

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

KABOOM!, INC. IS THE NATIONAL NON-PROFIT THAT WORKS TO END PLAYSPACE
INEQUALITY BY AMPLIFYING THE POWER OF COMMUNITIES TO BUILD INSPIRING,
KID-DESIGNED PLAYSPACES THAT SPARK UNLIMITED OPPORTUNITIES FOR EVERY
KID, EVERYWHERE. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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 \$ 22,133,837. including grants of \$ 1,711,958.) (Revenue \$ 14,387,626.)

SEE SCHEDULE O FOR DESCRIPTIONS
PART I - TEAMING UP WITH COMMUNITIES TO BUILD KID-DESIGNED PLAYSPACES

4b (Code: _____) (Expenses \$ 2,153,656. including grants of \$ 0.) (Revenue \$ 661,341.)

SEE SCHEDULE O FOR DESCRIPTIONS
PART II - DRIVING INNOVATION IN PLAYSPACE DESIGN
PART III - HELPING TO ENSURE EQUITABLE ACCESS TO PLAYSPACES IN EVERY COMMUNITY

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 24,287,493.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	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>	6	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>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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>	11a 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>	11b	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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f 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>	12a	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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	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 (see instructions)</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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>	21 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 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 lines 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>		X
36 Section 501(c)(3) organizations. 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 in Schedule O for Part VI, lines 11b and 19? Note: 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 in 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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

		Yes	No
2a	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		
	2a 107		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		x
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		x
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	x
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	x

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
1a	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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b	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?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► See Part VI, Line 17 stmt
- 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 ►
 GEORGE MEGAS, 4301 CONNECTICUT AVE. NW, ML-1, WASHINGTON, , DC 20008 (202)659-0215

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) STEPHANIE GAILLARD WHITE BOARD CHAIR	1.75	X		X				0.	0.	0.
(2) SHARON PRICE JOHN BOARD VICE CHAIR	1.50	X		X				0.	0.	0.
(3) ERIC ROTHMAN TREASURER	1.50	X		X				0.	0.	0.
(4) COLIN O'DONNELL SECRETARY	1.50	X		X				0.	0.	0.
(5) RON LUMBRA MEMBER	1.50	X						0.	0.	0.
(6) JAKE SIEWERT MEMBER	1.75	X						0.	0.	0.
(7) MICHAEL ARATEN MEMBER	1.75	X						0.	0.	0.
(8) DEBORAH A. COWAN MEMBER	1.75	X						0.	0.	0.
(9) UDAYA PATNAIK MEMBER	1.50	X						0.	0.	0.
(10) JAMES SIEGAL CEO	51.50			X				366,096.	0.	34,406.
(11) BRUCE M. BOWMAN PRESIDENT, PLAY PRODUCTS INITIATIVE	48.50			X				294,236.	0.	29,406.
(12) GEORGE T. MEGAS CFO	46.30			X				234,409.	0.	25,063.
(13) LYSA RATLIFF VP, PARTNERSHIP DEVELOPMENT	45.10					X		234,676.	0.	12,232.
(14) CARLYNE CARDICHON VP, FINANCE	47.60					X		199,187.	0.	26,206.

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

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(15) AMY LEVNER VP, MARKETING & COMMUNICATIONS	46.30					X		194,313.	0.	27,437.
(16) RONDA JACKSON VP, CITY PARTNERSHIPS	40.30					X		195,742.	0.	15,894.
(17) CARRIE LEOVY SENIOR STRATEGIST	46.60					X		175,861.	0.	25,408.
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								1,894,520.	0.	196,052.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,894,520.	0.	196,052.

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 **▶** 26

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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	
5 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
PURPOSE CAMPAIGNS LLC, 115 5TH AVENUE FLOOR 6, NEW YORK, NY 10003	BRAND STRATEGY	403,543.

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 **▶** 1

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,394,621.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			10,394,621.			
Program Service Revenue	2a	CONTRACTED PROGRAM SERVICES	Business Code 900099	15,048,967.	15,048,967.	0.	0.	
	b	-----						
	c	-----						
	d	-----						
	e	-----						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			15,048,967.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		540,694.	0.	0.	540,694.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					5,609,077.			
	b	Less: cost or other basis and sales expenses	7b	5,003,020.				
	c	Gain or (loss)	7c	606,057.				
	d	Net gain or (loss)			606,057.	0.	0.	606,057.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19	9a						
			9b					
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a						
			10b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	-----	Business Code					
	b	-----						
	c	-----						
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			26,590,339.	15,048,967.	0.	1,146,751.	

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	1,702,208.	1,702,208.		
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	9,750.	9,750.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	983,616.	818,413.	93,809.	71,394.
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	7,646,026.	6,361,836.	729,214.	554,976.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	350,111.	291,308.	33,391.	25,412.
9	Other employee benefits	909,472.	756,721.	86,738.	66,013.
10	Payroll taxes	611,995.	509,208.	58,367.	44,420.
11	Fees for services (nonemployees):				
a	Management				
b	Legal	72,672.	58,385.	8,795.	5,492.
c	Accounting	74,622.	59,952.	9,031.	5,639.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	106,556.	70,723.	25,958.	9,875.
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,238,305.	994,868.	149,863.	93,574.
12	Advertising and promotion	15,105.	10,026.	3,680.	1,399.
13	Office expenses	316,489.	278,693.	17,558.	20,238.
14	Information technology	305,147.	233,247.	44,860.	27,040.
15	Royalties				
16	Occupancy	598,701.	427,056.	131,758.	39,887.
17	Travel	1,160,149.	1,081,272.	28,280.	50,597.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	69,627.	64,745.	0.	4,882.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	248,978.	177,742.	54,810.	16,426.
23	Insurance	101,462.	67,342.	24,717.	9,403.
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	PLAYGROUND EQUIPMENT	6,573,217.	6,573,217.	0.	0.
b	OTHER PLAYGROUND COSTS	3,555,624.	3,555,624.	0.	0.
c	MARKETING	102,464.	99,456.	0.	3,008.
d	DUES AND SUBSCRIPTIONS	87,684.	58,197.	21,361.	8,126.
e	All other expenses	38,559.	27,504.	8,485.	2,570.
25	Total functional expenses. Add lines 1 through 24e	26,878,539.	24,287,493.	1,530,675.	1,060,371.
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
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,329,549.	2	1,061,527.
	3 Pledges and grants receivable, net	1,668,350.	3	1,036,013.
	4 Accounts receivable, net	455,256.	4	478,695.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	50,143.	8	23,315.
	9 Prepaid expenses and deferred charges	87,833.	9	212,836.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,150,291.		
	b Less: accumulated depreciation	10b 1,744,463.	572,565.	10c 405,828.
	11 Investments—publicly traded securities	18,542,321.	11	18,595,248.
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	176,209.	14	88,626.
	15 Other assets. See Part IV, line 11	13,136.	15	11,641.
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,895,362.	16	21,913,729.	
Liabilities	17 Accounts payable and accrued expenses	2,644,365.	17	2,046,236.
	18 Grants payable	395,540.	18	488,628.
	19 Deferred revenue	3,142,357.	19	1,572,771.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	477,598.	25	296,503.
	26 Total liabilities. Add lines 17 through 25	6,659,860.	26	4,404,138.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,396,656.	27	13,555,369.
	28 Net assets with donor restrictions	3,838,846.	28	3,954,222.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	16,235,502.	32	17,509,591.	
33 Total liabilities and net assets/fund balances	22,895,362.	33	21,913,729.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,590,339.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,878,539.
3	Revenue less expenses. Subtract line 2 from line 1	3	-288,200.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,235,502.
5	Net unrealized gains (losses) on investments	5	1,562,289.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,509,591.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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		X
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax

Part VI, Line 17 (continued)

Continuation Statement

States Where Copy of Return is Required
AL
AR
CA
FL
GA
HI
IL
KS
KY
MD
MA
MI
MN
MS
NH
NJ
NM
NY
NC
OR
PA
RI
SC
TN
UT
VA
WV
WI

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization KaBOOM!, INC.	Employer identification number 52-1970904
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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 or 990-EZ).)
- 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)(vii)**. (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 33¹/₃% 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 33¹/₃% 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 in 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)							
Total							

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,529,655.	4,024,076.	4,203,359.	10,826,364.	10,394,621.	35,978,075.
2 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	20,551,573.	21,854,391.	18,522,049.	18,354,797.	15,048,967.	94,331,777.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	27,081,228.	25,878,467.	22,725,408.	29,181,161.	25,443,588.	130,309,852.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	57,214.	43,174.	59,511.	38,516.	46,231.	244,646.
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	8,978,702.	13,137,326.	9,209,045.	8,492,972.	10,866,228.	50,684,273.
c Add lines 7a and 7b	9,035,916.	13,180,500.	9,268,556.	8,531,488.	10,912,459.	50,928,919.
8 Public support. (Subtract line 7c from line 6.)						79,380,933.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	27,081,228.	25,878,467.	22,725,408.	29,181,161.	25,443,588.	130,309,852.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	237,209.	326,762.	364,209.	455,376.	540,694.	1,924,250.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	237,209.	326,762.	364,209.	455,376.	540,694.	1,924,250.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-229.	801.	448.	72.	0.	1,092.
13 Total support. (Add lines 9, 10c, 11, and 12.)	27,318,208.	26,206,030.	23,090,065.	29,636,609.	25,984,282.	132,235,194.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	60.03 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	59.38 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	1.46 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	1.33 %
19a 33 1/3% support tests—2019. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2018. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	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>		
2	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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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>		
3c	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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in 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>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in (2), 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>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. Answer (a) and (b) below.		
a	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>	2a	
b	Did the activities described in (a) 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>	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
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>	3b	

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.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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).			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Pt III Ln 12: Other Income Part III, Line 12 Description: MISCELLANEOUS INCOME

2015: -229. 2016: 801. 2017: 448. 2018: 72. 2019: 0.

