

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**  
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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning** , **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **THE CHILDREN'S THERAPLAY FOUNDATION INC.**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) **9919 TOWNE ROAD** Room/suite \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code **CARMEL IN 46032**

**D** Employer identification number **\*\* - \*\*\*1568**

**E** Telephone number **317-872-4166**

**G** Gross receipts \$ **2,365,492**

**F** Name and address of principal officer:  
**PAUL KRAFT**  
**135 N. PENNSYLVANIA ST.**  
**INDIANAPOLIS IN 46204**

H(a) Is this a group return for subordinates?  Yes  No  
 H(b) Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.CHILDRENSTHERAPLAY.ORG** H(c) Group exemption number ▶ \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: **2000** **M** State of legal domicile: **IN**

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE CHILDREN WITH SPECIAL NEEDS A FOUNDATION FOR DEVELOPING LIFE SKILLS THROUGH INNOVATIVE THERAPIES, INCLUDING PHYSICAL AND OCCUPATIONAL THERAPIES ON HORSEBACK, IN A SAFE AND CARING ENVIRONMENT.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	47
	6 Total number of volunteers (estimate if necessary)	6	342
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,991,260	1,098,945
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	809,003	975,645
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-67,320	252
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	447,797	214,517
		3,180,740	2,289,359
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	992,012	1,273,684
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>166,767</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	581,247	619,477
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,573,259	1,893,161	
19 Revenue less expenses. Subtract line 18 from line 12	1,607,481	396,198	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,203,104	4,599,139
	22 Net assets or fund balances. Subtract line 21 from line 20	0	0
		4,203,104	4,599,139

**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.

**Sign Here**  
 Signature of officer: *Paul Kraft* Date: **6/9/22**  
**PAUL KRAFT** **TREASURER**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **JOSEPH DANIEL HOLT, CPA** Preparer's signature: *Joseph Daniel Holt* Date: **08/17/22** Check  if self-employed  if PTIN: **\*\*\*\*\***  
 Firm's name: **DELTA WEALTH CPAS & ADVISORS LLC** Firm's EIN: **\*\* - \*\*\*4920**  
 Firm's address: **3755 E 82ND STREET, SUITE 100 INDIANAPOLIS, IN 46240** Phone no.: **317-224-0220**

**Part 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:

**MEDICAL FACILITY PROVIDING PHYSICAL AND OCCUPATIONAL THERAPY FOR CHILDREN WITH A WIDE RANGE OF SPECIAL NEEDS, INCLUDING DOWN SYNDROME, AUTISM, CEREBRAL PALSY AND MANY MORE. WE SEE CHILDREN FROM 18 MONTHS TO 13 YEARS OLD.**

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  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  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 \$ **1,583,004** including grants of \$ ) (Revenue \$ **968,110** )

**THE TWO PRIMARY PROGRAMS OF OUR ORGANIZATION ARE OUR PHYSICAL THERAPY PROGRAM AND OUR OCCUPATIONAL THERAPY PROGRAM. OUR PHYSICAL THERAPY PROGRAM COMBINES OUR CHILD-FOCUSED CLINIC WITH HIPPO THERAPY (USING THE MOVEMENT OF A HORSE AS A TREATMENT TOOL) TO DEVELOP AND STRENGTHEN THE GROSS MOTOR SKILLS CHILDREN WITH SPECIAL NEEDS REQUIRE TO STAND, CRAWL, JUMP OR HIT OTHER MILESTONES. OUR OCCUPATIONAL THERAPY PROGRAM COMBINES A SENSORY-RICH CLINIC WITH HIPPO THERAPY TO DEVELOP AND STRENGTHEN FINE-MOTOR SKILLS CHILDREN WITH SPECIAL NEEDS REQUIRE TO PARTAKE IN DAILY ACTIVITIES, (OCCUPATIONS) SUCH AS SELF-FEEDING, SELF-DRESSING, PLAYING APPROPRIATELY WITH PEERS, MOTOR PLANNING, AND MORE. CHILDREN'S THERAPLAY PROVIDED 10,249 THERAPY SESSIONS IN 2021.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **1,583,004**

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

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**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		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>47</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>4a</b>	
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	<b>X</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

**PAUL KRAFT** **9919 TOWNE ROAD** **IN 46032** **317-872-4166**  
**CARMEL**

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN KENNEDY	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) LISA KOBEK	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) PAUL KRAFT	1.00									
TREASURER	0.00	X		X			0	0	0	
(4) KRISTEN DURRETT	1.00									
SECRETARY	0.00	X		X			0	0	0	
(5) CRAIG DOBBS	1.00									
FOUNDER	0.00	X					0	0	0	
(6) MIKE CASTOR	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) JEFF CRAIG	1.00									
PAST PRESIDENT	0.00	X					0	0	0	
(8) KERRI CHARLES	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) JO GARCIA	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) JON HAND	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) MIKE MARTIN	1.00									
DIRECTOR	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>HOWARD SAMS</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(13) <b>KARLA SCHLICHT</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(14) <b>KATIE WILEY</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(15) <b>ELLEN ZAWACKI</b>	1.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	300,000				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	798,945				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			1,098,945			
<b>Program Service Revenue</b>	<b>2a</b> THERAPY SERVICES	Business Code	900099	968,110	968,110		
	<b>b</b> OTHER	Business Code	900099	7,535	7,535		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			975,645			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			252		252	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ 300,000 of contributions reported on line 1c). See Part IV, line 18							
		<b>8a</b>	290,650				
	<b>b</b> Less: direct expenses	<b>8b</b>	76,133				
<b>c</b> Net income or (loss) from fundraising events			214,517		214,517		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
		<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
		<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			2,289,359	975,645	0	214,769	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,234,484	999,603	111,511	123,370
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	39,200	31,654	3,277	4,269
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,350	12,154	933	1,263
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	52,609	44,845	3,375	4,389
12 Advertising and promotion	8,174	8,174		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	60,000	54,600	2,297	3,103
17 Travel				
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	105,956	96,420	4,056	5,480
23 Insurance	48,989	42,806	2,628	3,555
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>CONTRACT LABOR</b>	86,251	86,251		
b <b>GENERAL OPERATING</b>	71,201	62,730	5,635	2,836
c <b>FACILITY COSTS</b>	46,380	42,143	1,802	2,435
d <b>HEALTH INSURANCE</b>	46,062	35,793	6,122	4,147
e All other expenses	79,505	65,831	1,754	11,920
25 Total functional expenses. Add lines 1 through 24e	1,893,161	1,583,004	143,390	166,767
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing .....	<b>1,322,704</b>	<b>1</b>	<b>1,290,571</b>
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> <b>3,577,980</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> <b>274,652</b>	<b>2,878,176</b>	<b>10c</b> <b>3,303,328</b>
	<b>11</b> Investments—publicly traded securities .....	<b>2,224</b>	<b>11</b>	<b>5,240</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		<b>4,203,104</b>	<b>16</b>	<b>4,599,139</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		<b>0</b>	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	<b>3,949,125</b>	<b>27</b>	<b>4,548,761</b>
	<b>28</b> Net assets with donor restrictions .....	<b>253,979</b>	<b>28</b>	<b>50,378</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	<b>4,203,104</b>	<b>32</b>	<b>4,599,139</b>
<b>33</b> Total liabilities and net assets/fund balances .....	<b>4,203,104</b>	<b>33</b>	<b>4,599,139</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,289,359</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,893,161</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>396,198</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,203,104</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-163</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>4,599,139</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **THE CHILDREN'S THERAPLAY FOUNDATION INC.** Employer identification number **35-2121568**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	590,551	324,219	1,283,675	1,991,260	1,098,945	5,288,650
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	739,354	909,312	953,093	809,003	975,645	4,386,407
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,329,905	1,233,531	2,236,768	2,800,263	2,074,590	9,675,057
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	150,000	6,400	175,125	44,195	52,478	428,198
<b>b</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			221,567	1,181,427	286,928	1,689,922
<b>c</b> Add lines 7a and 7b	150,000	6,400	396,692	1,225,622	339,406	2,118,120
<b>8 Public support.</b> (Subtract line 7c from line 6.)						7,556,937

