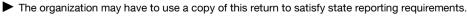
Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)





<u>A</u> F	or th	e 2011 calendar year, or tax year beginning and	ending					
	Check if applicab	e: C Name of organization		D Employer identifie	cation number			
	Addre	e PLAYING FOR CHANGE FOUNDATION						
	Name Chang	Doing Business As	20-8	568061				
	Initial	, , ,	· · · · · · · · · · · · · · · · · · ·					
	Termi	JI0J D D. DA CIENEGA DEVD.	JI0J D D. EA CIENEGA DEVD.					
	Amen	City or town, state or country, and $ZIP + 4$		G Gross receipts \$	678,981.			
	Appli tion pendi	LOD ANGELED, CA JUUIO		H(a) Is this a group re				
	pend	F Name and address of principal officer: WHITNEY KROENKE		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Ves No			
		empt status: $X 501(c)(3) = 501(c) () $ (insert no.) 4947(a)(1)	or 52		list. (see instructions)			
		te: WWW.PLAYINGFORCHANGE.ORG		H(c) Group exemptio				
_		forganization: X Corporation Trust Association Other	L Yea	ar of formation: 2007	State of legal domicile: CA			
Pa	art I	Summary						
e	1	Briefly describe the organization's mission or most significant activities: PROV AND THEIR COMMUNITIES AROUND THE WORLD.	IDING	RESOURCES T	O MUSICIANS			
Activities & Governance	2	Check this box I if the organization discontinued its operations or dispo	sed of mo	re than 25% of its net as	sets			
ver	3	Number of voting members of the governing body (Part VI, line 1a)			14			
õ	4	Number of independent voting members of the governing body (rait vi, interia)			14			
ې مې	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		2				
itie	6	Total number of volunteers (estimate if necessary)		19				
ctiv	-	Total unrelated business revenue from Part VIII, column (C), line 12		0.				
4		Net unrelated business taxable income from Form 990-T, line 34			0.			
				Prior Year	Current Year			
¢)	8	Contributions and grants (Part VIII, line 1h)		651,876.	676,805.			
ň	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		538.	37.			
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,000.	2,139.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		661,414.	678,981.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		71,697.	91,542.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 174, 2	73.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		534,371.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		606,068.	715,372.			
	19	Revenue less expenses. Subtract line 18 from line 12		55,346.	-36,391.			
Net Assets or Fund Balances			Ŀ	Beginning of Current Year	End of Year			
ssets	20	Total assets (Part X, line 16)	L	127,210.	148,978.			
at As	21	Total liabilities (Part X, line 26)		0.	58,159.			
Pur	22	Net assets or fund balances. Subtract line 21 from line 20		127,210.	90,819.			
	art II	Signature Block						
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepar	er has any knowledge.				

Sign Here	THEA NASH, PROG/FINANC	E DIR									
	nt/Type preparer's name IAN YACKER	Preparer's signature	Date	Check if self-employed	PTIN P0040134	6					
Preparer Firm	n's name 🕨 YH ADVISORS, INC	•		Firm's EIN	45-326931	3					
Use Only Firr	n's address 7755 CENTER AVEN HUNTINGTON BEACH	Phone no. 31	0-982-280	6							
May the IRS d	May the IRS discuss this return with the preparer shown above? (see instructions)										

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2011) PLAYING FOR CHANGE FOUNDATION	20-8568061	Р
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:	NUTDING DECOID	
	DEDICATED TO CONNECTING THE WORLD THROUGH MUSIC BY PRO	VIDING RESOUR	CE
	TO MUSICIANS AND THEIR 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?	Yes	X
	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 service	es? Yes	X
-	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 expense	s.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount		
	others, the total expenses, and revenue, if any, for each program service reported.	5	
4a		evenue \$	
	THE FOUNDATION HAS CREATED A NUMBER OF MUSIC SCHOOLS A	AND COORDINATI	NO
	MUSIC PROGRAMS IN AFRICA AND NEPAL. MANY OF THE SCHOO	DLS OFFER	
	DORMITORY LIVING CONDITIONS FOR THE MOST UNDERPRIVILED	GED KIDS AS WE	ELI
	AS MUSIC CLASSES IN DISEASE AND POVERTY RIDDEN COMMUNI	ITIES. THROUG	Η
	THESE MUSIC SCHOOLS, THE COMMUNITIES ARE SUPPORTED BY	PROVIDING STA	νЫ
	PRODUCTS AND MUSICAL INSTRUMENTS. ONE OF THE LOCATION		
	THAT PROVIDES SHELTER, MEDICAL CARE, AND EDUCATIONAL C		
	OVER 100 CHILDREN. THE FOUNDATION IS CURRENTLY DEVELO		\mathbf{L}
	INSTRUMENT WORKSHOP DESTINED TO HELP SUSTAIN THE MUSIC		
	FINANCIALLY AND CREATE JOB OPPORTUNITIES IN THE NEARBY	VILLAGE.	
4b		evenue \$	
	PLAYING FOR CHANGE DAY IS A CREATIVE DAY OF ACTION THA		
	UNIVERSAL POWER OF MUSIC TO CREATE POSITIVE SOCIAL CHA		
	FROM ALL OVER THE WORLD PERFORM ON STAGES, STREET CORN		
	YOGA STUDIOS, AND CAFES TO BRING MUSIC INTO THE LIVES		
		ONGS AROUND TH	
	WORLD' AND THE MISSION OF THE PLAYING FOR CHANGE FOUND		
	WAS BORN SO THAT EVERYONE COULD GET INVOLVED AND BECOM		
	GLOBAL COMMUNITY. ALIGNS WITH OUR OVERARCHING ORGANIZA CREATING POSITIVE CHANGE THROUGH MUSIC AND ARTS EDUCAT		
	PROGRAMS ALSO PARTICIPATE IN PFC DAY AND THE PERFORMIN		1C.1
	FROM OF A GROUP, COLLECTIVELY AND ON STAGE IS PART OF		
	PROGRAMMATIC GROWTH AND CURRICULUM GOALS. PFC DAY ALSO		זאי
4.0			
+C	(Code:) (Expenses \$) (Ref	Venue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
)	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 364,970.) Form 9	90
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 364,970.		90

