PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. CT-0149050

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www irs gov/form990

B Orese, PLAYING FOR CHANGE FOUNDATION Displacement of the properties of the prop	A F	or the	2013 calendar year, or tax year beginning and	ending	_	
Dough Business As			C Name of organization		D Employer identifi	cation number
Description			PLAYING FOR CHANGE FOUNDATION			
Number and street (or 17.0. 5or it has it shot oldered to street aboress) Sal 10 Main STRBET, THE ANNEX \$310 - 558 - 290 \$310 Main STRBET, THE ANNEX \$310 - 558 - 290 \$\$310 Main STRBET, THE ANNEX \$310 + 558 - 290 \$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		_lchange				
SANTA MONICA, CA 90405 Fame and address of principal officer.ELIZABETH HUNTER SAME AS C ABOVE Fame and address of principal officer.ELIZABETH HUNTER SAME AS C ABOVE Fame and address of principal officer.ELIZABETH HUNTER SAME AS C ABOVE Fame and address of principal officer.ELIZABETH HUNTER SAME AS C ABOVE Fame and address of principal officer.ELIZABETH HUNTER SAME AS C ABOVE Fame of praincipation:		_lreturn □Termin	,	Room/suite		
Final Processor SAME AS C ABOVE I Tax-exempt status: XI 901(c)(3)		Ameno return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	672,529.
Finame and address of principal officer: BLIT ARBETH NUNTER SABOYE SAB		_ltion	SANTA MONICA, CA 90403		_	
Tax-exempt status:		•	F Name and address of principal officer: LLLZABLTH HUNTER			······ — —
J Webster: WWW.PLAYINGFORCHANGE.ORG Hcj Group exemption number Norm of organization: X Corporation Trust Association Other Year of formation: 2007 M State of legal domicile: CA Part Summary		37-676		or 527	1	
Format Summary 1				021	1,	
1 Briefly describe the organization's mission or most significant activities: PROVIDING RESOURCES TO MUSICIANS AND THEIR COMMUNITIES AROUND THE WORLD. 2 Check this box Lift the organization discontinuous or disposed of more than 25% of its net assets. 3 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.4 1.			·	L Year		
AND THEIR COMMINITIES AROUND THE WORLD. 2 Check this box ▶	Pa			•	•	-
Solution	тсе	1	Briefly describe the organization's mission or most significant activities: PROVI	IDING	RESOURCES T	O MUSICIANS
Solution	rnar		. []	sed of more	than 25% of its net as	ssets.
Solution	эле					
Solution	ğ					14
Solution	es {					_
Solution	iviti	6	Total number of volunteers (estimate if necessary)		6	
Revenue Sessemble Sessem	Act	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Total assets (Part IX, column (A), line 11e) 19 Total assets (Part IX, column (A), line 11e) 20 Total assets (Part IX, column (A), line 11e) 20 Total assets (Part IX, column (A), line 11e) 20 Total assets (Part IX, column (A), line 11e) 21 Total assets (Part IX, ine 16) 22 Total assets (Part IX, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total liabilities (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total assets of und balances. Subtract line 21 from line 20 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Part II Signature Block 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total liabilities (Part X, line 26) 27 Total assets of perjury, I declare that I have examined this return, including accompanyin		b	Net unrelated business taxable income from Form 990-T, line 34	·····		
9				<u> </u>		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 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. PrimiType or print name and title	ıne		. (5			-
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 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. PrimiType or print name and title	ver				-	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 751,124 672,529 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Re					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 190,798 195,456 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 190, 798. 195, 456. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.					_	
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19 Revenue less expenses. Subtract line 18 from line 12						
Beginning of Current Year End of Year						
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. Sign Here THEA NASH, PROG/FINANCE DIR Type or print name and title Print/Type preparer's name LAUREN HAVERLOCK Preparer Firm's name YH ADVISORS, INC. Firm's name Firm's address 7755 CENTER AVENUE, SUITE 1225 HUNTINGTON BEACH, CA 92647 Phone no.310-982-2804	es SS		Revenue less expenses. Subtract line 18 from line 12	Ro		
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THEA NASH, PROG/FINANCE DIR Type or print name and title Print/Type preparer's name LAUREN HAVERLOCK Preparer Use Only Firm's address 7755 CENTER AVENUE, SUITE 1225 HUNTINGTON BEACH, CA 92647 Programs of the progr	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.	