Series of horizontal dashed lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

KaBOOM!, INC.

Employer identification number

52-1970904

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization KaBOOM!, INC.	Employer identification number 52-1970904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 2,595,641.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,596,762.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 333,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KaBOOM!, INC.	Employer identification number 52-1970904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 325,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 241,945.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 219,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 218,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 195,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KaBOOM!, INC.	Employer identification number 52-1970904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 146,121.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ 115,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ 113,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ 110,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ 109,372.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ 103,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KaBOOM!, INC.	Employer identification number 52-1970904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ ----- 65,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ ----- 62,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ ----- 56,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ ----- 36,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ ----- 36,036.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ ----- 31,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KaBOOM!, INC.	Employer identification number 52-1970904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ ----- 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ ----- 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ ----- 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ ----- 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ ----- 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KaBOOM!, INC.	Employer identification number 52-1970904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ 19,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ 19,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ 18,884.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ 17,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
KaBOOM!, INC.Employer identification number
52-1970904**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	\$ 12,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KaBOOM!, INC.	Employer identification number 52-1970904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	----- ----- -----	\$ ----- 10,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	----- ----- -----	\$ ----- 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	----- ----- -----	\$ ----- 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KaBOOM!, INC.	Employer identification number 52-1970904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KaBOOM!, INC.	Employer identification number 52-1970904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	----- ----- -----	\$ ----- 5,887.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	----- ----- -----	\$ ----- 5,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	----- ----- -----	\$ ----- 5,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	----- ----- -----	\$ ----- 5,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	----- ----- -----	\$ ----- 5,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KaBOOM!, INC.	Employer identification number 52-1970904
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	----- ----- -----	\$ 5,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	----- ----- -----	\$ 5,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KaBOOM!, INC.	Employer identification number 52-1970904
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----
-----	----- ----- ----- -----	\$-----	-----

Name of organization KaBOOM!, INC.	Employer identification number 52-1970904
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

2019

Open to Public Inspection

Name of the organization: KaBOOM!, INC. Employer identification number: 52-1970904

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 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a, 1b, 2, and 2a, 2b.

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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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
1a Beginning of year balance	4,500,000.	4,500,000.	4,500,000.	4,500,000.	4,500,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,500,000.	4,500,000.	4,500,000.	4,500,000.	4,500,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **▶** 100. %
- 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
1a Land	0.			0.
b Buildings				
c Leasehold improvements		1,176,295.	865,129.	311,166.
d Equipment		917,420.	822,758.	94,662.
e Other		56,576.	56,576.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				405,828.

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) _____		
Total. (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)		
Total. (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)	
Total. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	296,503.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	296,503.

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	25,867,133.
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	423,545.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	423,545.
3	Subtract line 2e from line 1	3	25,443,588.
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	1,146,751.
c	Add lines 4a and 4b	4c	1,146,751.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,590,339.

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	27,185,889.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	423,545.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	423,545.
3	Subtract line 2e from line 1	3	26,762,344.
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	116,195.
c	Add lines 4a and 4b	4c	116,195.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,878,539.

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.

Pt V, Line 4: BOARD-DESIGNATED OPERATING RESERVES

Pt X, Line 2: MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED

THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION ON THE FINANCIAL STATEMENTS.

Pt XI, Line 4b: AMOUNT CONSISTS OF INVESTMENT INTEREST AND CAPITAL GAINS REPORTED SEPARATELY ON THE FINANCIAL STATEMENTS.

Pt XII, Line 4b: INVESTMENT FEES NETTED AGAINST INVESTMENT REVENUE ON THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KaBOOM!, INC.

Employer identification number

52-1970904

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) North America	0	0	CONTRACTED PROGRAM SERVICES	PLAYGROUND BUILDS	277,185.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			277,185.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			277,185.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	PLAYSPACE ENHANCEMEN	9,750.	EFT			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **▶** 1

3 Enter total number of other organizations or entities **▶**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V **Supplemental Information**

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

Pt I Line 2: KABOOM! HAS A SET OF RULES AND REQUIREMENTS REGARDING THE CRITERIA
AND APPROVAL PROCEDURES FOR THIS GRANT PROGRAM. THE GRANT APPLICATION RULES AND
PROCESS DOES NOT VARY BASED ON WHETHER THE PROJECTS WERE OUTSIDE THE US. SEE
GRANTMAKING PROCEDURES IN THE US AT SCHEDULE I.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

KaBOOM!, INC.

Employer identification number

52-1970904

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GENESEE-ORLEANS REGIONAL ARTS COUNCIL 201 E MAIN ST BATAVIA NY 14020	16-1067054	501(C)(3)/GOVT	70,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
(2) KENAN CENTER, INC. 433 LOCUST ST LOCKPORT NY 14094	16-6088230	501(C)(3)/GOVT	67,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
(3) CHARTER TOWNSHIP OF ORION 2525 JOSLYN RD LAKE ORION MI 48360	38-6006171	501(C)(3)/GOVT	65,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
(4) CITY OF OAK PARK 14000 OAK PARK BLVD OAK PARK MI 48237	38-6004641	501(C)(3)/GOVT	65,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
(5) KING CENTER CHARTER SCHOOL 156 NEWBURGH AVE BUFFALO NY 14211	16-1587793	501(C)(3)/GOVT	63,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
(6) COMMON GROUND HEALTH 1150 UNIVERSITY AVE BLDG 5 ROCHESTER NY 14609	16-1061456	501(C)(3)/GOVT	60,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
(7) USA NIAGARA (NYSUDC) 222 1ST ST 7TH FL NIAGARA FALLS NY 14301	13-2624287	501(C)(3)/GOVT	56,675.	0.	N/A	N/A	PLAYSPACE INNOVATION
(8) CITY OF PONTIAC 47450 WOODWARD AVE PONTIAC MI 48341	38-6005034	501(C)(3)/GOVT	56,500.	0.	N/A	N/A	PLAYSPACE INNOVATION
(9) FOODLINK, INC. 1999 MT. READ BLVD ROCHESTER NY 14615	22-2428304	501(C)(3)/GOVT	54,550.	0.	N/A	N/A	PLAYSPACE INNOVATION
(10) WARRIORS IN ART 1907 SABINE ST STUDIO 115 HOUSTON TX 77007	82-5471711	501(C)(3)/GOVT	53,500.	0.	N/A	N/A	PLAYSPACE INNOVATION
(11) ALFRED ALMOND COMMUNITY SPORTS ASSOCIATION 1 MARVIN LN ALMOND NY 14804	46-5089218	501(C)(3)/GOVT	52,450.	0.	N/A	N/A	PLAYSPACE INNOVATION
(12) See Statement			1,095,363.	0.			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 160

3 Enter total number of other organizations listed in the line 1 table ▶ 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Pt I Line 2: KABOOM!, INC. COLLABORATES WITH FUNDING SOURCES TO OFFER GRANTS FOR PLAYGROUNDS, INNOVATIVE PLAY AND PLAY-RELATED PRODUCTS THAT ARE DESIGNED TO ENCOURAGE ACTIVE AND BALANCED PLAY, CREATIVITY, IMAGINATION, COMMUNICATION AND COLLABORATION. KABOOM! GRANT PROGRAMS PROVIDE FUNDING, PLANNING AND TECHNICAL ASSISTANCE AND/OR PRODUCTS TO COMMUNITIES THAT SEEK TO INCREASE PLAY OPPORTUNITIES FOR KIDS. IN ADDITION, GRANTEEES ARE ABLE TO ACCESS FREE KABOOM! ONLINE TOOLS TO HELP GUIDE THEM THROUGH THE PROCESS OF BUILDING OR IMPROVING A PLAYSPACE, DESIGNING AN INNOVATIVE PLAYSPACE, AND INTRODUCING PLAY-RELATED PRODUCTS TO PLAYTIME, RECESS OR CLASSROOM INSTRUCTION. THE GRANT PROGRAMS ARE FUNDED BY THIRD PARTY FUNDING SOURCES AND GENERALLY ADMINISTERED BY KABOOM!. THESE PROGRAMS PROVIDE KABOOM! THE OPPORTUNITY TO WORK WITH GROUPS THAT MAY BE INELIGIBLE CANDIDATES FOR A STANDARD KABOOM! PLAYGROUND PROJECT. THERE ARE THREE PRIMARY TYPES OF GRANT PROGRAMS: 1) CONSTRUCTION GRANTS: FINANCIAL SUPPORT FUNDS APPROXIMATELY 15% - 50% OF THE OVERALL COST FOR A PROJECT AND PROVIDES THE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