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6	1,329,905	1,233,531	2,236,768	2,800,263	2,074,590	9,675,057
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,165	36	4,557	3,265	252	9,275
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	1,165	36	4,557	3,265	252	9,275
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					213,517	213,517
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,331,070	1,233,567	2,241,325	2,803,528	2,288,359	9,897,849

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	76.35 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	73.16 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
<b>2</b> Activities Test. <i>Answer lines 2a and 2b below.</i>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C – Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

THE CHILDREN'S THERAPLAY FOUNDATION INC.

35-2121568

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- |   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses .....     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                            |                  |                |                    |                      |                     |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ ..... %
  - b** Permanent endowment ▶ ..... %
  - c** Term endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>3,403,572</b>	<b>166,661</b>	<b>3,236,911</b>
<b>d</b> Equipment .....		<b>174,408</b>	<b>107,991</b>	<b>66,417</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				<b>3,303,328</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) .....		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) .....		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) .....	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
<b>1.</b> (1) Federal income taxes .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....	

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,396,286
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	30,794	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	76,133	
e	Add lines 2a through 2d	2e		106,927
3	Subtract line 2e from line 1	3		2,289,359
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		2,289,359

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,000,251
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	30,794	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	76,296	
e	Add lines 2a through 2d	2e		107,090
3	Subtract line 2e from line 1	3		1,893,161
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,893,161

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X - FIN 48 FOOTNOTE**

THE FOUNDATION RECOGNIZES A TAX POSITION AS A BENEFIT ONLY IF IT IS MORE-  
 LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION,  
 INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED  
 ON THE TAX POSITION'S TECHNICAL MERITS. AT DECEMBER 31, 2021 THE  
 FOUNDATION DID NOT RECOGNIZE A BENEFIT FROM ANY UNCERTAIN TAX POSITION. IT  
 IS DIFFICULT TO PREDICT THE FINAL TIMING AND RESOLUTION OF ANY PARTICULAR  
 UNCERTAIN TAX POSITION. BASED ON THE FOUNDATION'S ASSESSMENT OF MANY  
 FACTORS, INCLUDING PAST EXPERIENCE AND COMPLEX JUDGMENTS ABOUT FUTURE  
 EVENTS, THE FOUNDATION DOES NOT CURRENTLY ANTICIPATE ANY SIGNIFICANT  
 CHANGES IN ITS UNCERTAIN TAX POSITIONS OVER THE NEXT TWELVE MONTHS.



**Part XIII Supplemental Information** (continued)

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**DIRECT FUNDRAISING EXPENSES** \$ 76,133

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**DIRECT FUNDRAISING EXPENSES** \$ 76,133

**NET UNREALIZED LOSS** \$ 163

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

**THE CHILDREN'S THERAPLAY FOUNDATION  
INC.**

Employer identification number

**35-2121568**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<b>HOE DOWN</b> (event type)	<b>GOLF OUTING</b> (event type)	<b>2</b> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	436,270	73,412	80,968	590,650
	2	Less: Contributions	300,000			300,000
	3	Gross income (line 1 minus line 2)	136,270	73,412	80,968	290,650
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	27,716		321	28,037
	8	Entertainment	3,800		536	4,336
	9	Other direct expenses	17,095	9,079	17,586	43,760
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					214,517

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open To Public Inspection

Name of the organization

**THE CHILDREN'S THERAPLAY FOUNDATION  
INC.**

Employer identification number

**35-2121568**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total ..... ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization	<b>THE CHILDREN'S THERAPLAY FOUNDATION INC.</b>	Employer identification number	<b>35-2121568</b>
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
BOARD AND FINANCE COMMITTEE REVIEWS FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
ALL BOARD MEMBERS WILL SIGN A STATEMENT ACKNOWLEDGING UNDERSTANDING AND  
AGREEMENT TO THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS REVIEWED AND  
APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS REVIEWED AND  
APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
AVAILABLE UPON REQUEST. ALSO AVAILABLE AT WWW.GUIDESTAR.ORG.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION		
DIRECT FUNDRAISING EXPENSES	\$	76,133
DIRECT FUNDRAISING EXPENSES	\$	-76,133
NET UNREALIZED LOSS	\$	-163
<b>TOTAL</b>	<b>\$</b>	<b>-163</b>

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment Sequence No. **179**

Name(s) shown on return **THE CHILDREN'S THERAPLAY FOUNDATION INC.**

Identifying number  
**35-2121568**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,050,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,620,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	<b>16,450</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>92,513</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	<b>07/27/21</b>	<b>16,200</b>	39 yrs.	MM	S/L	<b>190</b>
	<b>01/03/21</b>	<b>498,458</b>	<b>39.0</b>	MM	S/L	<b>12,248</b>

**Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>121,401</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA



35-2121568

## Federal Asset Report

FYE: 12/31/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>15-year GDS Property:</b>											
133	Landscaping	6/14/21	16,450			X	0	15	HY 150DB	0	16,450
			<u>16,450</u>				<u>0</u>			<u>0</u>	<u>16,450</u>
<b>Non-Residential Real Property:</b>											
132	Dry Lot - Excavation & Install	7/27/21	16,200				16,200	39	MMS/L	0	190
134	Facility Improvements 2	1/03/21	498,458				498,458	39	MMS/L	0	12,248
			<u>514,658</u>				<u>514,658</u>			<u>0</u>	<u>12,438</u>
<b>Other Depreciation:</b>											
11	Gideon	7/01/02	750				750	7	MO S/L	750	0
18	Fairy Tale	12/01/07	30,000				30,000	7	MO S/L	30,000	0
28	Driveway	5/26/04	17,937				17,937	20	MO S/L	14,873	897
41	Therapy Equip-Roll Swing	9/19/05	547				547	7	MO S/L	547	0
49	Scooters/mats	11/24/08	804				804	7	MO S/L	804	0
50	Scanner	1/20/09	375				375	7	MO S/L	375	0
53	Adaptive bicycle	7/21/09	1,300				1,300	7	MO S/L	1,300	0
62	Web Design-Marketpath	3/31/10	7,300			X	3,650	3	MO Amort	7,300	0
65	Moe	6/30/11	5,000				5,000	7	MO S/L	5,000	0
66	LiteGait Equipment	6/30/11	3,630				3,630	7	MO S/L	3,630	0
67	Treadmill GK1800T	6/30/11	3,895				3,895	7	MO S/L	3,895	0
68	Zippy	6/30/11	5,000				5,000	7	MO S/L	5,000	0
74	6 Tablets	4/23/14	7,303				7,303	7	MO S/L	6,956	347
75	Red	5/09/14	1,000				1,000	7	MO S/L	952	48
84	Lenovo M73	4/15/16	667				667	5	MO S/L	634	33
85	Lenovo M73	4/27/16	667				667	5	MO S/L	623	44
86	Lenovo M700	6/17/16	601				601	5	MO S/L	541	60
89	Surface Pro	12/05/16	1,018				1,018	5	MO S/L	831	187
90	Office Chairs	12/30/16	2,172				2,172	5	MO S/L	1,738	434
91	Building Addition	9/28/16	26,888				26,888	40	MO S/L	2,857	672
92	ADA Door	1/06/16	2,800				2,800	40	MO S/L	350	70
95	6 Dutch Doors	4/30/17	10,900				10,900	40	MO S/L	999	273
96	Stall Doors	4/30/17	17,394				17,394	40	MO S/L	1,594	435
97	Barn	4/30/17	440,452				440,452	40	MO S/L	40,375	11,011
99	Lenovo Computer/Monitor	6/21/17	806				806	5	MO S/L	564	162
100	Dell PC's/monitors	11/13/17	2,431				2,431	5	MO S/L	1,539	487
101	Surface Pro Laptop	12/19/17	879				879	5	MO S/L	527	176
102	Surface Pro 4	5/11/17	836				836	5	MO S/L	613	167
104	Ipad	10/17/17	699				699	5	MO S/L	443	140
105	Washer	4/17/17	637				637	5	MO S/L	443	127
106	Sonic Wall Software	4/03/17	2,768				2,768	5	MO S/L	2,076	553
107	Willow	10/03/17	3,000				3,000	7	MO S/L	1,393	428
108	Hank	10/03/17	3,000				3,000	7	MO S/L	1,393	428
110	New Arena Footing	7/23/18	95,547				95,547	20	MO S/L	11,545	4,778
111	Reconstruction of South Paddock	10/31/18	2,057				2,057	10	MO S/L	446	205
112	Arena Drag	8/14/18	13,945				13,945	7	MO S/L	4,814	1,992
113	Lenovo Laptop	2/14/18	2,542				2,542	5	MO S/L	1,483	508
114	UPS Unit	4/11/18	1,270				1,270	5	MO S/L	698	254
116	Kipper	11/01/19	2,500				2,500	7	MO S/L	417	357
117	Facility Improvements	12/01/20	2,229,039				2,229,039	40	MO S/L	4,644	55,726
118	Design fees	6/01/19	29,449				29,449	40	MO S/L	736	736
119	4 Surface Computers with mon	6/17/19	6,022				6,022	5	MO S/L	1,807	1,204
120	1 Dell Latitude 3410	10/01/20	1,456				1,456	5	MO S/L	73	291
121	1 Dell Latitude 3410	9/03/20	1,240				1,240	5	MO S/L	83	248
122	1 Dell Latitude 3410	9/03/20	1,240				1,240	5	MO S/L	83	248
123	Clinic Equipment	12/01/20	13,029				13,029	5	MO S/L	217	2,606
124	Sensory Garden	12/01/20	2,847				2,847	5	MO S/L	47	570
125	Restroom Equipment	12/01/20	7,192				7,192	7	MO S/L	86	1,027
126	Office Furniture	12/01/20	5,457				5,457	7	MO S/L	65	779
127	Office Equipment	12/01/20	2,623				2,623	7	MO S/L	31	375
128	Appliances	12/01/20	1,993				1,993	7	MO S/L	24	284
129	Waiting Room Furniture	12/01/20	15,787				15,787	7	MO S/L	188	2,255
130	Cabinets Mud Room	12/01/20	6,484				6,484	10	MO S/L	54	648
131	Tonka	1/01/20	1,700				1,700	7	MO S/L	243	243

**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>3,046,875</u>			<u>3,043,225</u>		<u>168,699</u>	<u>92,513</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,046,875</u>			<u>3,043,225</u>		<u>168,699</u>	<u>92,513</u>
	<b>Grand Totals</b>		3,577,983			3,557,883		168,699	121,401
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>3,577,983</u>			<u>3,557,883</u>		<u>168,699</u>	<u>121,401</u>