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Form 990 (2	2011)	PLAYING	FOR	CHANGE	FOUNDATION	
	Checklist of R	equired Sch	edules	;		

I U	Oneckist of nequired ochedules			<u> </u>
			Yes	No
1			v	
_	If "Yes," complete Schedule A		X X	
2	· · · · · · · · · · · · · · · · · · ·			<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate public office? If "Yes," complete Schedule C, Part I			x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election during the tax year? If "Yes," complete Schedule C, Part II			x
5				
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			x
6				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule	D, Part I 6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," comple Schedule D, Part III			x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or prov	ide		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes, " complete Schedule D, Part	IV 9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, per	rmanent		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			X
11		(, or X		
	as applicable.			
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedu Part VI	I		x
b	b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its tota			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			X
С	c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its tot			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			x
d	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresse			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	^{,5} 11f		x
12a	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120	Schedule D, Parts XI, XII, and XIII	12a		x
b	b Was the organization included in consolidated, independent audited financial statements for the tax year?		1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is option			X
13	•		X	x
14a		14a		<u> </u>
b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, bus investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10	-		
	or more? If "Yes," complete Schedule F, Parts I and IV	,	x	
15			<u> </u>	
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			x
16				
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV			x
17				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			X
18		lines		x
19			1	
	complete Schedule G, Part III		<u> </u>	X
	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			x
b	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	1

20b Form **990** (2011)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If</i> " <i>Yes</i> ," <i>complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants and 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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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			v
~~	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): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U	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 contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		х
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2011)

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	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 return	ms?		2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)	?	4a				
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts	5.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b				
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th							
	any contributions that were not tax deductible?			6a				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					Γ		
	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	vices prov	/ided to the payor?	7a	X	Г		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	Γ		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requir	ed			Γ		
	to file Form 8282?			7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				Γ		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?		7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	ract?		7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	a Form 1098-C?	7h	N/	Ά		
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. D	id the supp	oorting N/A					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time c	luring the year?	8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?			9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12N/A	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders N/A	11a						
а		11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against							
b	amounts due or received from them.)	11b						
b 12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		12a				
b 12a	amounts due or received from them.)	11b		12a				
b 12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 1041?		12a				
b 12a b 13	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	11b 1041? 12b	N/A	12a 13a				
b 12a b 13	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A . Section 501(c)(29) qualified nonprofit health insurance issuers.	11b 1041? 12b	N/A					
b 12a b 13 a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A . Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the	11b 1041? 12b	N/A					
b 12a b 13 a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A . Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	11b 1041? 12b	N/A					
b 12a b 13 a b c	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A . Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand	11b 1041? 12b	N/A					
b 12a b 13 a b c 14a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A . Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	11b 1041? 12b 13b 13c						
b 12a b 13 a b c 14a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A . Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand	11b 1041? 12b 13b 13c		13a 13a 14a 14b	990			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

(gambling) winnings to prize winners?