GRANTEE WITH PLANNING SUPPORT AND TECHNICAL ASSISTANCE. THE PROJECTS, WHICH RESULT IN NEW, REFURBISHED AND/OR EXPANDED PLAYGROUNDS, ARE INTENDED TO ENGAGE, INVOLVE, AND UNITE THE COMMUNITY. GRANTEES HAVE REPORTED THAT SUCH GRANTS HAVE PROVEN TO CATALYZE ADDITIONAL FUNDRAISING EFFORTS AND PROMOTE COMMUNITY ENGAGEMENT. 2) CREATIVE PLAY GRANTS: INNOVATIVE PLAY AND PLAY-RELATED PRODUCTS, SUCH AS IMAGINATION PLAYGROUND AND RIGAMAJIG, ARE DESIGNED TO ENCOURAGE CREATIVITY, IMAGINATION, COMMUNICATION AND COLLABORATION IN PLAY. GRANTEES ARE ABLE TO INCORPORATE THESE PRODUCTS INTO EXISTING PROGRAMS AND USE THEM FOR SPECIAL EVENTS IN THEIR COMMUNITY. 3) PLAY EVERYWHERE: FUNDING IS PROVIDED TO CITIES AND COMMUNITIES TO CREATE OPPORTUNITIES FOR KIDS TO LEAP, SCRAMBLE, AND JUMP THROUGH PLAYFUL TRANSFORMATIONS IN EVERY DAY SPACES IN THEIR COMMUNITIES (E.G., AT GROCERY STORES, IN EMPTY LOTS, ON SIDEWALKS, CROSSWALKS, AND CLOSED STREETS). KABOOM! HAS A STANDARD APPLICATION FORM FOR EACH GRANT PROGRAM, WHICH IS ACCESSIBLE ON OUR WEBSITE. PROSPECTIVE GRANTEES SUBMIT GRANT APPLICATIONS ONLINE. EACH APPLICATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

IS INITIALLY REVIEWED BY A GRANT ADMINISTRATIVE COORDINATOR TO ENSURE ALL INFORMATION IS SUBMITTED. THE SUBMITTED GRANT APPLICATIONS ARE REVIEWED AND SCORED BY AN INTERNAL GRANT REVIEW PANEL CONSISTING OF 2-5 KABOOM! STAFF MEMBERS, INCLUDING A GRANT MANAGER. SCORING IS BASED ON DEFINED SELECTION CRITERIA, WHICH IS CREATED BY KABOOM! AND FREQUENTLY IS APPROVED BY THE FUNDING PARTNER FOR SUCH GRANT. THE GRANT REVIEW PANEL'S RECOMMENDATIONS ARE SUBMITTED TO THE FUNDING PARTNER FOR APPROVAL. SELECTED GRANTEES ARE NOTIFIED OF THE AWARD AND SENT A GRANT AGREEMENT. EACH GRANT AGREEMENT INCLUDES PERFORMANCE BENCHMARKS THAT THE GRANTEE MUST ACKNOWLEDGE UPON ACCEPTANCE OF THE GRANT. THE GRANT MANAGER FOLLOWS UP AS NEEDED WITH EACH GRANTEE REGARDING PROGRESS TOWARD COMPLETION OF EACH BENCHMARK. KABOOM! WILL NOT RELEASE GRANT FUNDS OR COORDINATE DELIVERY OF CREATIVE PLAY PRODUCTS IF A GRANTEE HAS NOT EXECUTED A GRANT AGREEMENT, MET THE REQUIRED BENCHMARKS AND SUPPLIED THE APPROPRIATE DOCUMENTATION. WHEN A GRANTEE REQUESTS FULFILLMENT OF THE GRANT AWARD FOR ITS PROJECT, THE GRANT MANAGER

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

WILL ENSURE THAT ALL OF THE DOCUMENTATION REQUIRED FOR KABOOM! TO INITIATE RELEASE OF SUCH GRANT AWARD HAS BEEN SUBMITTED. ONCE THE GRANT MANAGER CONFIRMS THAT REQUIRED BENCHMARKS HAVE BEEN MET AND REQUIRED DOCUMENTATION HAS BEEN RECEIVED, THE GRANT MANAGER WILL PREPARE A CHECK REQUEST, WHICH MUST BE APPROVED BY THE CFO PRIOR TO PAYMENT. WHEN THE GRANT IS FOR PLAY PRODUCTS, THE PLAY PRODUCT WILL NOT BE SHIPPED UNTIL ALL REQUIRED DOCUMENTATION HAS BEEN RECEIVED. GRANTS SERVE THE FOLLOWING TYPES OF ORGANIZATIONS: CHILD SERVING NON-PROFIT ORGANIZATIONS NEIGHBORHOOD ASSOCIATIONS NATIVE AMERICAN TRIBAL ORGANIZATIONS SCHOOLS OR PTO/PTAS MUNICIPALITIES OTHER COMMUNITY BASED ORGANIZATIONS HOUSING AUTHORITIES CRITERIA FOR A KABOOM! GRANTEE INCLUDES: NEED (FOR A PLAYSPACE OR AN IMPROVED PLAYSPACE) IMPACT THAT THE PLAYSPACE WILL HAVE IN THE COMMUNITY COMMUNITIES THAT HAVE A HIGH NEED CAPACITY TO ENGAGE THE COMMUNITY CAPACITY TO GENERATE MATCHING FUNDS CAPACITY TO IMPACT THE LARGEST NUMBER OF KIDS DEMONSTRATED ENTHUSIASM FOR PROJECT AND COMMITMENT TO FULFILL REQUIREMENTS.

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

Name and address of organization or government	EIN	IRC Section (if applicable)	Amount of cash grant	Amount of non-cash assistance	Method of valuation (book, FMV, appraisal, other)	Description of noncash assistance	Purpose of grant or assistance
CAMP PUZZLE PEACE 10 ROCKHURST DR, PENFIELD, NY 14526	461887844	501(C)(3)/GOVT	51,450.	0.	N/A	N/A	PLAYSPACE INNOVATION
GLOW YMCA, INC. 209 E MAIN ST, BATAVIA, NY 14020	160743230	501(C)(3)/GOVT	51,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
MONROE FAMILY YMCA 1111 W ELM AVE, MONROE, MI 48162	381508585	501(C)(3)/GOVT	50,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
NORTHFIELD TOWNSHIP 8350 MAIN ST, WHITMORE LAKE, MI 48189	381812291	501(C)(3)/GOVT	47,550.	0.	N/A	N/A	PLAYSPACE INNOVATION
CHAUTAUQUA COUNTY HEALTH NETWORK 200 HARRISON ST STE 200, JAMESTOWN, NY 14701	161567513	501(C)(3)/GOVT	42,500.	0.	N/A	N/A	PLAYSPACE INNOVATION
VILLAGE OF MANCHESTER PO BOX 485, MANCHESTER, MI 48158	386004707	501(C)(3)/GOVT	41,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
CITY OF MARINE CITY 303 S WATER ST, MARINE CITY, MI 48039	386004573	501(C)(3)/GOVT	32,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
INDEPENDENT HEALTH FOUNDATION 511 FARBER LAKES DR, BUFFALO, NY 14221	161417199	501(C)(3)/GOVT	28,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
HOWELL MAIN STREET, INC. 118 W CLINTON ST, HOWELL, MI 48843	812891619	501(C)(3)/GOVT	27,825.	0.	N/A	N/A	PLAYSPACE INNOVATION
CITY OF ALGONAC 805 ST. CLAIR RIVER DR, ALGONAC, MI 48001	386004530	501(C)(3)/GOVT	18,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
BRASS COMMUNITY SCHOOL 6400 15TH AVE, KENOSHA, WI 53143	391089927	501(C)(3)/GOVT	14,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
CITY OF RIVER ROUGE 10600 W JEFFERSON, RIVER ROUGE, MI 48218	386004587	501(C)(3)/GOVT	14,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
JASPER ELEMENTARY SCHOOL 328 W TENTH ST, JASPER, IN 47456	351152332	501(C)(3)/GOVT	14,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
KANKAKEE TRINITY ACADEMY 1580 BUTTERFIELD TRAIL, KANKAKEE, IL 60901	363143810	501(C)(3)/GOVT	14,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
NORTHRIDGE ACADEMY 4100 W COLDWATER RD, FLINT, MI 48504	383478460	501(C)(3)/GOVT	14,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
DES LACS BURLINGTON ELEMENTARY PO BOX 117, DES LACS, ND 58733	456006741	501(C)(3)/GOVT	14,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