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Type or print name and title Print/Type preparer's name LAUREN HAVERLOCK Preparer Firm's name YH ADVISORS, INC. Firm's address 7755 CENTER AVENUE, SUITE 1225 HUNTINGTON BEACH, CA 92647 Preparer Type or print name and title Preparer's signature Date Check PTIN Firm's EIN P00545829 Pono 545829 Phone no. 310 - 982 - 2804					Date	
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Paid LAUREN HAVERLOCK Firm's name YH ADVISORS, INC. Firm's EIN 45-3269313 Use Only Firm's address 7755 CENTER AVENUE, SUITE 1225 HUNTINGTON BEACH, CA 92647 Phone no. 310-982-2804			· · · · · · · · · · · · · · · · · · ·	П	Date Check	TÎ PTIN
Preparer Use Only Firm's address 7755 CENTER AVENUE, SUITE 1225 HUNTINGTON BEACH, CA 92647 Phone no.310-982-2804	Paid	,			if	
Use Only Firm's address 7755 CENTER AVENUE, SUITE 1225 HUNTINGTON BEACH, CA 92647 Phone no.310-982-2804						
HUNTINGTON BEACH, CA 92647 Phone no.310-982-2804						
May the IRS discuss this return with the preparer shown above? (see instructions)					Phone no.31	0 - 982 - 2804
	May	the IF	S discuss this return with the preparer shown above? (see instructions)	<u></u>	· · · · · · · · · · · · · · · · · · ·	X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CREATE POSITIVE CHANGE THROUGH MUSIC AND ARTS EDUCATION BY SUPPORTING
	MUSIC SCHOOLS AND PROGRAMS THAT ARE CREATED AND OPERATED BY THE LOCAL
	COMMUNITY, AND THEN PURPOSEFULLY CONNECT THOSE COMMUNITIES AROUND THE
	WORLD.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 346,184. including grants of \$) (Revenue \$)
	TO DATE, THE PLAYING FOR CHANGE FOUNDATION HAS CREATED EIGHT MUSIC
	PROGRAMS, INCLUDING THE CONSTRUCTION OF THREE MUSIC SCHOOLS IN SOUTH
	AFRICA, GHANA, AND MALI, AND THE CREATION OF ADDITIONAL PROGRAMS IN RWANDA AND IN SEVERAL LOCATIONS IN NEPAL. MORE THAN 600 CHILDREN
	PARTICIPATE IN FREE CLASSES EACH WEEK AND SUBJECTS INCLUDE SONG, DANCE, PLAYING INSTRUMENTS, TEACHING CULTURAL TRADITIONS, AND, IN SOME CASES,
	BASIC LITERACY. BY PROVIDING CHILDREN A SAFE PLACE TO LEARN, FLOURISH,
	AND EXPRESS THEMSELVES, PFCF OFFERS A CREATIVE ALTERNATIVE TO THE
	STRUGGLES MANY OF THESE CHILDREN FACE DAILY. EACH PROGRAM IS EVALUATED
	ANNUALLY AND BOTH CHILDREN AND INSTRUCTORS HAVE THE OPPORTUNITY TO
	SHARE WITH US WHAT THEY ARE LEARNING AND TO HELP US UNDERSTAND HOW WE
	CAN CONTINUE TO PROVIDE GREAT LEARNING OPPORTUNITIES TO THEM THAT
4b	(Code:) (Expenses \$ 30,667. including grants of \$) (Revenue \$
	PLAYING FOR CHANGE DAY IS A CREATIVE DAY OF ACTION THAT USES THE
	UNIVERSAL POWER OF MUSIC TO CREATE POSITIVE SOCIAL CHANGE. MUSICIANS
	FROM ALL OVER THE WORLD PERFORM ON STAGES, STREET CORNERS, SCHOOLS,
	YOGA STUDIOS, AND CAFES TO BRING MUSIC INTO THE LIVES OF YOUNG PEOPLE.
	IN RESPONSE TO THE ENTHUSIASM OF THOSE INSPIRED BY 'SONGS AROUND THE
	WORLD' AND THE MISSION OF THE PLAYING FOR CHANGE FOUNDATION, PFC DAY
	WAS BORN SO THAT EVERYONE COULD GET INVOLVED AND BECOME A PART OF OUR
	GLOBAL COMMUNITY. ALIGNS WITH OUR OVERARCHING ORGANIZATIONAL MISSION OF
	CREATING POSITIVE CHANGE THROUGH MUSIC AND ARTS EDUCATION. OUR DIRECT
	PROGRAMS ALSO PARTICIPATE IN PFC DAY AND THE PERFORMING THEY DO IN
	FRONT OF A GROUP, COLLECTIVELY AND ON STAGE IS PART OF THEIR
	PROGRAMMATIC GROWTH AND CURRICULUM GOALS. PFC DAY ALSO BRINGS AWARENESS
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 376,851.
332002	Form 990 (2013)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	.70		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			aan	(0040)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 21
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38	Λ	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Î			
	filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ทร?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)s				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accoun	ts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		· · · · · · · · · · · · · · · · · · ·	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		ľ	7f	/	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, a			7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time	during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		NT / 7	_		
а	Did the organization make any taxable distributions under section 4966?		N/A	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A	ا ءمد ا				
a		10a				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
		11a				
a b	Gross income from members or shareholders N/A Gross income from other sources (Do not net amounts due or paid to other sources against	Ha				
b		11b				
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	i	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
4	Note. See the instructions for additional information the organization must report on Schedule O.					
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the consideration we site and a second of the fact of the second of			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
	, The same property of the sam				990	(2013)