Check if Schedule O contains a response to any question in this Part V

Form 990 (2011)

Part V

5

0

2

1c

1a

1b

Yes

Х

No

20-8568061 Page 6

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 to any question in this Part VI
Saction	A Governing Body and Management

Г	37	
н	X	

Sec	tion A. Governing Body and Management							
		Ι.	1 14		Yes	No		
1 a	Enter the number of voting members of the governing body at the end of the tax year	1 a	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.		14					
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				Х			
•	officer, director, trustee, or key employee?			2				
3	Did the organization delegate control over management duties customarily performed by or under t					х		
	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 Did the organization become aware during the year of a significant diversion of the organization's as			4 5		X		
5				6		X		
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			0		- 23		
7a				7a		x		
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,			10				
U				7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10				
a	The governing body?			8a	х			
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 re							
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I			Ŭ				
			0 00000		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х			
b								
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х			
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	lescribe					
	in Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approv	val by i	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?						
а	The organization's CEO, Executive Director, or top management official			15a		Х		
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	on's					
	exempt status with respect to such arrangements?			16b				
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA	 						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	-1 (Sec	tion 501(c)(3)s only)	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy, ar	d finar	ncial			
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books	and red	ords of the organiza	tion: 🕨	•			
	JAN LANGER - 310-558-2900							
13200	3103-B S. LA CIENEGA BLVD., LOS ANGELES, CA 9001	6						
01-23-				Form	990 (2011)		
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question 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.

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

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

(A)		(C)						(D)	(E)	(F)
Name and Title	Average	erage Position (do not check more than one					000	Reportable	Reportable	Estimated
	hours per	box	fficer and a directo			is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar	nd a d	lirecto	or/trus	stee)	from	from related	other
	(describe	ector						the	organizations	compensation
	hours for	ordir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e,	pens		(W-2/1099-MISC)		organization
	organizations in Schedule	ual tr	ional		ploye	t com				and related organizations
	O)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			organizations
(1) WHITNEY KROENKE	,				Ť	1 0				
EXECUTIVE DIRECTOR	40.00	x		х				0.	0.	Ο.
(2) HEATHER BACON										
PRESIDENT	2.00	Х		Х				0.	0.	0.
(3) KEVIN KRUPITZER										
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(4) JEREMY GOULDER										
SECRETARY	2.00	X		Х				0.	0.	0.
(5) RAAN WILLIAMS										
TREASURER	2.00	X		Х				0.	0.	0.
(6) MARK JOHNSON										
DIRECTOR	2.00	X						0.	0.	0.
(7) DAVE BACON									_	_
DIRECTOR	2.00	X						0.	0.	0.
(8) BRIAN APPLESTEIN									_	_
DIRECTOR	2.00	X						0.	0.	0.
(9) JOEL GOULDER										_
DIRECTOR	2.00	X						0.	0.	0.
(10) GREG JOHNSON										
DIRECTOR	2.00	X						0.	0.	0.
(11) SEEMA TIKARE										
DIRECTOR	2.00	X						0.	0.	0.
(12) ANTHONY RICH										
DIRECTOR	2.00	X						0.	0.	0.
(13) LAWRENCE AMES										0
DIRECTOR	2.00	X						0.	0.	0.
(14) THOMAS GRIMM										0
DIRECTOR	2.00	X						0.	0.	0.
(15) THEA NASH	40.00							40.000		0 0 0 0
PROGRAMS & FINANCE DIRECTOR	40.00			X				40,608.	0.	2,338.
100007 01 00 10										Corm 000 (0011)

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Form 990 (2011)

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Form 990 (2011) PLAYING FOR CHANGE FOUNDATION 20-8568061 Page								Page 8			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week	box,	not ch unles	s pers	tion nore th son is	han on both a	n compensation	(E) Reportable compensation from related		(F) Stimat mount other	of
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest com pensated em ployee	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or ar	npensa from th ganiza nd rela ganizat	ne tion ted
				_							
				+							
				+	_						
1b Sub-total							40,608.	0	•	2,3	38.
c Total from continuation sheets to d Total (add lines 1b and 1c)	o Part VII, Section A		· · · · · · · ·	·····			0. 40,608.			2,3	0. 338.
2 Total number of individuals (includi compensation from the organization	•	hose l	liste	d ab	ove)) who	received more than \$10	0,000 of reportable		Yes	0 No
3 Did the organization list any forme line 1a? <i>If</i> "Yes," <i>complete Schedu</i>							r highest compensated e		3		x
 4 For any individual listed on line 1a, and related organizations greater t 5 Did any person listed on line 1a red 	han \$150,000?	," con	nple	ete So	chec	dule .	I for such individual		. 4		x
rendered to the organization? If "Yestimation of the section B. Independent Contractors							•		. 5		X
1 Complete this table for your five his the organization. Report compensation	ation for the calendar y						nin the organization's tax				
Name and b	(A) business address	NO	NE	<u> :</u>			(B) Description of	services	(Compe	C) ensatio	on
2 Total number of independent contr \$100,000 of compensation from th		not lim	nitec	d to t	thos 0	e liste	I ed above) who received r	nore than			
									Form	1 990 ((2011)

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Forn	n 990) (20)11)