CITY OF EL CAJON 200 CIVIC CENTER, EL CAJON, TX 09202	956000703	501(C)(3)/GOVT	9,750.	0.	N/A	N/A	PLAYSPACE ENHANCEMENT
CITY OF TUKWILA PARKS AND RECREATION 12424 42ND AVE S, TUKWILA, WA 98168	916001519	501(C)(3)/GOVT	9,750.	0.	N/A	N/A	PLAYSPACE ENHANCEMENT
WESTSIDE NEIGHBORHOOD DEVELOPMENT CORPORATION PO BOX 383, MUNROE FALLS, OH 44262	341636679	501(C)(3)/GOVT	9,750.	0.	N/A	N/A	PLAYSPACE ENHANCEMENT
TWO-BRIDGE CREEK ELEMENTARY 121 BOMBING RANGE RD, ELGIN, SC 29045	571106644	501(C)(3)/GOVT	8,070.	0.	N/A	N/A	IMAGINATION PLAYGROUND
BOYS & GIRLS CLUBS OF SCHENECTADY 104 EDUCATION DR, SCHENECTADY, NY 12303	141364595	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
BRASHER FALLS CENTRAL 1039 STATE HWY 520, BRASHER FALLS, NY 13613	256002453	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
BRIDGEVILLE SCHOOL PO BOX 98, BRIDGEVILLE, CA 95526	942347115	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
CAMPUS CLUBS, INC. 2193 VINEVILLE AVE, MACON, GA 31204	582373761	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
CANANDAIGUA KIWANIS FOUNDATION, INC. PO BOX 863, CANANDAIGUA, NY 14424	161517636	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
CARLISLE COUNTY ELEMENTARY 4557 STATE RT 1377, BARDWELL, KY 42023	616001241	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
CITY OF CHICOPEE 274 FRONT ST, CHICOPEE, MA 01013	046001385	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
CITY OF KERMAN 7205 8TH ST, KERMAN, CA 93630	946000351	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
COALINGA HURON UNIFIED SCHOOL DISTRICT 657 SUNSET ST, COALINGA, CA 93210	770559741	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
COEBURN MIDDLE SCHOOL 518 CENTRE AVE, COEBURN, VA 24230	546001690	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
COMMUNITY FOUNDATION - FREEDOM PARK PO BOX 4474, CLEVELAND, TN 37320	262101084	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
CONGREGATION BAIS TZVI YOS 59 PARRY ST, LUZERNE, PA 18709	452915535	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
COUNTY OF SCOTLAND PO BOX 489, LAURINBURG, NC 28353	566000339	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
DWORSHAK ELEMENTARY PTO 102 E 19TH ST, BURLEY, ID 83318	800768065	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

FAVORED FOUNDATION FOR STRENGTHENING FAMILIES 5990 PAGE, SAINT LOUIS, MO 63112	463901875	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
FOUR RIVERS OUTREACH CDC 7396 RIVERS AVE, CHARLESTON, SC 29406	510611169	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
GEORGE COUNTY SCHOOL DISTRICT - LT TAYLOR INTERMEDIATE 5152 MAIN ST, LUCEDALE, MS 39452	646000379	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
GEORGE JUNIOR REPUBLIC 233 GEORGE JUNIOR RD, GROVE CITY, PA 16127	251536204	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
GREWENOW ELEMENTARY SCHOOL 7714 20TH AVE, KENOSHA, WI 53143	391089927	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
HARVEST HOUSE 3650 17TH ST, SARASOTA, FL 34235	592186807	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
HOUSING AUTHORITY OF THE CITY OF ANNAPOLIS 1217 MADISON ST, ANNAPOLIS, MD 21403	526001393	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
IRON COUNTY C-4 SCHOOL DISTRICT - VIBURNUM ELEMENTARY HWY 49, VIBURNUM, MO 65566	436000720	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
KC BLIND ALL STARS 1100 STATE AVE, KANSAS CITY, KS 66162	480950013	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
KNOX COUNTY YMCA 1324 W CARL SANDBURG DR, GALESBURG, IL 61401	370661260	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
LEECH LAKE BAND OF OJIBWE 190 SAILSTAR DR NW, CASS LAKE, MN 56633	411242052	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
LOGANSPORT COMMUNITY SCHOOL - COLUMBIA ELEMENTARY 2829 GEORGE ST, LOGANSPORT, IN 46947	356006860	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
LUTHER VAUGHAN ELEMENTARY 192 VAUGHAN RD, GAFFNEY, SC 29341	576001580	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
MARIE WILKINSON CDC PO BOX 1911, AURORA, IL 60507	362696529	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
MCALESTER PUBLIC SCHOOLS - PARKER INTERMEDIATE PO BOX 1027, MCALESTER, OK 74501	736021200	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
MERCY HOUSING LAKEFRONT 120 S LASALLE STE 1850, CHICAGO, IL 60603	363453183	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
MINETTO HSA, INC. 2411 COUNTY RTE 8, OSWEGO, NY 13126	311663890	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
MONEY CREEK TOWNSHIP 18035 COUNTY 26, HOUSTON, MN 55943	411466805	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

MULLICA TOWNSHIP PO BOX 317, ELWOOD, NJ 08217	222599059	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
MUSEUM OF AVIATION FOUNDATION PO BOX 2469, WARNER ROBINS, GA 31099	581451656	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
NAUGATUCK PUBLIC SCHOOLS - HOP BROOK ELEMENTARY 497 RUBBER AVE, NAUGATUCK, CT 06770	066002041	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
PAKACHOAG ACRES 153 MILLBURY AVE, MILLBURY, MA 01527	042635069	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
PASSAVANT AREA HOSPITAL 1600 W WALNUT ST, PLEASANT PLAINS, IL 62650	370661230	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
PINEVILLE INDEPENDENT 401 VIRGINIA AVE, PINEVILLE, KY 40977	616001431	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
PRIDE STORES 246 COTTAGE ST, SPRINGFIELD, MA 01104	300759066	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
PROJECT PLAY PO BOX 162, MENTOR, MN 56736	416005367	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
PROTEUS, INC. 1830 N DINUBA BLVD, VISALIA, CA 93291	942184330	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
REGIONAL SCHOOL UNIT 10 799 HANCOCK ST STE 1, RUMFORD, ME 04276	300530840	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
ROOSEVELT ELEMENTARY 230 3RD AVE E, DICKINSON, ND 58601	456001585	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
RUSHFORD ECONOMIC DEVELOPMENT ORGANIZATION PO BOX 437, RUSHFORD, NY 14777	166002365	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
SHERBURNE-EARLVILLE CENTRAL SCHOOL 15 SCHOOL ST, SHERBURNE, NY 13460	160924133	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
SMITHVILLE ELEMENTARY PO BOX 30, SMITHVILLE, WV 26178	556000394	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
SOMERSET COMMUNITY ACTION PROGRAM 155 PIERCE ST, SOMERSET, NJ 08873	226075617	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
STEM MAGNET ACADEMY 8434 POINTE COUPEE RD, MORGANZA, LA 70759	726001102	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
THE GRACE FOUNDATION OF NY 460 BRIELLE AVE, STATEN ISLAND, NY 10314	134131863	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
THE LEARNING CENTER 611 KORTE PKWY, LONGMONT, CO 80501	840523717	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