7524 THE CHILDREN'S THERAPLAY FOUNDATION  
 35-2121568  
 FYE: 12/31/2021

08/22/2022 2:22 PM

**IN Asset Report**  
**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
<b>15-year GDS Property:</b>								
133	Landscaping	6/14/21	16,450	16,450	0	823	16,450	15,627
			<u>16,450</u>	<u>16,450</u>	<u>0</u>	<u>823</u>	<u>16,450</u>	<u>15,627</u>
<b>Non-Residential Real Property:</b>								
132	Dry Lot - Excavation & Install	7/27/21	16,200	16,200	0	190	190	0
134	Facility Improvements 2	1/03/21	498,458	498,458	0	12,248	12,248	0
			<u>514,658</u>	<u>514,658</u>	<u>0</u>	<u>12,438</u>	<u>12,438</u>	<u>0</u>
<b>Other Depreciation:</b>								
11	Gideon	7/01/02	0	0	0	0	0	0
18	Fairy Tale	12/01/07	0	0	0	0	0	0
28	Driveway	5/26/04	0	0	0	0	897	897
41	Therapy Equip-Roll Swing	9/19/05	547	547	0	78	0	-78
49	Scooters/mats	11/24/08	804	804	0	115	0	-115
50	Scanner	1/20/09	375	375	0	54	0	-54
53	Adaptive bicycle	7/21/09	1,300	1,300	0	186	0	-186
62	Web Design-Marketpath	3/31/10	7,300	7,300	7,300	0	0	0
65	Moe	6/30/11	0	0	0	0	0	0
66	LiteGait Equipment	6/30/11	3,630	3,630	0	519	0	-519
67	Treadmill GK1800T	6/30/11	3,895	3,895	0	556	0	-556
68	Zippy	6/30/11	0	0	0	0	0	0
74	6 Tablets	4/23/14	7,303	7,303	0	1,043	347	-696
75	Red	5/09/14	0	0	0	0	48	48
84	Lenovo M73	4/15/16	667	667	0	133	33	-100
85	Lenovo M73	4/27/16	667	667	0	133	44	-89
86	Lenovo M700	6/17/16	601	601	0	120	60	-60
89	Surface Pro	12/05/16	1,018	1,018	0	204	187	-17
90	Office Chairs	12/30/16	2,172	2,172	0	434	434	0
91	Building Addition	9/28/16	0	0	0	0	672	672
92	ADA Door	1/06/16	0	0	0	0	70	70
95	6 Dutch Doors	4/30/17	0	0	0	0	273	273
96	Stall Doors	4/30/17	0	0	0	0	435	435
97	Barn	4/30/17	0	0	0	0	11,011	11,011
99	Lenovo Computer/Monitor	6/21/17	806	806	0	161	162	1
100	Dell PC's/monitors	11/13/17	2,431	2,431	0	486	487	1
101	Surface Pro Laptop	12/19/17	879	879	0	176	176	0
102	Surface Pro 4	5/11/17	836	836	0	167	167	0
104	Ipad	10/17/17	699	699	0	140	140	0
105	Washer	4/17/17	637	637	0	127	127	0
106	Sonic Wall Software	4/03/17	0	0	0	0	553	553
107	Willow	10/03/17	0	0	0	0	428	428
108	Hank	10/03/17	0	0	0	0	428	428
110	New Arena Footing	7/23/18	95,547	95,547	11,545	4,778	4,778	0
111	Reconstruction of South Paddock	10/31/18	2,057	2,057	446	205	205	0
112	Arena Drag	8/14/18	13,945	13,945	4,814	1,992	1,992	0
113	Lenovo Laptop	2/14/18	2,542	2,542	1,483	508	508	0
114	UPS Unit	4/11/18	1,270	1,270	698	254	254	0
116	Kipper	11/01/19	2,500	2,500	417	357	357	0
117	Facility Improvements	12/01/20	2,229,039	2,229,039	4,644	55,726	55,726	0
118	Design fees	6/01/19	29,449	29,449	736	736	736	0
119	4 Surface Computers with mon	6/17/19	6,022	6,022	1,807	1,204	1,204	0
120	1 Dell Latitude 3410	10/01/20	1,456	1,456	73	291	291	0
121	1 Dell Latitude 3410	9/03/20	1,240	1,240	83	248	248	0
122	1 Dell Latitude 3410	9/03/20	1,240	1,240	83	248	248	0
123	Clinic Equipment	12/01/20	13,029	13,029	217	2,606	2,606	0
124	Sensory Garden	12/01/20	2,847	2,847	47	570	570	0
125	Restroom Equipment	12/01/20	7,192	7,192	86	1,027	1,027	0
126	Office Furniture	12/01/20	5,457	5,457	65	779	779	0
127	Office Equipment	12/01/20	2,623	2,623	31	375	375	0
128	Appliances	12/01/20	1,993	1,993	24	284	284	0
129	Waiting Room Furniture	12/01/20	15,787	15,787	188	2,255	2,255	0
130	Cabinets Mud Room	12/01/20	6,484	6,484	54	648	648	0
131	Tonka	1/01/20	1,700	1,700	243	243	243	0

**IN Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	IN Prior	IN Current	Federal Current	Difference Fed - IN
	<b>Total Other Depreciation</b>		<u>2,479,986</u>	<u>2,479,986</u>	<u>35,084</u>	<u>80,166</u>	<u>92,513</u>	<u>12,347</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,479,986</u>	<u>2,479,986</u>	<u>35,084</u>	<u>80,166</u>	<u>92,513</u>	<u>12,347</u>
	<b>Grand Totals</b>		3,011,094	3,011,094	35,084	93,427	121,401	27,974
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>3,011,094</u>	<u>3,011,094</u>	<u>35,084</u>	<u>93,427</u>	<u>121,401</u>	<u>27,974</u>