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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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X							
Sec	tion A. Governing Body and Management												
					Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14										
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.												
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other											
	officer, director, trustee, or key employee?			2	X								
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision											
	of officers, directors, or 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 9	990 was filed?	L	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	L	5		X							
6													
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or											
	more members of the governing body?		L	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or											
	persons other than the governing body?		L	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year												
а	The governing body?			8a	X								
b	Each committee with authority to act on behalf of the governing body?			8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached at the											
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X							
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)											
			_		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?		L	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	•											
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot\cdot\cdot}$		L	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the forr	n?	11a	X								
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
12a	* * * * * * * * * * * * * * * * * * * *			12a	<u> </u>								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	***************************************		12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe			7.7								
	in Schedule O how this was done			12c	X								
13	Did the organization have a written whistleblower policy?			13	X								
14	Did the organization have a written document retention and destruction policy?			14	X								
15	Did the process for determining compensation of the following persons include a review and approve												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				77								
	The organization's CEO, Executive Director, or top management official			15a	X								
b	Other officers or key employees of the organization			15b	X								
10	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					Х							
	taxable entity during the year?			16a									
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluating in its base to a great a second to be a second												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			164									
800	exempt status with respect to such arrangements?			16b									
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►CA												
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.	[(Section 501/c)(3)c c	nly) as	zilah	اما								
10	for public inspection. Indicate how you made these available. Check all that apply.	1 (Occion 30 1(c)(3)8 C	nny) av	andD	i c								
		in Schedule O)											
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co		v and	finan	cial								
13	statements available to the public during the tax year.	ornilor or interest bolic	y, ariu	midi	oiai								
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the oran	anizati	on: 🕨									
20	JAN LANGER - 310-558-2900	na records or the orga	ai IIZALI	OH.									
	3110 MAIN STREET, THE ANNEX, SANTA MONICA, CA 904	.05											
	VIIIII , IIII IIIIIII , VIIIIII IIVIII CII, VII JUI												