TIMBER LAKE & AREA DEVELOPMENT, INC. PO BOX 194, TIMBER LAKE, SD 57656	363813692	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
TOWN OF CHESTER PO BOX 423, CHESTERTOWN, NY 12817	146002124	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
TROY CITY SCHOOLS PO BOX 529, TROY, AL 36081	636001127	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
UNITED WAY OF GREATER RICHMOND & PETERSBURG 2001 MAYWILL ST STE 201, RICHMOND, VA 23230	237375346	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
VILLAGE OF UNIVERSITY PARK 698 BURNHAM DR, UNIVERSITY PARK, IL 60484	362651341	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
YMCA OF SHAWNEE 700 W SARATOGA, SHAWNEE, OK 74804	730602462	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
ALBUQUERQUE CHRISTIAN CHILDREN'S HOME 5700 WINTER HAVEN RD, ALBUQUERQUE, NM 87120	237122398	501(C)(3)/GOVT	7,631.	0.	N/A	N/A	IMAGINATION PLAYGROUND
SUNLAND PARK COMMUNITY LIBRARY 1000 MCNUTT RD, SUNLAND PARK, NM 88063	850316599	501(C)(3)/GOVT	7,631.	0.	N/A	N/A	IMAGINATION PLAYGROUND
BOYS & GIRLS CLUBS OF METRO DENVER, INC. 2017 W 9TH AVE, DENVER, CO 80204	840510404	501(C)(3)/GOVT	7,427.	0.	N/A	N/A	IMAGINATION PLAYGROUND
BOYS & GIRLS CLUBS OF THE MIDLANDS 2610 HAMILTON ST, OMAHA, NE 68131	470467350	501(C)(3)/GOVT	7,393.	0.	N/A	N/A	IMAGINATION PLAYGROUND
AVENUE COMMUNITY DEVELOPMENT CORPORATION 2505 WASHINGTON AVE STE 400, HOUSTON, TX 77007	746019671	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	IMAGINATION PLAYGROUND
BOYS & GIRLS CLUB OF THE COASTAL BEND 3902 GREENWOOD DR, CORPUS CHRISTI, TX 78416	741294586	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	IMAGINATION PLAYGROUND
CHILDREN'S DISCOVERY MUSEUM OF THE GOLDEN CRESCENT 1205 SAM HOUSTON, VICTORIA, TX 77901	742920207	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	IMAGINATION PLAYGROUND
EXCELLENCE ACADEMY CHILD CARE & LEARNING CENTER 2801 MAIN ST, DICKINSON, TX 77539	261419750	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	IMAGINATION PLAYGROUND
FOCUSING FAMILIES PO BOX 1053, HEMPSTEAD, TX 77445	760631349	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	IMAGINATION PLAYGROUND
FOOD BANK OF THE GOLDEN CRESCENT 3809 E RIO GRANDE ST, VICTORIA, TX 77901	742534561	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	IMAGINATION PLAYGROUND
HITCHCOCK INDEPENDENT SCHOOL DISTRICT 7801 NEVILLE RD BLDG B, HITCHCOCK, TX 77563	746001099	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	IMAGINATION PLAYGROUND
MEVERICK BOYS & GIRLS CLUB OF AMARILLO 1923 S LINCOLN ST, AMARILLO, TX 79109	750808760	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	IMAGINATION PLAYGROUND
PROMISE ROSE RESIDENTIAL CARE HOME, INC. 9035 COMAL ST, HOUSTON, TX 77051	821579974	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	IMAGINATION PLAYGROUND

Schedule I: Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**Part II: Grants and Other Assistance to Domestic Organizations and Domestic Governments****Continuation Statement**

TEXAS ANNUAL CONFERENCE UNITED METHODIST CHURCH 5215 MAIN ST, HOUSTON, TX 77002	741491628	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	IMAGINATION PLAYGROUND
THE BOYS & GIRLS CLUBS OF WACO 2700 N 21ST ST, WACO, TX 76708	746002520	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	IMAGINATION PLAYGROUND
YMCA OF WICHITA FALLS 1010 9TH ST, WICHITA FALLS, TX 76301	750808818	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	IMAGINATION PLAYGROUND
LOVE CITY, INC. 344 N 26TH, LOUISVILLE, KY 40212	475206106	501(C)(3)/GOVT	6,977.	0.	N/A	N/A	IMAGINATION PLAYGROUND
RICHMOND POLICE ATHLETIC LEAGUE 1365 OVERBROOK RD, RICHMOND, VA 23220	541549777	501(C)(3)/GOVT	6,926.	0.	N/A	N/A	IMAGINATION PLAYGROUND
BOYS & GIRLS CLUB OF CENTRAL NEW MEXICO 3333 TRUMAN NE, ALBUQUERQUE, NM 87110	850106943	501(C)(3)/GOVT	5,445.	0.	N/A	N/A	RIGAMIJIG
			1,095,363.	0.			

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

KaBOOM!, INC.

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

52-1970904

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | | |
|--|-----------|---|
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|--|-----------|---|
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|--|-----------|---|
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES SIEGAL CEO	(i)	300,135.	65,961.	0.	16,800.	17,606.	400,502.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 BRUCE M. BOWMAN PRESIDENT, PLAY PRODUCTS INITIATIVE	(i)	251,236.	43,000.	0.	15,074.	14,332.	323,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 GEORGE T. MEGAS CFO	(i)	192,409.	42,000.	0.	11,545.	13,518.	259,472.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LYSA RATLIFF VP, PARTNERSHIP DEVELOPMENT	(i)	191,676.	43,000.	0.	11,227.	1,005.	246,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CARLYNE CARDICHON VP, FINANCE	(i)	161,687.	37,500.	0.	9,701.	16,505.	225,393.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 AMY LEVNER VP, MARKETING & COMMUNICATIONS	(i)	161,813.	32,500.	0.	9,709.	17,728.	221,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 RONDA JACKSON VP, CITY PARTNERSHIPS	(i)	162,242.	33,500.	0.	9,735.	6,159.	211,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CARRIE LEOVY SENIOR STRATEGIST	(i)	148,401.	27,460.	0.	8,904.	16,504.	201,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Other: KABOOM!, INC. MAINTAINS A WRITTEN EXECUTIVE TRAVEL POLICY, WHICH APPLIES TO EACH OF ITS OFFICERS.

THE POLICY, WHICH IS ADMINISTERED BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD, COVERS AIR AND TRAIN TRAVEL, ACCOMMODATIONS, CAR RENTALS AND LOCAL TRANSPORTATION AS WELL AS MEALS AND OTHER TRAVEL EXPENSES. THE POLICY REQUIRES ECONOMY OR BUSINESS CLASS TRAVEL FOR SUBSTANTIALLY ALL AIR TRAVEL. UNDER KABOOM!'S EXECUTIVE EXPENSE REVIEW PROCESS, THE TRAVEL AND OTHER EXPENSES FOR THE CEO INITIALLY ARE REVIEWED AND APPROVED BY THE CFO, WHO REPORTS ON THESE EXPENSES IN DETAIL AND WITH APPROPRIATE ANALYSIS QUARTERLY TO THE CHAIR OF THE FINANCE COMMITTEE WHO ALSO REVIEWS AND APPROVES THESE EXPENSES. THE CHAIR OF THE FINANCE COMMITTEE REPORTS TO THE BOARD ON THE RESULTS OF SUCH REVIEW. AS PART OF THE ANNUAL AUDIT PROCESS THE INDEPENDENT AUDITORS INCLUDE IN THEIR EXAMINATION A REVIEW OF THE COMPANY'S COMPLIANCE WITH THIS POLICY AND CONDUCT SAMPLE TESTING AND REVIEW OF THE EXPENSE RECEIPTS AND DOCUMENTATION FOR THE CEO.

**SCHEDULE O
(Form 990 or 990-EZ)**

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 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

KaBOOM!, INC.

Employer identification number

52-1970904

Other: PART III, LINE 1: KIDS WHO DON'T HAVE ACCESS TO PLAY MISS OUT ON CHILDHOOD
AND ARE DENIED CRITICAL OPPORTUNITIES TO BUILD PHYSICAL, SOCIAL AND EMOTIONAL
HEALTH. AND ALL TOO OFTEN, IT MORE DEEPLY AFFECTS COMMUNITIES OF COLOR. KABOOM!
ENVISIONS A WORLD WHERE EVERY KID CAN GET THE PLAY THEY NEED TO THRIVE, REGARDLESS
OF RACE, ZIP CODE AND FAMILY INCOME. WHERE EVERY ELEMENTARY SCHOOL HAS A PLACE
FOR KIDS TO EXPERIENCE THE SIMPLE JOYS OF CHILDHOOD. TEENS HAVE A SPACE IN THEIR
NEIGHBORHOOD WHERE THEY CAN HAVE FUN WITH PEERS, BE THEMSELVES AND KNOW IT'S
WHERE THEY BELONG. COMMUNITIES HAVE A PLACE TO COME TOGETHER AND FORGE UNBREAKABLE
BONDS. AND ENTIRE SYSTEMS WORK TOGETHER TO SPARK HOPE AND ENABLE KIDS TO REACH
THEIR FULL POTENTIAL. WHEN PLAYSPACE EQUITY IS ACHIEVED, KIDS WILL BE ABLE TO
PLAY CLOSE TO WHERE THEY LIVE AND LEARN, AND THOSE PLAYSPACES WILL BE OF HIGH
QUALITY AND BUILT WITH THE DESIRES OF THE COMMUNITY IN MIND BECAUSE THEY WERE
INVOLVED FROM THE VERY BEGINNING. IN ORDER TO END PLAYSPACE INEQUITY, KABOOM!
ADDRESSES THE DISPARITY BY: I. TEAMING UP WITH COMMUNITIES AND DIVERSE PARTNERS
TO IMAGINE AND BUILD KID-DESIGNED HIGH-QUALITY PLAYSPACES THAT HAVE A TRANSFORMATIVE
IMPACT. II. DRIVING INNOVATION IN PLAYSPACE DESIGN FOR KIDS OF ALL AGES. III.
HELPING TO ENSURE EQUITABLE ACCESS TO PLAYSPACES FOR KIDS AND FAMILIES IN EVERY
COMMUNITY. SINCE THE BEGINNING OF THE ORGANIZATION, KABOOM! HAS TEAMED UP WITH
PARTNERS TO BUILD OR IMPROVE 17,000+ PLAYSPACES, ENGAGE MORE THAN 1.5 MILLION
COMMUNITY MEMBERS AND BRING JOY TO MORE THAN 11 MILLION KIDS.