35-2121568

**AMT Asset Report**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>15-year GDS Property:</b>										
133	Landscaping	6/14/21	16,450		X	0	15	HY 150DB	0	16,450
			<u>16,450</u>			<u>0</u>			<u>0</u>	<u>16,450</u>
<b>Non-Residential Real Property:</b>										
132	Dry Lot - Excavation & Install	7/27/21	16,200			16,200	39	MMS/L	0	190
134	Facility Improvements 2	1/03/21	498,458			498,458	39	MMS/L	0	12,248
			<u>514,658</u>			<u>514,658</u>			<u>0</u>	<u>12,438</u>
<b>Other Depreciation:</b>										
11	Gideon	7/01/02	0			0	0	HY	0	0
18	Fairy Tale	12/01/07	0			0	0	HY	0	0
28	Driveway	5/26/04	0			0	0	HY	0	0
41	Therapy Equip-Roll Swing	9/19/05	547			547	7	MO S/L	0	78
49	Scoters/mats	11/24/08	804			804	7	MO S/L	0	115
50	Scanner	1/20/09	375			375	7	MO S/L	0	54
53	Adaptive bicycle	7/21/09	1,300			1,300	7	MO S/L	0	186
65	Moe	6/30/11	0			0	0	HY	0	0
66	LiteGait Equipment	6/30/11	3,630			3,630	7	MO S/L	0	519
67	Treadmill GK1800T	6/30/11	3,895			3,895	7	MO S/L	0	556
68	Zippy	6/30/11	0			0	0	HY	0	0
74	6 Tablets	4/23/14	7,303			7,303	7	MO S/L	0	1,043
75	Red	5/09/14	0			0	0	HY	0	0
84	Lenovo M73	4/15/16	667			667	5	MO S/L	0	133
85	Lenovo M73	4/27/16	667			667	5	MO S/L	0	133
86	Lenovo M700	6/17/16	601			601	5	MO S/L	0	120
89	Surface Pro	12/05/16	1,018			1,018	5	MO S/L	0	204
90	Office Chairs	12/30/16	2,172			2,172	5	MO S/L	0	434
91	Building Addition	9/28/16	0			0	0	HY	0	0
92	ADA Door	1/06/16	0			0	0	HY	0	0
95	6 Dutch Doors	4/30/17	0			0	0	HY	0	0
96	Stall Doors	4/30/17	0			0	0	HY	0	0
97	Barn	4/30/17	0			0	0	HY	0	0
99	Lenovo Computer/Monitor	6/21/17	806			806	5	MO S/L	0	161
100	Dell PC's/monitors	11/13/17	2,431			2,431	5	MO S/L	0	486
101	Surface Pro Laptop	12/19/17	879			879	5	MO S/L	0	176
102	Surface Pro 4	5/11/17	836			836	5	MO S/L	0	167
104	Ipad	10/17/17	699			699	5	MO S/L	0	140
105	Washer	4/17/17	637			637	5	MO S/L	0	127
106	Sonic Wall Software	4/03/17	0			0	0	HY	0	0
107	Willow	10/03/17	0			0	0	HY	0	0
108	Hank	10/03/17	0			0	0	HY	0	0
110	New Arena Footing	7/23/18	0			0	0	HY	0	0
111	Reconstruction of South Paddock	10/31/18	0			0	0	HY	0	0
112	Arena Drag	8/14/18	0			0	0	HY	0	0
113	Lenovo Laptop	2/14/18	0			0	0	HY	0	0
114	UPS Unit	4/11/18	0			0	0	HY	0	0
116	Kipper	11/01/19	0			0	0	HY	0	0
117	Facility Improvements	12/01/20	2,229,039			2,229,039	40	MO S/L	4,644	55,726
118	Design fees	6/01/19	29,449			29,449	40	MO S/L	1,145	736
119	4 Surface Computers with mon	6/17/19	6,022			6,022	5	MO S/L	1,807	1,204
120	1 Dell Latitude 3410	10/01/20	1,456			1,456	5	MO S/L	73	291
121	1 Dell Latitude 3410	9/03/20	1,240			1,240	5	MO S/L	83	248
122	1 Dell Latitude 3410	9/03/20	1,240			1,240	5	MO S/L	83	248
123	Clinic Equipment	12/01/20	13,029			13,029	5	MO S/L	217	2,606
124	Sensory Garden	12/01/20	2,847			2,847	5	MO S/L	47	570
125	Restroom Equipment	12/01/20	0			0	0	HY	0	0
126	Office Furniture	12/01/20	5,457			5,457	7	MO S/L	65	779
127	Office Equipment	12/01/20	2,623			2,623	7	MO S/L	31	375
128	Appliances	12/01/20	1,993			1,993	7	MO S/L	24	284
129	Waiting Room Furniture	12/01/20	15,787			15,787	7	MO S/L	188	2,255
130	Cabinets Mud Room	12/01/20	6,484			6,484	10	MO S/L	54	648
131	Tonka	1/01/20	0			0	0	HY	0	0

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>2,345,933</u>				<u>2,345,933</u>		<u>8,461</u>	<u>70,802</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,345,933</u>				<u>2,345,933</u>		<u>8,461</u>	<u>70,802</u>
	<b>Grand Totals</b>		2,877,041				2,860,591		8,461	99,690
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>2,877,041</u>				<u>2,860,591</u>		<u>8,461</u>	<u>99,690</u>

**Bonus Depreciation Report****Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
62	Web Design-Marketpath	3/31/10	7,300		0	0	3,650	3,650
91	Building Addition	9/28/16	26,888		0	0	0	26,888
92	ADA Door	1/06/16	2,800		0	0	0	2,800
133	Landscaping	6/14/21	16,450		0	16,450	0	0
<b>Grand Total</b>			<u>53,438</u>		<u>0</u>	<u>16,450</u>	<u>3,650</u>	<u>33,338</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	132	Dry Lot - Excavation & Install	190	190	0
Page 1	1	133	Landscaping	16,450	16,450	0
Page 1	1	134	Facility Improvements 2	12,248	12,248	0
				<u>28,888</u>	<u>28,888</u>	<u>0</u>



Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
132	Dry Lot - Excavation & Install	7/27/21	16,200	416	416
133	Landscaping	6/14/21	16,450	0	0
134	Facility Improvements 2	1/03/21	498,458	12,781	12,781
			<u>531,108</u>	<u>13,197</u>	<u>13,197</u>
<b>Other Depreciation:</b>					
11	Gideon	7/01/02	750	0	0
18	Fairy Tale	12/01/07	30,000	0	0
28	Driveway	5/26/04	17,937	896	0
41	Therapy Equip-Roll Swing	9/19/05	547	0	78
49	Scooters/mats	11/24/08	804	0	115
50	Scanner	1/20/09	375	0	53
53	Adaptive bicycle	7/21/09	1,300	0	185
62	Web Design-Marketpath	3/31/10	7,300	0	0
65	Moe	6/30/11	5,000	0	0
66	LiteGait Equipment	6/30/11	3,630	0	518
67	Treadmill GK1800T	6/30/11	3,895	0	557
68	Zippy	6/30/11	5,000	0	0
74	6 Tablets	4/23/14	7,303	0	1,044
75	Red	5/09/14	1,000	0	0
84	Lenovo M73	4/15/16	667	0	134
85	Lenovo M73	4/27/16	667	0	134
86	Lenovo M700	6/17/16	601	0	120
89	Surface Pro	12/05/16	1,018	0	203
90	Office Chairs	12/30/16	2,172	0	435
91	Building Addition	9/28/16	26,888	672	0
92	ADA Door	1/06/16	2,800	70	0
95	6 Dutch Doors	4/30/17	10,900	272	0
96	Stall Doors	4/30/17	17,394	435	0
97	Barn	4/30/17	440,452	11,011	0
99	Lenovo Computer/Monitor	6/21/17	806	80	162
100	Dell PC's/monitors	11/13/17	2,431	405	486
101	Surface Pro Laptop	12/19/17	879	176	175
102	Surface Pro 4	5/11/17	836	56	167
104	Ipad	10/17/17	699	116	140
105	Washer	4/17/17	637	67	128
106	Sonic Wall Software	4/03/17	2,768	139	0
107	Willow	10/03/17	3,000	429	0
108	Hank	10/03/17	3,000	429	0
110	New Arena Footing	7/23/18	95,547	4,777	0
111	Reconstruction of South Paddock	10/31/18	2,057	206	0
112	Arena Drag	8/14/18	13,945	1,992	0
113	Lenovo Laptop	2/14/18	2,542	509	0
114	UPS Unit	4/11/18	1,270	254	0
116	Kipper	11/01/19	2,500	357	0
117	Facility Improvements	12/01/20	2,229,039	55,726	55,726
118	Design fees	6/01/19	29,449	737	737
119	4 Surface Computers with mon	6/17/19	6,022	1,204	1,204
120	1 Dell Latitude 3410	10/01/20	1,456	291	291
121	1 Dell Latitude 3410	9/03/20	1,240	248	248
122	1 Dell Latitude 3410	9/03/20	1,240	248	248
123	Clinic Equipment	12/01/20	13,029	2,606	2,606
124	Sensory Garden	12/01/20	2,847	569	569
125	Restroom Equipment	12/01/20	7,192	1,027	0
126	Office Furniture	12/01/20	5,457	780	780
127	Office Equipment	12/01/20	2,623	375	375
128	Appliances	12/01/20	1,993	285	285
129	Waiting Room Furniture	12/01/20	15,787	2,255	2,255
130	Cabinets Mud Room	12/01/20	6,484	649	649
131	Tonka	1/01/20	1,700	243	0