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per	box	not ch	neck ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer D		Highest compensated shaployee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BRIAN APPLESTEIN	2.00	x		Х				0.	0.	0
PRESIDENT (2) LARRY AMES	2.00	<u> </u>	Н	Λ				0.	0.	0.
VICE PRESIDENT	2.00	X		х				0.	0.	0.
(3) WHITNEY KROENKE	2.00	^		Λ				0.	0.	0.
SECRETARY	2.00	X		Х				0.	0.	0.
(4) JEREMY GOULDER	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) MARK JOHNSON	2.00									
MEMBER		Х						0.	0.	0.
(6) DAVE BACON	2.00									
MEMBER		Х						0.	0.	0.
(7) SEEMA TIKARE	2.00									
MEMBER		Х						0.	0.	0.
(8) JOEL GOULDER	2.00								_	_
MEMBER		Х						0.	0.	0.
(9) GREG JOHNSON	2.00								_	_
MEMBER		Х						0.	0.	0.
(10) RAAN WILLIAMS	2.00								_	
MEMBER		Х						0.	0.	0.
(11) TOMAGO COLLINS	2.00									
MEMBER		Х						0.	0.	0.
(12) THOMAS GRIMM	2.00								_	•
MEMBER	2 00	Х						0.	0.	0.
(13) KEVIN KRUPITZER	2.00	٠,,								0
MEMBER	2 00	Х	Н					0.	0.	0.
(14) HEATHER BACON	2.00	Į.,							0	0
MEMBER	40.00	Х	\vdash					0.	0.	0.
(15) ELIZABETH HUNTER EXECUTIVE DIRECTOR	40.00	1		х				87,000.	0.	0.
(16) THEA NASH	40.00	\vdash	H	Λ				07,000.	0.	<u> </u>
PROGRAMS & FINANCE DIRECTO	40.00	1		х				48,152.	0.	2,910.
			H					10,2020		
		1								
		•	_		_	•	_	•	•	

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Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghes	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box,	not cl unle	Positheck riss per add a direct	tion more to son is	than c s both	n an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on d	am	(F) timate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga and	oensa om the anizat d relat nizatie	e ion ed
	Sub-total							\	135,152.		0.			
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)							>	135,152.		0.			
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100	0,000 of reportab	le			0
3	Did the organization list any former officer,												Yes	No
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le cc	mpe	ensa	tion	and	oth				3		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp	ccrue compe	nsati	ion f	rom	any	unre	elate				5		X
	tion B. Independent Contractors									•				
1	Complete this table for your five highest conthe organization. Report compensation for t								the organization's tax		npens			
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C omper		<u> </u>
2	Total number of independent contractors (ir \$100,000 of compensation from the organization from the organization)		ot lir	nite	d to	thos 0		ted	above) who received n	nore than			200 "	

					onse	or note to any lin	e in this Part VIII			
			Check if Schedule O cont			,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1	а					
e a		b	Membership dues	11	0					
s, C Am			Fundraising events							
ᆵ			Related organizations							
E, C			Government grants (contribut		•					
fion		f	All other contributions, gifts, gran	ts, and						
t per			similar amounts not included abor	ve 1 1	:	672,511.				
ige Q		g	Noncash contributions included in lines							
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f				672,511.			
						Business Code				
é	2	а								
ه چَ		b								
S		С								
eve		d								
Program Service Revenue		е								
<u>r</u>		f	All other program service reve	nue						
			Total. Add lines 2a-2f							
	3		Investment income (including							
			other similar amounts)			>	18.			18.
	4		Income from investment of tax							
	5		Royalties							
				(i) Rea	ıl	(ii) Personal				
	6	а	Gross rents							
		b	Less: rental expenses							
		С	Rental income or (loss)							
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Securi	ties	(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses							
		С	Gain or (loss)							
			Net gain or (loss)							
ō	8	а	Gross income from fundraising	g events (n	ot					
enc			including \$	of						
ě			contributions reported on line	1c). See						
Other Revenu			Part IV, line 18		а					
手			Less: direct expenses							
_		С	Net income or (loss) from fund	draising eve	nts	_				
	9	а	Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses							
		С	Net income or (loss) from gam	ning activitie	es					
	10	а	Gross sales of inventory, less							
			and allowances							
		b	Less: cost of goods sold		b					
		С	Net income or (loss) from sale	s of invento	ory	>				
			Miscellaneous Revenu	e		Business Code				
	11	а								
		b								
		С								
			All other revenue							
		е	Total. Add lines 11a-11d				C70 F00		^	10
33200	12		Total revenue. See instructions.				672,529.	0.	0.	18.
33200 10-29	-13									Form 990 (2013)

Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 062	70 542	22 710	24 000
_	trustees, and key employees	138,062.	70,543.	32,719.	34,800.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	57,394.	21,824.	19,720.	15,850.
8	Pension plan accruals and contributions (include	31,354	21,024	20,1204	23,0301
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
	Legal	2,500.		2,500.	
	Accounting	9,380.		9,380.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	00 000	21 747	22 175	04 100
	column (A) amount, list line 11g expenses on Sch O.)	89,022.	31,747.	33,175.	24,100.
12	Advertising and promotion	6,606.			0,000.
13	Office expenses	11,545.	1,800.	8,545.	1,200.
14 15	Information technology	11,545.	1,000.	0,343.	1,2001
16	Royalties	68,494.	34,343.	24,696.	9,455.
17	Occupancy Travel	14,284.	4,069.	6,146.	4,069.
18	Payments of travel or entertainment expenses	, -	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 252		2 2 2 2 2	
23	Insurance	3,879.		3,879.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MUSIC PROGRAMS	211,284.	211,284.		
b	TAXES, LICENSES & FEES	6,482.	1,241.	5,241.	
С	POSTAGE + PRINTING	5,144.	0.	2,744.	2,400.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	624,076.	376,851.	148,745.	98,480.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2013)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 96,568. 141,530. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 17,265. 29,652. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 2,945. 1,380. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 34,261. 22,716. Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 182,891. 163,426. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 79,883. 59,267. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties _____ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 79,883. 59,267. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 80,424. 123,624. 27 Unrestricted net assets 27 3,119. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 83,543. 123,624. 33 Total net assets or fund balances 33 163,426. 182,891.

Form **990** (2013)

34

Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1			29.
2	Total expenses (must equal Part IX, column (A), line 25)	2			76.
3	Revenue less expenses. Subtract line 2 from line 1	3			53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	3,5	43.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-	8,3	72.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	12	3,6	24.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	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 in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

			FOR CHANGE						2	0-8568	061	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:.) See inst	tructions.				
The organ 1	A church, con A school des A hospital or A medical res	nvention of churches cribed in section 17 a cooperative hospi search organization o	because it is: (For lines of the control of the con	ches desc hedule E.) described	ribed in se in section	ection 170	(b)(1)(A)(i) (A)(iii).		i). Enter	the hospita	l's nam	ne,
5	A federal, sta An organizati section 170(A community An organizati activities rela income and to See section An organizati An organizati more publicly describes the a Type I By checking foundation m If the organiz supporting of Since Augus (i) A perso the gove (ii) A family (iii) A 35% of	ton operated for the (b)(1)(A)(iv). (Complete, or local governm ion that normally rector) (1)(A)(vi). (Complete trust described in some ion that normally rector) (ted to its exempt further that normally rector) (Complete ion organized and operated organized and other than an agers and other than an acceptance of supported organized and other than an acceptance of supported organized and other than an acceptance of supported organized and other than acceptance or supported organized or than acceptance or supported or	ent or governmental uniterives a substantial part of the Part II.) section 170(b)(1)(A)(vi). (eives: (1) more than 33 metions - subject to certal axable income (less sections) and the Part III.) perated exclusively to test organization and complete per III. at the organization is not than one or more publicly then determination from the programization accepted are irrectly controls, either all	t described of its supp (Complete 1/3% of its ain exceptition 511 taust for public benefit on 509(a)(ete lines 1 ype III - Function 1 y supported the IRS that any gift or cone or togor (ii) above	d in section and Part II.) support from a support from support from such and (in x) from but it is safety. Such and it is a support from section ally a directly out organized at it is a Tymontribution ether with support from the support from th	on 170(b)(1) government rom contri 2) no more sinesses a See section rom the fun on 509(a)(2) in 11h. integrated or indirectly ations descripe I, Type in from any persons of	butions, me than 33 1 acquired beneficions of, 2). See second by one or cribed in sull, or Type of the following the soul of the s	nembershi 1/3% of its 1/3% of its 1/3 or to carr 1. Typ 1 Typ 1 Typ 1 r more dis 1 ection 509 2 III	p fees, as support anization by out the all - No qualified $\Theta(a)(1)$ or sons?	public description of the purposes of the box on-functional persons of the section 50% of the purpose of the purpose of the purpose of the purpose of the persons of the section 50% of the purpose of th	of one that the the the the the the the the the th	from tment 75. or
. ,	of supported anization	(ii) EIN	(described on lines 1-9	(iv) Is the o in col. (i) lis governing	sted in your document?	organizat (i) of you	ion in col. support?	(vi) Is organizatio (i) organiz U.S	ed in the	(vii) Amoun sup	t of mo	netary
			(000 mon 20110))	Yes	No	Yes	No	Yes	No			
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	192,911.	636,423.	676,805.	710,507.	672,511.	2,889,157.
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						
4	Total. Add lines 1 through 3	192,911.	636,423.	676,805.	710,507.	672,511.	2,889,157.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,338,474.
6	Public support. Subtract line 5 from line 4.						1,550,683.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	192,911.	636,423.	676,805.	710,507.	672,511.	2,889,157.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	182.	538.	37.	40,019.	18.	40,794.
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 IV.)			2,139.			2,139.
11	Total support. Add lines 7 through 10						2,932,090.
12		etc. (see instruction	ons)			12	598.
13	First five years. If the Form 990 is for	r the organization's				n 501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) d	ivided by line 11, c	column (f))		14	52.89 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	49.60 %
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	·			\ X
k	33 1/3% support test - 2012. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			> □
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		>
k	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ		•		•		
18	Private foundation. If the organization		· ·		,		
	<u> </u>		,	. ,		dule A (Form 990	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and		, , , , , , , , , , , , , , , , , , ,	, ,	` '		.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		, , , , , , , , , , , , , , , , , , ,	, ,	, ,		.,
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and stop here	•		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