20-8568061 Page 9

Image: Second Secon	Pa	rt VII	I Statement of Revenue)					
90 90 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>Related or exempt function</th><th>Unrelated business</th><th>Revenue excluded from tax under sections 512.</th></t<>							Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512.
90 90 <t< th=""><th>nts</th><th>1 a</th><th>Federated campaigns</th><th> 1a</th><th></th><th></th><th></th><th></th><th></th></t<>	nts	1 a	Federated campaigns	1a					
90 90 <t< th=""><th></th><th>b</th><th>Membership dues</th><th> 1b</th><th></th><th></th><th></th><th></th><th></th></t<>		b	Membership dues	1b					
90 90 <t< td=""><th>Am (</th><th>с</th><td>Fundraising events</td><td> 1c</td><td></td><td></td><td></td><td></td><td></td></t<>	Am (с	Fundraising events	1c					
90 90 <t< td=""><th>ar Gif</th><th>d</th><td>Related organizations</td><td>1d</td><td></td><td></td><td></td><td></td><td></td></t<>	ar Gif	d	Related organizations	1d					
90 90 <t< td=""><th>ini,</th><th>е</th><td>Government grants (contributions</td><td>s) 1e</td><td></td><td></td><td></td><td></td><td></td></t<>	ini,	е	Government grants (contributions	s) 1e					
90 90 <t< td=""><th>rio S</th><th>f</th><td>All other contributions, gifts, grants, a</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	rio S	f	All other contributions, gifts, grants, a						
90 90 <t< td=""><th>i pu</th><th></th><td>similar amounts not included above _</td><td> 1f</td><td>676,805.</td><td></td><td></td><td></td><td></td></t<>	i pu		similar amounts not included above _	1f	676,805.				
90 90 <t< td=""><th>dr</th><th>g</th><td>Noncash contributions included in lines 1a-1</td><td>f: \$</td><td></td><td></td><td></td><td></td><td></td></t<>	dr	g	Noncash contributions included in lines 1a-1	f: \$					
99 2 a	<u>a õ</u>	h	Total. Add lines 1a-1f			676,805.			
g Total. Add lines 2a2? > 3 Investment income (including dividends, interest, and other similar amounts) 37. 4 Income from investment of tax-exempt bond proceeds > 5 Royatties > 6a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Cher > assets other than inventory (iii) Securities (iii) Other assets other than inventory (iiii) Securities (iii) Other assets other than inventory (iiii) Securities (iiii) Other assets other than inventory (iiii) Securities (iiii) Other assets other other basis (iiii) Cher (iiiii) Securities add regain or (loss) (iiii) Cher (iiiii) Cher asset other basis (iiiii) Cher (iiiiiii) Cher asset other than inventory (iiiiiii) Cher (iiiiiiiiiii) Cher asa Gross income from from fundraising events					Business Code				
g Total. Add lines 2a2? > 3 Investment income (including dividends, interest, and other similar amounts) 37. 4 Income from investment of tax-exempt bond proceeds > 5 Royatties > 6a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Cher > assets other than inventory (iii) Securities (iii) Other assets other than inventory (iiii) Securities (iii) Other assets other than inventory (iiii) Securities (iiii) Other assets other than inventory (iiii) Securities (iiii) Other assets other other basis (iiii) Cher (iiiii) Securities add regain or (loss) (iiii) Cher (iiiii) Cher asset other basis (iiiii) Cher (iiiiiii) Cher asset other than inventory (iiiiiii) Cher (iiiiiiiiiii) Cher asa Gross income from from fundraising events	ice	2 a							
g Total. Add lines 2a2? > 3 Investment income (including dividends, interest, and other similar amounts) 37. 4 Income from investment of tax-exempt bond proceeds > 5 Royatties > 6a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Cher > assets other than inventory (iii) Securities (iii) Other assets other than inventory (iiii) Securities (iii) Other assets other than inventory (iiii) Securities (iiii) Other assets other than inventory (iiii) Securities (iiii) Other assets other other basis (iiii) Cher (iiiii) Securities add regain or (loss) (iiii) Cher (iiiii) Cher asset other basis (iiiii) Cher (iiiiiii) Cher asset other than inventory (iiiiiii) Cher (iiiiiiiiiii) Cher asa Gross income from from fundraising events	le c	b							
g Total. Add lines 2a2? > 3 Investment income (including dividends, interest, and other similar amounts) 37. 4 Income from investment of tax-exempt bond proceeds > 5 Royatties > 6a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Cher > assets other than inventory (iii) Securities (iii) Other assets other than inventory (iiii) Securities (iii) Other assets other than inventory (iiii) Securities (iiii) Other assets other than inventory (iiii) Securities (iiii) Other assets other other basis (iiii) Cher (iiiii) Securities add regain or (loss) (iiii) Cher (iiiii) Cher asset other basis (iiiii) Cher (iiiiiii) Cher asset other than inventory (iiiiiii) Cher (iiiiiiiiiii) Cher asa Gross income from from fundraising events	n S /en	С							
g Total. Add lines 2a2? > 3 Investment income (including dividends, interest, and other similar amounts) 37. 4 Income from investment of tax-exempt bond proceeds > 5 Royatties > 6a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Cher > assets other than inventory (iii) Securities (iii) Other assets other than inventory (iiii) Securities (iii) Other assets other than inventory (iiii) Securities (iiii) Other assets other than inventory (iiii) Securities (iiii) Other assets other other basis (iiii) Cher (iiiii) Securities add regain or (loss) (iiii) Cher (iiiii) Cher asset other basis (iiiii) Cher (iiiiiii) Cher asset other than inventory (iiiiiii) Cher (iiiiiiiiiii) Cher asa Gross income from from fundraising events	Be	d							
