.	3	<u> </u>	<u> </u>
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 instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instructio	ns)	Т
2	Activities Test, Answer lines 2a and 2b below.	1250 CO (100 CO)	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	6.49.5		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		9. Printer
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			48 (1885)
	these activities but for the organization's involvement.	2b	Sa sulling	981 - 68968X
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	70,000		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	\$(0.850W) -	34 (48.58)	4655
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	10 9000	an alkari
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		

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

emergency temporary reduction (see instructions).

instructions).

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

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	HOMELESS CHILDREN'S PLAYTIME PROJECT	20-3380456
Organization type (chec		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule For an organize property) from Special Rules X For an organize sections 509(contributor, do	21(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speciation filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions in any one contributor. Complete Parts I and II. See instructions for determining a contribution described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or luring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of the complete Parts I and II.	s totaling \$5,000 or more (in money or ntributor's total contributions. support test of the regulations under or 16b, and that received from any one
For an organicontributor, diterary, or edi	zation described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received during the year, total contributions of more than \$1,000 exclusively for religious, char ucational purposes, or for the prevention of cruelty to children or animals. Complete mn (b) instead of the contributor name and address), II, and III.	ritable, scientific,
year, contribu is checked, e purpose. Dor	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tions exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year for an exclusivel of the complete any of the parts unless the General Rule applies to this organization bearitable, etc., contributions totaling \$5,000 or more during the year	totaled more than \$1,000. If this box ly religious, charitable, etc., ecause it received <i>nonexclusively</i>
answer "No" on Part I	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Sche V, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Forn ne filing requirements of Schedule B (Form 990).	edule B (Form 990), but it must m 990-PF, Part I, line 2, to certify

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

Employer identification number

HOMELESS CHILDREN'S PLAYTIME PROJECT

20-3380456

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$47,652.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$31,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (202

Employer identification number

HOMELESS CHILDREN'S PLAYTIME PROJECT

20-3380456

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
223453 11-1	5-22		Schedule B (Form 990) (2022)

Employer identification number

lame of organi	zation		Employor Idominion			
	CHILDREN'S PLAYTIME F	ъволяст	20-3380456			
Part III Ex fro	clusively religious, charitable, etc., contributions	s to organizations described in section rough (e) and the following line entry. Itable, etc., contributions of \$1,000 or les	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations as for the year. (Enter this info. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
_						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gif	t			
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			

(e) Transfer of gift

Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

HOMELESS CHILDREN'S PLAYTIME PROJECT

Employer identification number 20-3380456

Parl	1 Organizations Maintaining Donor Advised	Funds or Other Similar Fun	ids or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	iting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds car	n be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose conferring
	impermissible private benefit?		Yes No
Par			990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreati		on of a historically important land area
	Protection of natural habitat	Preservati	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the f	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)	
d	Number of conservation easements included in (c) acquired at	ter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated b	y the organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handlin	g of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, t	nandling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing con	servation easements during the year
			(-0/1)(/)(-0/1)
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)(l)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and exp	ense statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.		Ollow Cimilar Accets
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, C	or Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue staten	nent and balance sheet works
	of art, historical treasures, or other similar assets held for pub	ilic exhibition, education, or researd	h in furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	icial statements that describes thes	e items.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement	and balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research i	n furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<u> </u>
	(ii) Assets included in Form 990, Part X	***************************************	\$ <u></u>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for fir	nancial gain, provide
_	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
á	D this day Come 000 Doct VIII line 1		\$
	Assets included in Form 990, Part X		<u> \$</u>
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2022

232051 09-01-22

3 Using the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continues) 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection from check at that apply): a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IVI Scrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 900, Part N, line 9, or reported an amount on Form 900, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 1b If 'Yes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1c Amount 1c Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 1b If Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 1c Administrative expanses 4 Carrent year (b) Prior year (c) Two years back (d) Times years back (e) Four year (e) Two years back (e) Four years (e) Two years back (e) Four years (e) Four years (e) Four years (e) F	Schedu	ile D (Form 990) 2022 HOMELESS	CHILDREN'	S PLAY	TIME	PROJECT		0-338			_{1e} 2
collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarity research e Other	Part	III Organizations Maintaining Co	ollections of Art	, Historica	al Trea	sures, or Oti	her Similar	Assets	(continu	ed)	
a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be mainteined as part of the organization's collection? Part XII Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Beginning balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part XII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Contributions A definishing the arrangement in Part XIII, Check here if the explanation has been provided on Part XIII A definishing that are arrangement in Part XIII the explanation answered "Yes" on Form 990, Part X, line 10. Contributions A the investment carnings, gains, and losses of Grants or scholarships C Net investment carnings, gains, and losses of Grants or scholarships G Harring the year and Carning the year end balance (line 1g, column (a)) held as: B Board designated or qualendowment 96 C Term endowment 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a A rethere endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Rel	3 (Jsing the organization's acquisition, accession	n, and other records	, check any	of the fo	llowing that mak	e significant u	se of its			
Scholarly research Scholarly research Scholarl	C	ollection items (check all that apply):									
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5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1d Amount 1d Am	c	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Complete it deficiency Amount Complete it deficiency Contributions during the year Contributions Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions Contributio	4 F	Provide a description of the organization's co	llections and explain	how they fu	rther the	organization's e	exempt purpos	e in Part X	CHI.		
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on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1e		reported an amount on Form 990, Par	t X, line 21.								
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for escre	ow or cu	stodial account l	iability?		-	<u> </u>	No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years		If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation ha	s been p	provided on Part	XIII	**********			
1a Beginning of year balance 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 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a	Par	tV Endowment Funds. Complete						roare back	(a) Four	Vears	back
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 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment (line 1g, column (a)) held as: a Board designated or quasi-endowment year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1g, column (a)) held as: a Board designated or quasi-endownent year end balance (line 1			(a) Current year	(b) Prior	year	(C) TWG years Da	ick (d) isince y	CRI 3 DOOK	(6) 1 021	youro	30071
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 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	C	Net investment earnings, gains, and losses									
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships									
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е	Other expenditures for facilities	:								
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses									
a Board designated or quasi-endowment	g	End of year balance							<u> </u>		
b Permanent endowment	2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, co	olumn (a)) held as:					
b Permanent endowment	а										
c Term endowment		_									
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.			_%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	За	Are there endowment funds not in the posse	ession of the organiz	ation that are	e held ar	nd administered	for the		r		r
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.										Yes	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.				,,,			,		3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.		(ii) Related organizations							3a(ii)		
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.	h	If "Ves" on line 3a/ii), are the related organiz	ations listed as requ	ired on Sche	dule R?	*************************	*****		. 3b		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.		d VI Land, Buildings, and Equipr	nent.								
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book va		Complete if the organization answer	ed "Yes" on Form 99	0, Part IV, lir	ne 11a, S	See Form 990, P	art X, line 10.				
basis (investment) basis (other) depreciation		Description of property	, , ,						(d) Boo	k valu	e
1a Land	10	Land									
h Buildings			1								
39,519. 38,949.					3	39,519.					70.
d Equipment 31,717. 25,673. 6,					3	31,717.					44.
18,563. 18,064.					1	L8,563.	18,0	64.			99.
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Tota	I Add lines 1a through 1e. (Column (d) must	equal Form 990. Pai	rt X, column	(B), line 1	10c,)					13.