	Complemental Information	20-8568061 _{Pa}
art IV	(Form 990 or 990-EZ) 2013 PLAYING FOR CHANGE FOUNDATION Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

F	PLAYING FOR CHANGE FOUNDATION	20-8568061								
Organization type (check	cone):									
Filers of:	ers of: Section:									
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization	X 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation									
	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									
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.								
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in manplete Parts I and II.	oney or property) from any one								
Special Rules										
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.									
total contribution	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.									
contributions for If this box is che purpose. Do not	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year									
Caution. An organization	that is not covered by the General Rule and/or the Special Rules does not file Schedule E	3 (Form 990, 990-EZ, or 990-PF),								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

PLAYING FOR CHANGE FOUNDATION

20-8568061

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 225,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$14,266.	Person X Payroll

Name of organization **Employer identification number**

PLAYING FOR CHANGE FOUNDATION

20-8568061

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
		- Γ Ψ	
(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
		-	
		- - -	
202452 10 0		Schedule R (Form 6	990-F7 or 990-PF\ (2013)

Name of orga	nization	Employer identification number							
PLAYTN	G FOR CHANGE FOUNDATIO)N	20-8568061						
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to section 501(c)(7) the following line entry. For organizations tc., contributions of \$1,000 or less for the), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter a year. (Enter this information 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, a	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								
-	Transferee's name, address, a	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						
-			_						
-									
	Transferee's name, address, a	(e) Transfer of gift	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, a	nd ZIP + 4	Relationship of transferor to transferee						
Ι.									

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization	Employer identification numbe					
PLAYING FOR CHA	NGE FOUN	ПАТТОМ			20-856806	1
			tside the United States. Compl	ete if the organ		
Form 990, Part IV			ionale arre errices e acces e compi	oto ii tilo orgai	iization answered	00 011
		n maintain record	ds to substantiate the amount of its gr	ants and other	assistance,	
			the selection criteria used to award th			Yes No
-	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance out	side the
United States.						
			an be duplicated if additional space is			I
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region (by type) (e.g., fundraising, program		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and	services, investments, grants to		e specific type	for and
	in the region	independent contractors	recipients located in the region)		ce(s) in region	investments in region
		in region		MUSIC & DAM	ICE CCHOOL C	irregion
					AL PROGRAMS:	
					ON OF SCHOOLS,	
SUB-SAHARAN AFRICA		27	PROGRAM SERVICES	SUPPLIES OF	•	153,106
					RAM: SUPPLIES	200,200
					INSTRUMENTS	
				AND OTHER I		
SOUTH ASIA	0	45	PROGRAM SERVICES		ON TO TEACHERS	47,105
-						
3 a Sub-total	0	72				200,211
b Total from continuation		· -				
sheets to Part I	0	0				0.
c Totals (add lines 3a						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