**Future Depreciation Report****FYE: 12/31/22****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	<b>Total Other Depreciation</b>		<u>3,046,875</u>	<u>90,591</u>	<u>70,807</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,046,875</u>	<u>90,591</u>	<u>70,807</u>
	<b>Grand Totals</b>		<u>3,577,983</u>	<u>103,788</u>	<u>84,004</u>

Asset	Description	Date In Service	Cost	IN
<b>Prior MACRS:</b>				
132	Dry Lot - Excavation & Install	7/27/21	16,200	416
133	Landscaping	6/14/21	16,450	1,562
134	Facility Improvements 2	1/03/21	498,458	12,781
			<u>531,108</u>	<u>14,759</u>
<b>Other Depreciation:</b>				
11	Gideon	7/01/02	0	0
18	Fairy Tale	12/01/07	0	0
28	Driveway	5/26/04	0	0
41	Therapy Equip-Roll Swing	9/19/05	547	78
49	Scoters/mats	11/24/08	804	115
50	Scanner	1/20/09	375	53
53	Adaptive bicycle	7/21/09	1,300	185
62	Web Design-Marketpath	3/31/10	7,300	0
65	Moe	6/30/11	0	0
66	LiteGait Equipment	6/30/11	3,630	518
67	Treadmill GK1800T	6/30/11	3,895	557
68	Zippy	6/30/11	0	0
74	6 Tablets	4/23/14	7,303	1,044
75	Red	5/09/14	0	0
84	Lenovo M73	4/15/16	667	134
85	Lenovo M73	4/27/16	667	134
86	Lenovo M700	6/17/16	601	120
89	Surface Pro	12/05/16	1,018	203
90	Office Chairs	12/30/16	2,172	435
91	Building Addition	9/28/16	0	0
92	ADA Door	1/06/16	0	0
95	6 Dutch Doors	4/30/17	0	0
96	Stall Doors	4/30/17	0	0
97	Barn	4/30/17	0	0
99	Lenovo Computer/Monitor	6/21/17	806	162
100	Dell PC's/monitors	11/13/17	2,431	486
101	Surface Pro Laptop	12/19/17	879	175
102	Surface Pro 4	5/11/17	836	167
104	Ipad	10/17/17	699	140
105	Washer	4/17/17	637	128
106	Sonic Wall Software	4/03/17	0	0
107	Willow	10/03/17	0	0
108	Hank	10/03/17	0	0
110	New Arena Footing	7/23/18	95,547	4,777
111	Reconstruction of South Paddock	10/31/18	2,057	206
112	Arena Drag	8/14/18	13,945	1,992
113	Lenovo Laptop	2/14/18	2,542	509
114	UPS Unit	4/11/18	1,270	254
116	Kipper	11/01/19	2,500	357
117	Facility Improvements	12/01/20	2,229,039	55,726
118	Design fees	6/01/19	29,449	737
119	4 Surface Computers with mon	6/17/19	6,022	1,204
120	1 Dell Latitude 3410	10/01/20	1,456	291
121	1 Dell Latitude 3410	9/03/20	1,240	248
122	1 Dell Latitude 3410	9/03/20	1,240	248
123	Clinic Equipment	12/01/20	13,029	2,606
124	Sensory Garden	12/01/20	2,847	569
125	Restroom Equipment	12/01/20	7,192	1,027
126	Office Furniture	12/01/20	5,457	780
127	Office Equipment	12/01/20	2,623	375
128	Appliances	12/01/20	1,993	285
129	Waiting Room Furniture	12/01/20	15,787	2,255
130	Cabinets Mud Room	12/01/20	6,484	649
131	Tonka	1/01/20	1,700	243

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>IN</u>
	<b>Total Other Depreciation</b>		<u>2,479,986</u>	<u>80,172</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,479,986</u>	<u>80,172</u>
	<b>Grand Totals</b>		<u>3,011,094</u>	<u>94,931</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>GOLF OUTING</b>		
Name <b>THE CHILDREN'S THERAPLAY FOUNDATION</b>		Taxpayer Identification Number <b>35-2121568</b>

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>73,412</b>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>73,412</b>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<b>9,079</b>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>9,079</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>64,333</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code _____	Seq # _____
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<b>9,079</b>
<b>Total Fundraising Expense</b>	<b>9,079</b>

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>HOE DOWN</b>		

Name <b>THE CHILDREN'S THERAPLAY FOUNDATION</b>	Taxpayer Identification Number <b>35-2121568</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>136,270</b>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<b>300,000</b>
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>436,270</b>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<b>48,611</b>
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>48,611</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>387,659</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code	Seq #	
<input type="checkbox"/>	Part V, Debt Financing	
<input type="checkbox"/>	Part VI, Controlled Org Income	
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/>	Part VIII, Exploited Activities	
<input type="checkbox"/>	Part IX, Advertising Income	