g Total. Add lines 2a2? > 3 Investment income (including dividends, interest, and other similar amounts) 37. 4 Income from investment of tax-exempt bond proceeds > 5 Royatties > 6a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Cher > assets other than inventory (iii) Securities (iii) Other assets other than inventory (iiii) Securities (iii) Other assets other than inventory (iiii) Securities (iiii) Other assets other than inventory (iiii) Securities (iiii) Other assets other other basis (iiii) Cher (iiiii) Securities add regain or (loss) (iiii) Cher (iiiii) Cher asset other basis (iiiii) Cher (iiiiiii) Cher asset other than inventory (iiiiiii) Cher (iiiiiiiiiii) Cher asa Gross income from from fundraising events	Š								
3 Investment income (including dividends, interest, and other similar amounts) 37. 37. 4 Income from investment of tax exempt bond proceeds 37. 37. 5 Royatties 0 10	"								
other similar amounts) 37. 37. 37. 4 income from investment of tax-exempt bond proceeds	\rightarrow								
4 income from investment of tax exempt bond proceeds 5 Royatties > 6 Gross rents (i) Personal b Less: rental expenses - c Rental income or (loss) - d Net rental income or (loss) - d Net rental income or (loss) - d Retrati income or (loss) - d Net rental income or (loss) - d Net rental income or (loss) - d Net rental income or (loss) - d Net gain or (loss) from fundraising events - e - - - d A cross income from gaming activities. See - f B cross income from gaming activities. See - g Gross sales of inventory, less returns - a Cross sal		3				37.			37.
5 Royatties (i) Real (ii) Personal 6 a Gross rents (iii) Personal (iiii) Personal b Less: rental expenses (iiii) Personal (iiii) Personal c Rental income or (loss) (iiii) Other (iiii) Other d Net rental income or (loss) (iii) Other (iiii) Other assets other than inventory (iii) Other (iiii) Other b Less: cost or other basis (iiii) Other (iii) Other assets other than inventory (iiii) Other (iiii) Other b Less: cost or other basis (iiii) Other (iiii) Other a Gross income from fundraising events (not including \$		4				57.			57.
6 a Gross rents (i) Personal b Less: rental expenses — c Rental income or (loss) — d Net rental income or (loss) — 7 a Gross amount from sales of assets other than inventory — b Less: cost or other basis and sales expenses — c Gain or (loss) — d Net gain or (loss) — d Net gain or (loss) — d Net gain or (loss) — b Less: cost or other basis and sales expenses — c Gain or (loss) — d Net gain or (loss) — d Net gain or (loss) — b Less: direct expenses b c Net income or (loss) from fundraising events — g a Gross income from ganing activities. See — Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaining activities. See — c Net income or (loss) from gaining activities. See — c Net income or (loss) from sales of inventory — b Less: cost of goods sold b c Net income or (loss) from sales of inventory — b Less: c									
6 a Gross rents		5							
b Less: rental expenses		6 9	Gross rents	(i) Heal	(ii) i ersonal				
c Rental income or (loss)									
d Net rental income or (loss)									
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other b Less: cost or other basis and sales expenses (iii) Other (iii) Other c Gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other b Less: direct expenses (iii) Other (iii) Other g Gross income from gaming activities. See (iii) Other (iii) Other g Har IV, line 19 (iii) Other (iii) Other (iii) Other b Less: direct expenses (iii) Other (iii) Other (iii) Other g Gross income from gaming activities (iii) Other (iii) Other (iii) Other g Gross sales of inventory, less returns (iii) Other (ii			••••						
assets other than inventory									
b Less: cost or other basis and sales expenses					(
e Gain or (loss)		b							
e Gain or (loss)			and sales expenses						
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS b Less c 11 a		с							
including \$of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS b Less b Less c Net income or loss) from sales of inventory L Miscellaneous Revenue Business Code 11 a MISCELLANEOUS b Less					►				
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 2,139.	nue		Gross income from fundraising ev	rents (not					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 2,139.	eve								
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c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 2,139.	the	b							
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a a b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS b 900099 2,139.	0				>				
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a a b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS b 900099 2,139.		9 a	Gross income from gaming activit	ies. See					
c Net income or (loss) from gaming activities Image: Constraint of the second se			Part IV, line 19	а					
10 a Gross sales of inventory, less returns and allowancesa		b	Less: direct expenses	b					
and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS b 900099 2,139.		с	Net income or (loss) from gaming	activities	►				
b Less: cost of goods soldb c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 2,139. 2,139. 2,139.		10 a							
c Net income or (loss) from sales of inventory ▶ ► Miscellaneous Revenue Business Code 2,139. 11 a MISCELLANEOUS 900099 2,139. b									
Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 2,139. b									
11 a MISCELLANEOUS 900099 2,139. 2,139.	ļ	С	Net income or (loss) from sales of	inventory	····· ►				
b						0 1 2 0			0 1 2 0
					900099	∠,⊥39.			2,139.
		d All other revenue				2 1 2 0			
							0	0	2 176
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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