Pt XI: PART III, LINE 4A: TEAMING UP WITH COMMUNITIES TO BUILD KID-DESIGNED
PLAYSPACES FOR MORE THAN TWO DECADES, KABOOM! HAS TEAMED UP WITH BOLD AND DEDICATED
COMMUNITY MEMBERS AND KIDS TO UNDERSTAND THEIR UNIQUE NEEDS AND DESIRES AND THEN,
TOGETHER, BUILD INSPIRING PLACES TO PLAY. WITH THE EXPERIENCE OF WORKING SIDE

Name of the organization KaBOOM!, INC.	Employer identification number 52-1970904
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BY SIDE WITH BOLD, DIVERSE AND INSPIRING COMMUNITY MEMBERS, KABOOM! HAS LEARNED THAT THERE'S NO "ONE SIZE FITS ALL" SOLUTION TO CREATING SPACES THAT MEET THE NEEDS OF KIDS AND THEIR FAMILIES. KABOOM! STARTS WITH A FOCUS ON UNDERSTANDING EACH NEIGHBORHOOD'S ASPIRATIONS, INCLUDING THE IDEAS AND DREAMS OF THE KIDS THEMSELVES. WITH THAT KNOWLEDGE, THEY CREATE AN APPROACH THAT WORKS FOR THE COMMUNITY AND THEN, TOGETHER BUILD INCREDIBLE PLACES TO PLAY, INSPIRED BY THEIR DESIGN, COURAGE AND LEADERSHIP. KABOOM! ENCOURAGES COMMUNITIES TO COME TOGETHER TO BUILD A PLAYSPACE AND TO STAY TOGETHER TO USE AND TAKE CARE OF IT, SO THAT THE SPACE THEY CREATE BECOMES A VALUED KID- AND FAMILY-FRIENDLY GATHERING PLACE, AND THE COMMUNITY FEELS INCREASED OWNERSHIP AND PRIDE IN THEIR NEIGHBORHOOD. IN 2019, KABOOM! CREATED 328 PLAYSPACES, WHICH IMPACTED AN ESTIMATED 618,000 KIDS. THESE PROJECTS ENGAGED APPROXIMATELY 29,400 VOLUNTEERS IN NEARLY EVERY U.S. STATE, THE DISTRICT OF COLUMBIA, CANADA AND MEXICO. SINCE THE BEGINNING OF THE ORGANIZATION, KABOOM! HAS BUILT OR IMPROVED 17,000+ PLAYSPACES, ENGAGED MORE THAN 1.5 MILLION COMMUNITY MEMBERS AND BROUGHT JOY TO OVER 11 MILLION KIDS. KABOOM! BELIEVES ITS COMMUNITY-BUILT PLAYGROUNDS RESULT IN KIDS FEELING VALUED AND GENERATE A TANGIBLE, ACHIEVABLE WIN FOR COMMUNITIES. LOOKING TOWARD THE FUTURE, KABOOM! CONTINUES EFFORTS TO BUILD COLLECTIVE ACTION THAT ENABLES KIDS TO REACH THEIR FULL POTENTIAL.

Other: PART III, LINE 4B: DRIVING INNOVATION IN PLAYSPACE DESIGN FOR KIDS OF ALL AGES KABOOM! ENABLES COMMUNITIES TO DESIGN, BUILD, ENJOY AND MAINTAIN GREAT PLAYSPACES. KABOOM! BELIEVES THE PROCESS OF BUILDING THE PLAYSPACE ALONGSIDE THE COMMUNITY RESULTS IN AN INCREASED SENSE OF COMMUNITY OWNERSHIP OF THEIR NEIGHBORHOOD AND INCREASED SKILLS, CONFIDENCE AND COURAGE TO DO EVEN MORE FOR ITS KIDS. IN ADDITION TO PLAYGROUNDS, KABOOM! OFFERS SPACES THAT ADDRESS THE GROWING NEED FOR NEW AND DIVERSE ACTIVITY OPTIONS FOR OLDER KIDS AND TEENS. TODAY, MANY TEENS, ESPECIALLY IN COMMUNITIES OF COLOR, ARE LEARNING TO RESPOND TO AND NAVIGATE CHALLENGES

Name of the organization KaBOOM!, INC.	Employer identification number 52-1970904
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THAT ARE FORCING THEM TO GROW UP TOO FAST. THESE DYNAMICS IN THE HOME AND AT
 SCHOOL REVEAL THE NEED FOR US TO HELP PROVIDE POSITIVE OUTLETS WHERE TEENS FEEL
 LIKE THEY BELONG AND CAN ENJOY BEING ACTIVE WITH FRIENDS. INVESTING IN TEENS
 DEMONSTRATES TO THEM THAT THEY MATTER AND ARE SUPPORTED BY CARING ADULTS WHO
 WANT TO ENSURE THEIR VOICES ARE HEARD IN THEIR OWN COMMUNITIES AND THEY ARE GETTING
 OPPORTUNITIES TO ENGAGE AND ENJOY BEING KIDS FOR A BIT LONGER. MULTI-SPORT
 COURTS AND ADVENTURE COURSES ARE HELPING TO PROVIDE SPECIAL PLACES TO ENJOY WHERE
 THEY FEEL THEY BELONG, AND CAN BE ACTIVE WITH PEERS AND ENGAGE WITH THEIR COMMUNITY
 IN A MEANINGFUL WAY. MULTI-SPORT COURTS TRANSFORM AN OPEN CONCRETE AREA INTO
 A VIBRANT SPACE TO PLAY A RANGE OF SPORTS AND ACTIVITIES, FROM BASKETBALL AND
 SOCCER TO FOUR SQUARE. ADVENTURE COURSES OFFER AN OBSTACLE COURSE-TYPE OF RECREATION
 THAT ALLOWS OLDER KIDS AND TEENS TO CHALLENGE THEMSELVES THROUGHOUT THE COURSE
 AND ENJOY FRIENDLY COMPETITION WITH THEIR PEERS. KABOOM! ALSO INNOVATES TO
 BRING CREATE PLAYSPACES WHERE A PLAYGROUND MAY NOT BE POSSIBLE. THROUGH CREATIVE
 PLAY PRODUCTS - IMAGINATION PLAYGROUND AND RIGAMAJIG - KABOOM! PROVIDES MOBILE
 PLAYGROUNDS THAT CAN BE MOVED FROM SITE TO SITE, BOTH INDOORS AND OUTDOORS. KABOOM!
 BELIEVES THESE MOBILE PLAYGROUNDS CAN IGNITE THE IMAGINATIONS AND CREATIVITY
 OF ALL KIDS. IMAGINATION PLAYGROUND IN A CART IS AN INNOVATIVE DESIGN IN PLAY
 EQUIPMENT THAT ENCOURAGES CREATIVITY, COMMUNICATION AND COLLABORATION IN PLAY.
 RIGAMAJIG IS A LARGE-SCALE BUILDING KIT DESIGNED FOR HAND-ON FREE PLAY AND ENCOURAGES
 STEM LEARNING. PLAY EVERYWHERE CONTINUES TO ENCOURAGE CREATIVE SOLUTIONS TO
 MAKE PLAY A WAY OF LIFE IN EVERYDAY AND UNEXPECTED PLACES, INCLUDING ON SIDEWALKS,
 IN VACANT LOTS, AT BUS STOPS, IN OPEN STREETS AND BEYOND - ESPECIALLY IN COMMUNITIES
 WHERE KIDS OFTEN HAVE LIMITED ACCESS TO PLAYSPACES. HELPING TO ENSURE EQUITABLE
 ACCESS TO PLAYSPACES FOR KIDS AND FAMILIES IN EVERY COMMUNITY FAR TOO MANY KIDS
 LIVE IN COMMUNITIES THAT HAVE EXPERIENCED DECADES OF DISINVESTMENT, LEADING TO
 INEQUITABLE ACCESS TO PLAYSPACES THAT MORE DEEPLY IMPACTS COMMUNITIES OF COLOR.