Schedule D (Form 990) 2022

chedule D (Form 990) 2022 HOMELESS CHI Part VII Investments - Other Securities.			
Part VIII Investments - Other Securities. Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	C 000 Dort N/ lin	o 11c See Form 990 Part X line 13.	
Complete if the organization answered "Yes"	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(a) Description of investment	(B) DOW VAIDE	(c) monoc or relative	
(1)			
(2)			
(3)		,	
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	(%) De alcuelus
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	DA 75)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.		to at the protest Page Form 990 Part X lin	a 25.
Part X Other Liabilities. Complete if the organization answered "Yes		ine 11e or 11f. See Form 990, Part X, lin	e 25. (b) Book value
Complete if the organization answered "Yes 1. (a) Description of liability		ine 11e or 11f. See Form 990, Part X, lin	e 25. (b) Book value
Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes	" on Form 990, Part IV, li	ine 11e or 11f. See Form 990, Part X, lin	(b) Book value
Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY	" on Form 990, Part IV, li	ine 11e or 11f. See Form 990, Part X, lin	e 25. (b) Book value 88,668 8,561
Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes	" on Form 990, Part IV, li	ine 11e or 11f. See Form 990, Part X, lin	88,668
Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) FINANCE LEASE LIABILITY (4)	" on Form 990, Part IV, li	ine 11e or 11f. See Form 990, Part X, lin	88,668
Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) FINANCE LEASE LIABILITY	" on Form 990, Part IV, li	ine 11e or 11f. See Form 990, Part X, lin	88,668

97,229. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

(7) (8)

Cabadu	ıla D	(Earn	agan)	202

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization HOMELESS CHILDREN'S PLAYTIME PROJECT 20-3380456 SECTION B, LINE 11B: FORM 990, PART VI, THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE EXECUTIVE DIRECTOR. A FINAL COPY OF THE FORM 990 WAS PROVIDED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, DIRECTORS AND PRINCIPAL OFFICERS MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A

MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES THE GOVERNING BOARD OR COMMITTEE NOT PRODUCING A CONFLICT OF INTEREST, SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR

Schedule O (Form 990) 2022 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232211 10-28-22

Name of the organization HOMELESS CHILDREN'S PLAYTIME PROJECT	Employer identification number 20-3380456
ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN	CONFORMITY WITH
THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO W	HETHER TO ENTER
INTO THE TRANSACTION OR ARRANGEMENT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTORS SETS AND APPROVES THE SALARY RATE A	ND ANNUAL
INCREASES OF THE EXECUTIVE DIRECTOR. IN 2022, THE HOMELESS	CHILDREN'S
PLAYTIME PROJECT UTILIZED A SALARY SURVEY OF LOCAL DC NONP	ROFITS THAT
COMPARES ORGANIZATION SIZE WITH RANGE OF SALARIES FOR VARI	OUS POSITIONS.
THE BOARD USED THIS DATA, AND GAVE CONSIDERATION TO THE EX	ECUTIVE
DIRECTOR'S MASTER'S DEGREE AND PROFESSIONAL LICENSE, NUMBE	R OF YEARS IN THE
FIELD, LONGEVITY WITH THE ORGANIZATION IN SETTING COMPENSA	TION. ANNUALLY,
THE BOARD OF DIRECTORS REVIEWS ALL SALARIES AND MAKES RECO	MMENDATIONS
WHETHER TO GRANT ANNUAL COST OF LIVING INCREASES FOR ALL S	TAFF OR WHETHER
ANY MARKET-BASED ADJUSTMENTS IN SALARIES NEED TO BE MADE.	ALL COMPENSATION
UPDATES ARE KEPT IN THE ORGANIZATION'S PERSONNEL FILES. TH	E MOST RECENT
REVIEW TOOK PLACE IN MARCH 2023.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCI	AL STATEMENTS
AVAILABLE UPON REQUEST.	