comp	blete columns (B), (C), and (D).				
	Check if Schedule O contains a respons				
	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,	40.046	00 (14	10 040	0 500
	trustees, and key employees	42,946.	20,614.	13,743.	8,589
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	40 505	22.002		0.040
7	Other salaries and wages	48,596.	23,803.	15,753.	9,040
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management	10 100		15 000	2 402
b	Legal	18,402. 9,075.		15,000.	3,402
c	Accounting	9,075.		9,075.	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	229,827.	66,611.	59,960.	103,256
g	Other	229,027.	00,011.		105,250
12	Advertising and promotion	37,776.	7,452.	23,045.	7,279
13	Office expenses	57,770.	7,452•	23,043.	1,215
14 15	Information technology				
15 16	Royalties	74,013.	35,913.	23,848.	14,252
10 17		41,926.	24,790.	2,860.	14,276
18	Payments of travel or entertainment expenses	11,5200	2177500	2,0001	11/2/0
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	E				
20	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,545.		9,545.	
23	Insurance	950.		950.	
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	DIRECT PROG. ACTIVITIES	185,787.	185,787.		
b	DONOR CULTIVATION	14,179.	-		14,179
c	REPAIRS & MAINTENANCE	1,825.		1,825.	, -
d	TAXES, LICENSES & FEES	525.		525.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	715,372.	364,970.	176,129.	174,273
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)				
1320.1	0 01-23-12			ł	Form 990 (2011)

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Form **990** (2011)

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-orm 990	(2011))	
Part X	Ba	ance	Sheet

(A) (B) End of year Beginning of year 85,598. 80,400. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 21,391. Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 6 Receivables from other disgualified 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 instructions) 6 Assets Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 1,261. 1,381. 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 Investments - program-related. See Part IV, line 11 13 13 40,351. 45,806. 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 127,210, 148,978. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 58,159. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 _iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 58,159. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 127,210. 74,152. 27 27 Unrestricted net assets 16,667. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here 🕨 📖 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 127,210. 90,819. Total net assets or fund balances 33 33 148,978. 127,210. 34 Total liabilities and net assets/fund balances 34

Form **990** (2011)

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Form	990 (2011) PLAYING FOR CHANGE FOUNDATION	20-8	3568061	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			81.
2	Total expenses (must equal Part IX, column (A), line 25)	2			72.
3	Revenue less expenses. Subtract line 2 from line 1	3		-	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	125	7,2	10.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	90),8	<u>19.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			Х	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi	t		
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				
			_ (~ ~ ~ ~ ~

Form 990 (2011)