Name of the organization KaBOOM!, INC.	Employer identification number 52-1970904
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KABOOM! IS WORKING TO END PLAYSPACE INEQUITY, OVERCOMING THE SYSTEMIC BARRIERS THAT GET IN THE WAY OF KIDS PLAYING. WITH AN EXPLICIT GOAL OF DRIVING PLAYSPACE EQUITY: KABOOM! LEVERAGES DATA TO IDENTIFY DISPARITIES IN ACCESS TO QUALITY PLACES TO PLAY. THEY BRING TOGETHER PARTNERS WHO CAN JOIN THEM IN COLLECTIVE ACTION WITH THESE COMMUNITIES TO CREATE SPACES THAT SPARK JOY, HOPE AND LIMITLESS OPPORTUNITIES FOR KIDS. KABOOM! ALSO USES DATA TO UNDERSTAND THE IMPACT THAT PLACES TO PLAY HAVE ON THE ISSUES THAT COMMUNITIES AND PARTNERS CARE ABOUT, SUCH AS: NEIGHBORHOOD REVITALIZATION, HEALTH, COMMUNITY RESILIENCE, EARLY CHILDHOOD DEVELOPMENT AND TEEN ENGAGEMENT. KABOOM! FOCUSES ON RACIAL EQUITY SEEKING TO ADDRESS DISPARITIES IN ACCESS TO HIGH-QUALITY PLAYSPACES AND THE RELATED DISPARITIES IN OUTCOMES FOR KIDS AND COMMUNITIES. KABOOM! SEEKS TO ENSURE THAT: (I) WHERE THEY BUILD ADDRESSES RACIAL INEQUITY IN ACCESS TO QUALITY PLAYSPACES (II) THE WAY WORK IS DONE IS FLEXIBLE ENOUGH TO RESPOND TO THE UNIQUE CULTURE, CONTEXT, ASSETS AND CHALLENGES OF EACH COMMUNITY (III) MAXIMUM PLAY VALUE IS CREATED AND IS RESPONSIVE TO KIDS AND THE COMMUNITY (IV) ITS PARTNERS ARE COMMITTED TO PLAYSPACE EQUITY AND ALIGNING THEIR RESOURCES TO HELP ACHIEVE THIS (V) COMMUNICATIONS REFLECT EQUITY-BASED FOCUS THROUGH THE LANGUAGE USED WITH A COMMUNITY-RESPONSIVE, DATA-DRIVEN APPROACH AND FOCUS ON RACIAL EQUITY, KABOOM! BELIEVES IT IS UNIQUELY POSITIONED TO DIRECTLY ADDRESS PLAYSPACE INEQUITY AND WORKING TOGETHER WITH PARTNERS AND COMMUNITIES TO BUILD A HIGH VOLUME OF PLAYSPACES THAT ADDRESS THE GREATEST DISPARITIES.

Pt VI, Line 11b: THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT AUDITORS AND IS REVIEWED BY THE MANAGEMENT TEAM AND AUDIT COMMITTEE. THE FORM 990 IS APPROVED BY THE AUDIT COMMITTEE. ONCE APPROVED BY THE AUDIT COMMITTEE THE FORM 990 IS SENT TO THE BOARD OF DIRECTORS AND LEGAL COUNSEL FOR REVIEW AND COMMENT AND IS APPROVED BY THE BOARD OF DIRECTORS BEFORE FILING.

Name of the organization KaBOOM!, INC.	Employer identification number 52-1970904
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Pt VI, Line 12c: KABOOM!, INC. MAINTAINS A CONFLICT OF INTEREST POLICY, WHICH APPLIES TO EACH DIRECTOR AND OFFICER OF KABOOM!, THAT SEEKS TO PROTECT THE INTERESTS OF KABOOM! WHEN IT CONTEMPLATES ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN OFFICER OR DIRECTOR OF KABOOM!. THE POLICY IS INTENDED TO SUPPLEMENT APPLICABLE STATE AND FEDERAL LAWS GOVERNING CONFLICT OF INTEREST APPLICABLE TO NON-PROFIT AND CHARITABLE ORGANIZATIONS AND TO AID DIRECTORS AND OFFICERS OF KABOOM! IN PERFORMING THE DUTIES IMPOSED UPON THEM BY APPLICABLE LAW WITH RESPECT TO THEIR MANAGEMENT RESPONSIBILITIES AND FIDUCIARY OBLIGATIONS TO KABOOM!. THE CONFLICT OF INTEREST POLICY REQUIRES ANY DIRECTOR OR OFFICER, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST (DEFINED AS A GREATER THAN 5% OWNERSHIP INTEREST IN, OR COMPENSATION ARRANGEMENT WITH) OR AFFILIATE RELATIONSHIP WITH ANY PERSON OR ENTITY THAT IS INVOLVED IN AN ACTUAL OR POTENTIAL TRANSACTION WITH KABOOM!, TO DISCLOSE THE EXISTENCE OF SUCH FINANCIAL INTEREST OR AFFILIATE RELATIONSHIP TO THE CHAIRPERSON OF THE BOARD OF DIRECTORS AND THE CHAIRPERSON OF THE GOVERNANCE AND NOMINATING COMMITTEE. IN ADDITION TO THE GENERAL DUTY TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, THE POLICY REQUIRES EACH DIRECTOR AND OFFICER TO COMPLETE AN ANNUAL DISCLOSURE STATEMENT THAT, AMONG OTHER THINGS, DISCLOSES ANY SUCH FINANCIAL INTEREST OR AFFILIATE RELATIONSHIP. FOLLOWING DISCLOSURE OF SUCH FINANCIAL INTEREST OR AFFILIATE RELATIONSHIP, THE POLICY PROVIDES FOR THE MATTER TO BE REFERRED TO THE BOARD OR THE GOVERNANCE AND NOMINATING COMMITTEE, WHICH THEN DETERMINES WHETHER SUCH INTEREST OR RELATIONSHIP CREATES A CONFLICT OF INTEREST IN RESPECT OF SUCH DIRECTOR OR OFFICER AND, IF SO, SUCH DIRECTOR OR OFFICER MAY PROVIDE INFORMATION OR INTERPRETATION WITH RESPECT TO SUCH MATTER BUT SHALL OTHERWISE REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE MATTER.

Name of the organization KaBOOM!, INC.	Employer identification number 52-1970904
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Pt VI, Line 15a: KABOOM!, INC. MAINTAINS AN EXECUTIVE COMPENSATION POLICY WITH THE OBJECTIVE OF PROVIDING A REASONABLE AND COMPETITIVE EXECUTIVE TOTAL COMPENSATION OPPORTUNITY CONSISTENT WITH MARKET-BASED COMPENSATION PRACTICES FOR INDIVIDUALS POSSESSING THE EXPERIENCE AND SKILLS NEEDED TO MANAGE AND IMPROVE THE OVERALL PERFORMANCE OF THE ORGANIZATION. THE KABOOM! EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO, AMONG OTHER THINGS: 1) ENCOURAGE THE ATTRACTION AND RETENTION OF HIGH-CALIBER EXECUTIVES; 2) PROVIDE A COMPETITIVE TOTAL COMPENSATION PACKAGE, INCLUDING BENEFITS; 3) STRONGLY SUPPORT A PERFORMANCE DRIVEN CULTURE THROUGH THE USE OF INCENTIVES FOR KEY EMPLOYEES; 4) REINFORCE THE GOALS OF THE ORGANIZATION BY SUPPORTING TEAMWORK AND COLLABORATION; 5) ENSURE THAT PAY IS PERCEIVED TO BE FAIR AND EQUITABLE; 6) BE FLEXIBLE TO REWARD INDIVIDUAL ACCOMPLISHMENTS AS WELL AS ORGANIZATIONAL SUCCESS; AND 7) BALANCE THE NEED TO BE COMPETITIVE WITHIN THE LIMITS OF AVAILABLE FINANCIAL RESOURCES. THE KABOOM! EXECUTIVE COMPENSATION PROGRAM IS ADMINISTERED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR ALL SENIOR EXECUTIVES OF THE ORGANIZATION. TO EVALUATE AND BENCHMARK THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM AGAINST THE COMPETITIVE MARKET, AN INDEPENDENT CONSULTING FIRM CONDUCTS A BI-ANNUAL REVIEW INTENDED TO ENSURE THAT THE COMPENSATION PROGRAM FALLS WITHIN A REASONABLE RANGE OF COMPETITIVE PRACTICES FOR COMPARABLE POSITIONS AMONG SIMILARLY SITUATED ORGANIZATIONS. THE FINDINGS ARE REVIEWED BY THE BOARD WHO MEETS AS NEEDED TO REVIEW THE COMPENSATION PROGRAM AND MAKE ANY CHANGES, AS APPROPRIATE. THE EXECUTIVE COMMITTEE REVIEWS ANNUALLY AND SUBMITS FOR BOARD APPROVAL ITS RECOMMENDATIONS REGARDING THE BASE SALARY ADJUSTMENTS AND ANNUAL INCENTIVE PAYMENTS, AS WELL AS OBJECTIVES AND GOALS FOR THE UPCOMING YEAR'S ANNUAL PERFORMANCE APPRAISAL AND INCENTIVE PLAN FOR THE CEO. THE CEO DETERMINES THE COMPENSATION AND INCENTIVE AWARDS FOR THE OTHER EXECUTIVE OFFICERS. AFTER THE COMPLETION OF THE ANNUAL AUDIT, THE EXECUTIVE COMMITTEE