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	<b>27,716</b>
Entertainment (Part II only)	<b>3,800</b>
Other direct expenses	<b>17,095</b>
<b>Total Fundraising Expense</b>	<b>48,611</b>

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>OTHER</b>		

Name <b>THE CHILDREN'S THERAPLAY FOUNDATION</b>	Taxpayer Identification Number <b>35-2121568</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>28,821</b>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
<b>7. Total revenue.</b> Add lines 1 through 6	<b>7.</b>	<b>28,821</b>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<b>11,940</b>
<b>15. Total expenses.</b> Add lines 8 through 14	<b>15.</b>	<b>11,940</b>
<b>16. Net Income/Loss.</b> Line 7 minus Line 15	<b>16.</b>	<b>16,881</b>

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<b>11,940</b>
<b>Total Fundraising Expense</b>	<b>11,940</b>

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code _____	Seq # _____
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>HORSEPOWER</b>		

Name <b>THE CHILDREN'S THERAPLAY FOUNDATION</b>	Taxpayer Identification Number <b>35-2121568</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>52,147</b>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
<b>7. Total revenue.</b> Add lines 1 through 6	<b>7.</b>	<b>52,147</b>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<b>6,503</b>
<b>15. Total expenses.</b> Add lines 8 through 14	<b>15.</b>	<b>6,503</b>
<b>16. Net Income/Loss.</b> Line 7 minus Line 15	<b>16.</b>	<b>45,644</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code _____	Seq # _____
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	<b>321</b>
Entertainment (Part II only)	<b>536</b>
Other direct expenses	<b>5,646</b>
<b>Total Fundraising Expense</b>	<b>6,503</b>

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____



<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>		<b>Fundraising Other Events</b>			<b>2021</b>
		For calendar year 2021, or tax year beginning			, and ending
Name <b>THE CHILDREN'S THERAPLAY FOUNDATION INC.</b>				Employer Identification Number <b>35-2121568</b>	
		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>HORSEPOWER</u> (event type)	<u>OTHER</u> (event type)	<u></u> (event type)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	<b>52,147</b>	<b>28,821</b>		<b>80,968</b>
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income (line 1 minus line 2)	<b>52,147</b>	<b>28,821</b>		<b>80,968</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages	<b>321</b>			<b>321</b>
	<b>8</b> Entertainment	<b>536</b>			<b>536</b>
	<b>9</b> Other expenses	<b>5,646</b>	<b>11,940</b>		<b>17,586</b>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name <b>THE CHILDREN'S THERAPLAY FOUNDATION INC.</b>	Taxpayer Identification Number <b>35-2121568</b>
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		2020	2021	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	1,991,260	1,098,945	-892,315
	2. Membership dues and assessments .....			
	3. Government contributions and grants .....			
	4. Program service revenue .....	809,003	975,645	166,642
	5. Investment income .....	3,265	252	-3,013
	6. Proceeds from tax exempt bonds .....			
	7. Net gain or (loss) from sale of assets other than inventory .....	-70,585		70,585
	8. Net income or (loss) from fundraising events .....	447,797	214,517	-233,280
	9. Net income or (loss) from gaming .....			
	10. Net gain or (loss) on sales of inventory .....			
	11. Other revenue .....			
	12. <b>Total revenue.</b> Add lines 1 through 11	3,180,740	2,289,359	-891,381
<b>Expenses</b>	13. Grants and similar amounts paid .....			
	14. Benefits paid to or for members .....			
	15. Compensation of officers, directors, trustees, etc. ....			
	16. Salaries, other compensation, and employee benefits .....	992,012	1,273,684	281,672
	17. Professional fundraising fees .....			
	18. Other professional fees .....	70,346	66,959	-3,387
	19. Occupancy, rent, utilities, and maintenance .....	60,000	60,000	
	20. Depreciation and Depletion .....	52,053	105,956	53,903
	21. Other expenses .....	398,848	386,562	-12,286
	22. <b>Total expenses.</b> Add lines 13 through 21	1,573,259	1,893,161	319,902
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	1,607,481	396,198	-1,211,283
<b>Other Information</b>	24. Total exempt revenue .....	3,180,740	2,289,359	-891,381
	25. Total unrelated revenue .....			
	26. Total excludable revenue .....	1,189,480	1,190,414	934
	27. Total assets .....	4,203,104	4,599,139	396,035
	28. Total liabilities .....			
	29. Retained earnings .....	4,203,104	4,599,139	396,035
	30. Number of voting members of governing body .....	14	14	
	31. Number of independent voting members of governing body .....	14	14	
	32. Number of employees .....	31	47	
	33. Number of volunteers .....	100	342	

Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>THE CHILDREN'S THERAPLAY FOUNDATION INC.</b>	Employer Identification Number <b>35-2121568</b>
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....	590,551	824,219	1,283,675	1,991,260	1,098,945	
Membership dues .....						
Program service revenue .....	739,354	909,312	953,093	809,003	975,645	
Capital gain or loss .....		-6,516	-1,786	-70,585		
Investment income .....	1,165	36	4,557	3,265	252	
Fundraising revenue (income/loss) .....	293,641	250,110	351,711	447,797	214,517	
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>1,624,711</b>	<b>1,977,161</b>	<b>2,591,250</b>	<b>3,180,740</b>	<b>2,289,359</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	691,759	750,080	929,900	992,012	1,273,684	
Professional fees .....	87,112	92,962	63,049	70,346	66,959	
Occupancy costs .....	46,500	60,000	60,000	60,000	60,000	
Depreciation and depletion .....	37,928		46,674	52,053	105,956	
Other expenses .....	385,889	501,242	433,024	398,848	386,562	
<b>Total expenses</b> .....	<b>1,249,188</b>	<b>1,404,284</b>	<b>1,532,647</b>	<b>1,573,259</b>	<b>1,893,161</b>	
<b>Excess or (Deficit)</b> .....	<b>375,523</b>	<b>572,877</b>	<b>1,058,603</b>	<b>1,607,481</b>	<b>396,198</b>	
<b>Total exempt revenue</b> .....	<b>1,624,711</b>	<b>1,977,161</b>	<b>2,591,250</b>	<b>3,180,740</b>	<b>2,289,359</b>	
Total unrelated revenue .....						
Total excludable revenue .....	1,034,160	1,152,942	1,307,575	1,189,480	1,190,414	
Total Assets .....	965,647	1,538,787	2,595,623	4,203,104	4,599,139	
Total Liabilities .....	-57	320				
Net Fund Balances .....	965,704	1,538,467	2,595,623	4,203,104	4,599,139	