SCH	EDULE A	Public Charity Status and Public Support							OMB No. 1545-0047				
(Form	990 or 990-EZ)									- 20	11		
		Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.								Opent		J	
	nt of the Treasury evenue Service	► Attach to Form 990 or Form 990-EZ. ► See separate instructions.							Open to Inspe	ction			
Name	of the organizat				-	•			Employer i	identificati	on nu	mber	
			FOR CHANGE)-8568	061		
Part	I Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.					
The org	anization is not a	a private foundation	because it is: (For lines [·]	1 through	11, check	only one b	ox.)						
1 🗋	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3 🖵	-, ·		tal service organization										
4 🗆		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and stat												
5 🗆	-	-	benefit of a college or u	niversity o	wned or op	perated by	' a governi	mental ur	nit describe	ed in			
6 [(b)(1)(A)(iv). (Comple		t doooribo	d in contin	n 170/h)/-	AV.A.VA						
6 ∟ 7 ∑	-		ent or governmental uni eives a substantial part					r from th	o gonoral r	oublic door	ribod	in	
/ 14	0	b)(1)(A)(vi). (Comple	-	or its supp	on non a	governine	fillar urnit u		e general j		nbeu		
8			ection 170(b)(1)(A)(vi).	(Complete	Part II)								
9			eives: (1) more than 33			rom contri	butions. m	nembersh	nio fees. ar	nd aross ree	ceipts	from	
			nctions - subject to certa										
			axable income (less sect										
	See section	509(a)(2). (Complete	e Part III.)										
10	An organizat	on organized and op	rganized and operated exclusively to test for public safety. See section 509(a)(4).										
11 🗆	📙 An organizat	on organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	or to car	ry out the	purposes o	of one	or	
	more publicly	v supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sec	tion 509	(a)(3). Che	eck the box	that		
			organization and compl							1			
. [a L Type		• •	• •	e III - Func	•	-		d L	☐ Type III - Other			
e∟			It the organization is not										
f			han one or more publicly ten determination from t						19(a)(1) 01 :	Section Sus	(a)(2).		
•		rganization, check th											
g		•	rganization accepted ar									. —	
•	-		irectly controls, either al			•		• ·			Yes	No	
	the gov	erning body of the su	upported organization?							. 11g(i)			
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)			
	(iii) A 35% (controlled entity of a	person described in (i)	or (ii) abov	e?					. 11g(iii)			
h	Provide the f	ollowing information	about the supported or	ganization	(s).								
		i	(iii) Type of	a		() 511		()()	a tha				
	me of supported	(ii) EIN	organization		organization sted in your		ion in col.	organizat	is the ion in col.	(vii) An		of	
organization			(described on lines 1-9		document?		r support?	(i) organi U.	ized in the S.?	sup	port		
	above or IRC section (see instructions)) Yes No Yes No Yes				No	-							
		1	1	1	1	1	1	1	1 I				

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

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Schedule A (Form 990 or 990-EZ) 2011 PLAYING FOR CHANGE FOUNDATION

20-8568061 Page 2

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	116,006.	138,622.	192,911.	636,423.	676,805.	1,760,767.
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	116,006.	138,622.	192,911.	636,423.	676,805.	1,760,767.
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)						927,475.
	Public support. Subtract line 5 from line 4.						833,292.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008 138,622.	(c)2009 192,911.	(d) 2010 636,423.	(e) 2011 676,805.	(f) Total
7	Amounts from line 4	116,006.	138,622.	192,911.	636,423.	676,805.	1,760,767.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	C 0 0	F 0 0	100	520	2.5	1 045
	and income from similar sources \dots	608.	580.	182.	538.	37.	1,945.
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					2 1 2 0	2 1 2 0
	assets (Explain in Part IV.)					2,139.	2,139. 1,764,851.
	Total support. Add lines 7 through 10						1,704,051.
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage	<u></u>		·····	
	Public support percentage for 2011 (column (f))		14	47.22 %
	Public support percentage from 2010		•	(//		15	<u> </u>
	33 1/3% support test - 2011. If the c						
	stop here. The organization qualifies	-					►X
b	33 1/3% support test - 2010. If the c		•				nis box
	and stop here. The organization qual						$\mathbf{P}_{\mathbf{n}}$
17a							or more,
	7a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						>
18	Private foundation. If the organization						s >
						dule A (Form 990	

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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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	l (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-						
4	iness under section 513 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						
	Total. Add lines 1 through 5Amounts included on lines 1, 2, and						
b	3 received from disqualified persons 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						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			-	-		
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	l (f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	First five years. If the Form 990 is for	r the organization'	s first, second. thi	rd, fourth. or fifth	tax year as a section	on 501(c)(3) o	rganization.
	check this box and stop here	e e					
Sec	tion C. Computation of Publ						
15	Public support percentage for 2011 (line 8. column (f) c	livided by line 13.	column (f))		15	%
	Public support percentage from 2010					16	%
	tion D. Computation of Inve						,,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2011. If the						
_	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 01-24-12						m 990 or 990-EZ) 201
				15		-	-
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SCHEDULE	F
(Form 990)	

Department of the Treasury

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.



Internal Revenue Service		Attach to I			li li	nspection
Name of the organization					Employer identif	ication number
PLAYING FOR CH					20-856806	
Part I General Inf	ormation on A	Activities Ou	tside the United States. Comp	ete if the orga	nization answered "	Yes"
to Form 990, P						
			ds to substantiate the amount of its gr			
the grantees' eligibility	for the grants or	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes 🗌 No
2 For grantmakers. Des	scribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
United States.						
			an be duplicated if additional space is	1		1
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in region		vity listed in (d)	(f) Total expenditures
	offices in the region	agents and	(by type) (e.g., fundraising, program services, investments, grants to		gram service, e specific type	for and
	in the region	independent contractors	recipients located in the region)		ce(s) in region	investments in region
		in region			ICE SCHOOLS	Integion
					AL PROGRAMS:	
					ON OF SCHOOLS,	
SUB-SAHARAN AFRICA	C	24	PROGRAM SERVICES	SUPPLIES OF	,	172,276.
					RAM: SUPPLIES	, -
				OF MUSICAL	INSTRUMENTS	
				AND OTHER :	ITEMS,	
SOUTH ASIA	C	33	PROGRAM SERVICES	COMPENSATIO	ON TO TEACHERS	19,204.
3 a Sub-total	C	57				191,480.
b Total from continuatio		57				191,100.
sheets to Part I		0				0.
c Totals (add lines 3a						
and 3b)	c	57				191,480.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2011