Name of the organization KaBOOM!, INC.	Employer identification number 52-1970904
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REVIEWS, APPROVES AND REPORTS TO THE BOARD THEIR ASSESSMENT OF THE CEO'S ACTUAL PERFORMANCE MEASURED AGAINST BOARD APPROVED GOALS AND OBJECTIVES. AT SUCH TIME THE FINANCE COMMITTEE ALSO REVIEWS AND RECOMMENDS AND SUBMITS FOR BOARD APPROVAL THE INCENTIVE PAYMENTS FOR ALL OTHER OFFICERS AS MEASURED AGAINST THE BOARD APPROVED INCENTIVE PLAN. IN ADDITION, THE BOARD HAS ADOPTED AN EXECUTIVE COMPENSATION CLAWBACK POLICY, PURSUANT TO WHICH KABOOM!, SUBJECT TO THE FULL AND FINAL AUTHORITY OF THE BOARD TO MAKE ALL DETERMINATIONS REQUIRED THEREUNDER, SHALL SEEK REIMBURSEMENT OF PERFORMANCE-BASED AND/OR DISCRETIONARY COMPENSATION PAID TO AN EXECUTIVE OFFICER OF KABOOM! IF THE BOARD DETERMINES THAT THE AMOUNT OF ANY SUCH PERFORMANCE-BASED AND/OR DISCRETIONARY COMPENSATION ACTUALLY PAID OR AWARDED TO A CURRENT OR FORMER EXECUTIVE OFFICER DURING THE ONE-YEAR PERIOD PRECEDING THE DATE ON WHICH KABOOM! IS REQUIRED TO PREPARE SUCH RESTATEMENT WOULD HAVE BEEN A LOWER AMOUNT HAD IT BEEN CALCULATED BASED ON SUCH RESTATED FINANCIAL STATEMENTS OR SUCH EXECUTIVE OFFICER ENGAGED IN FRAUD OR INTENTIONAL MISCONDUCT THAT CONTRIBUTED TO THE NEED FOR SUCH RESTATEMENT OR RESULTED IN ERRONEOUS CALCULATIONS OF PERFORMANCE-BASED AND/OR DISCRETIONARY COMPENSATION.

Pt VI, Line 15b: SEE LINE 15A NARRATIVE ABOVE.

Pt VI, Line 19: KaBOOM!, INC. INCLUDES ON ITS WEBSITE COPIES OF ITS AUDITED FINANCIAL STATEMENTS AND ITS FORM 990 FOR THE PAST FIVE YEARS. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

Other: PART VI-B LINE 16 IMAGINATION PLAYGROUND, LLC IS A DELAWARE LIMITED LIABILITY COMPANY OWNED BY KABOOM! AND MHSCO HOLDINGS, LLC, AN AFFILIATE OF THE M.H. STALLMAN COMPANY, A MANUFACTURER OF CERTAIN IMAGINATION PLAYGROUND PLAY EQUIPMENT. IMAGINATION PLAYGROUND, LLC FOCUSES ON THE DESIGN, DEVELOPMENT, PRODUCTION, MANUFACTURING,

Name of the organization KaBOOM!, INC.	Employer identification number 52-1970904
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MARKETING, DISTRIBUTION, SALES AND INSTALLATION OF PLAY SPACES AND RELATED PLAY EQUIPMENT ASSOCIATED WITH THE IMAGINATION PLAYGROUND CONCEPT WHICH WAS CONCEIVED AND DESIGNED BY ARCHITECT DAVID ROCKWELL TO ENCOURAGE CHILD-DIRECTED, UNSTRUCTURED "FREE-PLAY." IMAGINATION PLAYGROUND, LLC IS MANAGED BY A SEPARATE BOARD CONSISTING OF ITS CHIEF EXECUTIVE OFFICER AND TWO DESIGNEES APPOINTED BY EACH OF KABOOM! AND MHSCO HOLDINGS, LLC. IN ADDITION, IMAGINATION PLAYGROUND, LLC IS A VENDOR TO KABOOM!, WHICH FROM TIME TO TIME MAY PURCHASE IMAGINATION PLAYGROUND PRODUCTS FROM THE JOINT VENTURE ON BEHALF OF CERTAIN COMMUNITIES THAT MAY RECEIVE SUCH PRODUCTS IN CONNECTION WITH KABOOM!-LED PLAYGROUND BUILDS OR KABOOM!-ADMINISTERED GRANT PROGRAMS.

Other: PART I LINE 16B AND PART III LINES 4A AND 4B: KABOOM!, INC. INCURS BUSINESS DEVELOPMENT COSTS RELATED TO CONTRACTED SERVICE REVENUE AS WELL AS TO GRANTS AND CONTRIBUTIONS RECEIVED. THE DEVELOPMENT COSTS RELATED TO CONTRACT SERVICES PERTAINING TO FACILITATING THE CREATION OF COMMUNITY BUILT PLAY SPACES UNDER UNDER LINE 4A OF PART III WERE \$1,452,798. THE DEVELOPMENT COSTS PERTAINING TO DRIVING INNOVATION IN PLAY SPACE DESIGN AND HELPING CITIES MAKE PLAY THE EASY CHOICE FOR KIDS AND FAMILIES UNDER LINE 4B OF PART III WERE \$66,779. THE DEVELOPMENT COSTS PERTAINING TO FUNDRAISING FOR GRANTS AND CONTRIBUTIONS UNDER LINE 16B OF PART I PERTAINING TO THE REVENUES REPORTED ON LINE 8 OF PART I - CONTRIBUTIONS AND GRANTS WERE \$1,060,371.

Pt VI, Section C, Line 17:

State: AR

State: CA

State: FL

State: GA

State: HI

Name of the organization

Employer identification number

KaBOOM!, INC.

52-1970904

State: IL

State: KS

State: KY

State: MD

State: MA

State: MI

State: MN

State: MS

State: NH

State: NJ

State: NM

State: NY

State: NC

State: OR

State: PA

State: RI

State: SC

State: TN

State: UT

State: VA

State: WV

State: WI

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
KaBOOM!, INC.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number
52-1970904

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) KaBOOM! PLAY INITIATIVES, LLC 46-5154156 4301 CONN. AVE. NW ML-1 WASHINGTON DC 20008	PLAY PRODUCTS	DE	397,264.	358,536.	KABOOM!, INC.
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART 1: KABOOM! PLAY INITIATIVES, LLC ("KPI"), A WHOLLY OWNED SUBSIDIARY OF
 KABOOM!, INC., IS A DELAWARE LIMITED LIABILITY COMPANY THAT WAS FORMED IN 2013
 TO PURSUE CERTAIN PLAY INITIATIVES IN FURTHERANCE OF KABOOM!'S MISSION. AMONG
 OTHER THINGS, KPI UNDERTAKES ACTIVITIES DESIGNED TO CONNECT SELLERS AND BUYERS
 OF INNOVATIVE PLAY OR PLAY-RELATED PRODUCTS. WHILE KPI DOES NOT OWN OR SELL
 SUCH PRODUCTS, IT DOES PROVIDE CERTAIN PAYMENT PROCESSING SERVICES AND MANAGES
 ORDER FULFILLMENT FOR SUCH PRODUCTS (AMONG OTHER ANCILLARY SERVICES PROVIDED
 BY KPI IN CONNECTION WITH SUCH ACTIVITIES). SELLERS COMPLETING SALES IN CONNECTION
 WITH SUCH ACTIVITIES CONTRIBUTE TO KPI A PORTION OF THE SALES PRICE PAID FOR
 EACH PRODUCT AS AN DONATION WITHOUT RESTRICTION TO SUPPORT KABOOM!'S MISSION.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20_____

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2019

Name of exempt organization KaBOOM!, INC.	Employer identification number 52-1970904
Name and title of officer GEORGE MEGAS, CFO	

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, 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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>26,590,339.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Lane & Company, CPAs to enter my PIN

2	0	0	0	6
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature ▶ _____ Date ▶ 04/30/2020

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.

7	8	0	6	6	1	2	0	0	0	6
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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 ▶ _____ Date ▶ 05/04/2020

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