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Schedule F (Form 990) 2013

200,211.

and 3b)

Schedule	F (Form 990) 2013	PLAYING	FOR	CHANGE	FOUNDATION	20-8568061
Part II	Grants and Other As	ssistance to Organiz	ations (or Entities Ou	tside the United States	c. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who receive	ed more than \$5,000. I	Part II c	an be duplicat	ted if additional space is	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	xempt by				
the IRS, or for which t	he grantee or counse	el has provided a section	n 501(c)(3) equivalency letter							
3 Enter total number of	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities									

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes"	on Form 990, Parl	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

Part V **Supplemental Information**

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

PART I, LINE 2:

EXPLANATION: THE PLAYING FOR CHANGE FOUNDATION ESTABLISHES A BUDGET WITH OUR PARTNERS IN COUNTRY FOR THE CONSTRUCTION, SUPPORT AND OPERATIONS OF THE MUSIC SCHOOL/PROGRAM. PFCF OBTAINS THE NECESSARY RECORDS AND WIRES THE APPROPRIATE FUNDS RELATED TO THE BUDGET AND SUPPORTING DOCUMENTATION. THE EXPENDITURES ARE ALLOCATED FOR CONSTRUCTION, OPERATIONAL COSTS (E.G. UTILITY, TRANSPORT, ETC), COMPENSATION TO TEACHERS , ADMINISTRATORS AND CERTAIN KEY PROGRAM COORDINATORS AS WELL AS NECESSARY TRAVEL EXPENSES. ALL WIRES CLEARLY INDICATE THE AMOUNT AND DIRECTLY RELATED EXPENDITURE. ALL DOCUMENTS ARE KEPT ON FILE AT THE PFCF'S UNITED STATES OFFICE IN LOS ANGELES.

PART I, LINE 3:

EXPLANATION: PFCF PROGRAM DIRECTOR AND IN-COUNTRY PROGRAM COORDINATORS MAINTAIN CONSISTENT COMMUNICATION VIA SKYPE AND PHONE. PFCF RECEIVES REGULAR UPDATES, INCLUDING PICTURES, VIDEO, BLOGS, SCHEDULES, **UPDATES** FROM THE FIELD, AS WELL AS VIDEO OF CLASSES TAKING PLACE, COMMUNICATION WITH STUDENTS, ETC. PFCF PROGRAM COORDINATOR AND/OR DIRECTOR AND ANY NECESSARY STAFF MAKE AT MINIMUM AN ANNUAL VISIT TO ALL PROGRAMS. PFCF HAS BEEN ON THE GROUND PRIOR TO ALL BUILDING CONSTRUCTION AND IMPLANTATION OF THE CURRENT MUSIC PROGRAMS IN PLACE. PFCF WORKS WITH THE COMMUNITY, ELDERS/APPROPRIATE GOVERNMENT MEMBERS AND ESPECIALLY THE PARTNERS AND MUSICIANS TO ESTABLISH THE GOALS, PRIORITIES AND IMPLEMENTATION OF THE MUSIC SCHOOL/PROGRAM.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
(E) SPECIFIC TYPES OF SERVICES IN REGION: MUSIC & DANCE SCHOOLS AND
CULTURAL PROGRAMS: CONSTRUCTION OF SCHOOLS, SUPPLIES OF MUSICAL
INSTRUMENTS AND OTHER SCHOOL SUPPLIES, COMPENSATION TO TEACHERS AND
ADMINISTRATORS.
REGION: SOUTH ASIA
(E) SPECIFIC TYPES OF SERVICES IN REGION: MUSIC PROGRAM: SUPPLIES OF
MUSICAL INSTRUMENTS AND OTHER ITEMS, COMPENSATION TO TEACHERS AND
ADMINISTRATORS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2013
Open to Rublic