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2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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3 Enter total number of other organizations or entities

Schedule F (Form 990) 2011

	Schedule F (Form 990) 2011	PLAYI	NG FOR CHANG	E FOUNDATION		20-85	68061		
Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15 recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.							990, Part IV, line 15, for	any	
	(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance		valu a

Page 2

(i) Method of valuation (book, FMV,

appraisal, other)

Schedule F (Form 990) 2011

m 990) 2011 PLAYING FOR CHANGE FOUNDATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(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)

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Page 3

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Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 PLAYING FOR CHANGE FOUNDATION 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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) 2011

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Schedule F (Form 990) 2011 PLAYING FOR CHANGE FOUNDATION	20-8568061	Page 5				
Part V Supplemental Information						
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3	3, column (f) (accounting	method;				
amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (account	nting method); and Part	III, column				
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional info	ormation.					
SCHEDULE F, PART I, LINE 2: THE PLAYING FOR CHANGE FOUNDAT	ION ESTABLIS	HES				
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.						

SCHEDULE F, PART I, LINE 3: 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 (E) SPECIFIC TYPES OF SERVICES IN REGION: MUSIC & DANCE SCHOOLS AND CULTURAL PROGRAMS: CONSTRUCTION OF SCHOOLS, SUPPLIES OF MUSICAL

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Supplemental Information

Complete this part to 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.

INSTRUMENTS AND OTHER SCHOOL SUPPLIES, COMPENSATION TO TEACHERS AND

ADMINISTRATORS.

Part V

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: MUSIC PROGRAM: SUPPLIES OF

MUSICAL INSTRUMENTS AND OTHER ITEMS, COMPENSATION TO TEACHERS AND

ADMINISTRATORS.

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No. 1545-0047 Open to Public Inspection

PLAYING FOR CHANGE FOUNDATION

Employer identification number 20-8568061

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

THE REGIONS WHERE OUR OTHER PROGRAMS ARE AND IS FOCUSED ON PLAYING TО

MUSIC WITH A GRASSROOTS MENTALITY.

FORM 990, PART VI, SECTION A, LINE 2: MARK JOHNSON AND GREG JOHNSON HAVE

A FAMILY RELATIONSHIP. HEATHER BACON AND DAVE BACON HAVE A FAMILY

JOEL GOULDER AND JEREMY GOULDER HAVE A FAMILY RELATIONSHIP. **RELATIONSHIP**.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS SENT VIA EMAIL TO THE FINANCE COMMITTEE FOR REVIEW AND SUBSEQUENTLY TO THE EXECUTIVE COMMITTEE FOR THEIR REVIEW AND APPROVAL. A COPY OF THE FORM 990 WILL BE FORWARDED TO THE ENTIRE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: 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 COUNSEL AND CONVEYS THE RECOMMENDATION TO THE BOARD. PROCEDURES ARE IN PLACE TO ADDRESS THE CONFLICT OF INTEREST INCLUDING FACTS, QUESTIONS, THEINTERESTED 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 CONFLICT OF INTEREST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12 26

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization PLAYING FOR CHANGE FOUNDATION	Employer identification number 20-8568061
FORM 990, PART VI, SECTION C, LINE 19: THE FORM 1023, FOR	M 990, GOVERNING
DOCUMENTS, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO	THE PUBLIC UPON
REQUEST EITHER BY MAIL OR IN PERSON. THE FORM 990 AND FIN	ANCIAL STATEMENTS
ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART XII, LINE 2C	
FINANCE COMMITTEE	
THERE CURRENTLY IS NOT AN AUDIT COMMITTEE; HOWEVER, THERE	ARE
PREPARATIONS BEING MADE TO ENSURE THE AUDIT COMMITTEE IS	IN PLACE.
THERE IS A FINANCE COMMITTEE WHO WILL SUPPORT THE CREATION	N OF THE AUDIT
COMMITTEE AND HAS ASSUMED RESPONSIBILITY FOR OVERSIGHT OF	THE
COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF	ТНЕ
INDEPENDENT ACCOUNTANT.	

Schedule O (Form 990 or 990-EZ) (2011)

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