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 252		14			
TOTAL	<u>\$ 252</u>					

**Federal Statements**

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 66,959	\$ 56,999	\$ 4,308	\$ 5,652
LESS: ACCOUNTING	-14,350	-12,154	-933	-1,263
TOTAL	<u>\$ 52,609</u>	<u>\$ 44,845</u>	<u>\$ 3,375</u>	<u>\$ 4,389</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
HORSE EXPENSE	\$ 46,021	\$ 46,021	\$	\$
BANK FEES	13,368	1,511	452	11,405
MISCELLANEOUS	9,214	8,628	586	
CONTINUING EDUCATION	8,775	7,735	635	405
GRANT	2,127	1,936	81	110
TOTAL	<u>\$ 79,505</u>	<u>\$ 65,831</u>	<u>\$ 1,754</u>	<u>\$ 11,920</u>

**Federal Statements**

**Schedule A, Part III, Line 1(e)**

Description	Amount
CONTRIBUTIONS	\$ 669,587
GRANTS	129,358
HOE DOWN	
CASH CONTRIBUTION	300,000
TOTAL	<u>\$ 1,098,945</u>

**Schedule A, Part III, Line 2(e)**

Description	Amount
THERAPY SERVICES	\$ 968,110
OTHER	7,535
TOTAL	<u>\$ 975,645</u>

**Schedule A, Part III, Line 7a - Support from Disqualified Persons**

Donor Name	2017	2018	2019	2020	2021
THE WM. CRAIG & TENEEN L. DOBBS	\$	\$	\$	\$	\$ 15,000
KEVIN KENNEDY					10,743
MICHAEL MARTIN					11,280
KERRI CHARLES					5,300
JEFFREY CRAIG					5,155
WILEY FAMILY CHARITABLE FUND					5,000
DISQUALIFIED PERSONS	<u>150,000</u>	<u>6,400</u>	<u>175,125</u>	<u>44,195</u>	<u>52,478</u>
TOTAL	<u>\$ 150,000</u>	<u>\$ 6,400</u>	<u>\$ 175,125</u>	<u>\$ 44,195</u>	<u>\$ 52,478</u>

**Federal Statements****Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BRIGHT SHEET METAL COMPANY, INC. 2021	\$ 100,000	\$ 77,116
BRUGH FAMILY FOUNDATION 2021	125,000	102,116
2020	75,000	46,965
2019	50,000	27,587
CHRISTOPHER H. MEYERS 2021	40,000	17,116
DANIEL TOWRISS 2020	30,000	1,965
DUDLEY FAMILY FOUNDATION 2020	50,000	21,965
ELKHART COUNTY COMMUNITY FOUNDATION 2021	25,000	2,116
ANONYMOUS 2021	25,000	2,116
INTERCONTINENTAL RE 2021	100,000	77,116
2019	50,000	27,587
IRVING FAMILY TRUST 2019	100,000	77,587
JANE ROESCH 2020	43,108	15,073
2019	33,632	11,219
JANET BOWERMAN 2020	60,082	32,047
JOHN R. IRVING CHARITABLE TRUST 2020	100,000	71,965
MICHAEL HEIM 2021	25,000	2,116
PETER PALANDJIAN 2019	100,000	77,587
TCC 2020	35,000	6,965
ULLICO INVESTMENT COMPANY LLC 2021	30,000	7,116
UNITED WAY OF CENTRAL INDIANA, INC. 2020	1,012,517	984,482
TOTAL	\$ <u>2,209,339</u>	\$ <u>1,689,922</u>

**Federal Statements**

**Schedule A, Part III, Line 10a(e)**

Description	Amount
INTEREST	\$ 252
TOTAL	\$ <u>252</u>

**Schedule A, Part III, Line 11**

Description	Amount
GOLF OUTING	\$ 64,333
HOE DOWN	87,659
OTHER	16,881
HORSEPOWER	45,644
LESS: DEDUCTIONS	<u>-1,000</u>
TOTAL	\$ <u>213,517</u>



**Federal Statements****Hoe Down****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER	\$ 47,889
LESS IN-KIND	<u>-30,794</u>
TOTAL	<u>\$ 17,095</u>

**Federal Statements****Horsepower****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
EXPENSES	\$ <u>5,646</u>
TOTAL	\$ <u><u>5,646</u></u>

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning . . . . ., 2021, and ending . . . . ., 20 . . . . .

**Do not send to the IRS. Keep for your records.**▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2021**Department of the Treasury  
Internal Revenue Service

Name of filer

**THE CHILDREN'S THERAPLAY FOUNDATION  
INC.**

EIN or SSN

**35-2121568**Name and title of officer or person subject to tax **PAUL KRAFT  
TREASURER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>2,289,359</b>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b>	
<b>8a</b> Form 5227 check here	▶ <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b>	
<b>9a</b> Form 5330 check here	▶ <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b>	
<b>10a</b> Form 8038-CP check here	▶ <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b>	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **DELTA WEALTH CPAS & ADVISORS LLC** to enter my PIN **21568** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **06/09/22****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**35012675366**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **JOSEPH DANIEL HOLT, CPA**Date ▶ **06/09/22**

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.  
DAA

Form **8879-TE** (2021)

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

### THE CHILDREN'S THERAPLAY FOUNDATION35-2121568 INC.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>4,203,104</u>
<b>Revenue</b>		
Contributions	<u>1,098,945</u>	
Program service revenue	<u>975,645</u>	
Investment income	<u>252</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>290,650</u>	
Direct expenses	<u>76,133</u>	
Net income	<u>214,517</u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u>2,289,359</u>
<b>Expenses</b>		
Program services	<u>1,583,004</u>	
Management and general	<u>143,390</u>	
Fundraising	<u>166,767</u>	
<b>Total expenses</b>		<u>1,893,161</u>
<b>Excess / (deficit)</b>		<u>396,198</u>
Changes		<u>-163</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>4,599,139</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,396,286</u>
Less:	
Unrealized gains	
Donated services	<u>30,794</u>
Recoveries	
Other	<u>76,133</u>
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u>2,289,359</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,000,251</u>
Less:	
Donated services	<u>30,794</u>
Prior year adjustments	
Losses	
Other	<u>76,296</u>
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u>1,893,161</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>4,203,104</u>	<u>4,599,139</u>	
Liabilities			
Net assets	<u>4,203,104</u>	<u>4,599,139</u>	<u>396,035</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22  
 Failure to file penalty \_\_\_\_\_