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

PLAYING FOR CHANGE FOUNDATION

Employer identification number 20-8568061

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

STRENGTHEN THEIR SENSE OF THEMSELVES, THEIR COMMUNITIES AND THEIR PLACE
IN THE GLOBAL COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TO THE REGIONS WHERE OUR OTHER PROGRAMS ARE AND IS FOCUSED ON PLAYING MUSIC WITH A GRASSROOTS MENTALITY.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: MARK JOHNSON AND GREG JOHNSON HAVE A FAMILY RELATIONSHIP.

HEATHER BACON AND DAVE BACON HAVE A FAMILY RELATIONSHIP. JOEL GOULDER AND JEREMY GOULDER HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 IS REVIEWED IN DETAIL BY THE PROGRAM AND FINANCE DIRECTOR AND THE BOOKKEEPER TO ENSURE THAT EVERYTHING REPORTED ON THE RETURN IS ACCURATE. UPON APPROVAL OF THE DRAFT OF THE RETURN, THE CPA FIRM PREPARING THE RETURN WILL MAKE ANY NECESSARY CHANGES. A COPY OF THE FINAL FORM 990 WILL BE FORWARDED TO THE ENTIRE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE CONFLICT OF INTEREST POLICY IS MONITORED BY ALL BOARD

MEMBERS HAVING REVIEWED AND SIGNED THE POLICY. IN THE EVENT AN INTERESTED

PARTY BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST, THE BOARD IS

NOTIFIED. IF THERE IS UNCERTAINTY, THE BOARD PRESIDENT CONSULTS WITH LEGAL

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

Schedule O (Form 990 or 990-EZ) (2013)

332211

09-04-13

CONFLICT OF INTEREST.

Employer identification number 20-8568061

COUNSEL AND CONVEYS THE RECOMMENDATION TO THE BOARD. PROCEDURES ARE IN

PLACE TO ADDRESS THE CONFLICT OF INTEREST INCLUDING FACTS, QUESTIONS, THE

INTERESTED PARTY RECUSES HIMSELF OR HERSELF FROM THE BOARD'S DELIBERATIONS

ON THE MATTER. THE INTERESTED PARTY WILL ABSTAIN FROM VOTING ON THE MATTER

AND WILL NOT BE PRESENT DURING VOTING. THERE ARE ALSO PROCEDURES IN PLACE

TO ADDRESS IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A

POTENTIAL INTERESTED PARTY HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: FOR THE EXECUTIVE DIRECTOR, THE BOARD RESEARCHED COMPENSATION

INFORMATION AND INDEPENDENTLY VOTED ON AND APPROVED THE COMPENSATION BASED

ON THE ROLE AND GIVEN THE CURRENT BUDGET AND SIZE OF OPERATIONS.

FOR THE TOP MANAGEMENT OFFICIAL, THE BOARD PRESIDENT AND ASSOCIATE DIRECTOR
RESEARCHED COMPARABLE ENTITIES TO DETERMINE THE APPROPRIATE SALARY, GIVEN
THE SIZE AND BUDGET OF OPERATIONS FOR THE YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE FORM 1023, FORM 990, GOVERNING DOCUMENTS, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST EITHER BY MAIL OR IN PERSON. THE FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PLAYING FOR CHANGE DAY:

PROGRAM SERVICE EXPENSES 30,667.

MANAGEMENT AND GENERAL EXPENSES

0.

332212 09-04-13

Name of the organization PLAYING FOR CHANGE FOUNDATION	Employer identification number 20-8568061
FUNDRAISING EXPENSES	20,445.
TOTAL EXPENSES	51,112.
OTHER:	
PROGRAM SERVICE EXPENSES	1,080.
MANAGEMENT AND GENERAL EXPENSES	33,175.
FUNDRAISING EXPENSES	3,655.
TOTAL EXPENSES	37,910.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	89,022.