

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Header section containing organization name (KaBOOM!, INC.), EIN (52-1970904), address (4301 CONNECTICUT AVENUE, NW, WASHINGTON, DC 20008), and principal officer (LYSA RATLIFF).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 12,487,395), expenses (Total: 16,066,739), and net assets (Total: 13,804,932).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for officer GEORGE MEGAS, CFO, dated 05/03/2021.

Paid Preparer Use Only section for preparer ROBERT E. LANE, dated 05/03/2021, with firm name Lane & Company, CPAs.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

KaBOOM!, INC., WHICH WE REFER TO AS KABOOM!, 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 \$ 12,378,147. including grants of \$ 2,521,070.) (Revenue \$ 5,109,562.)

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

**4b** (Code: \_\_\_\_\_) (Expenses \$ 1,708,053. including grants of \$ 0.) (Revenue \$ 658,549.)

SEE SCHEDULE O FOR DESCRIPTIONS  
PART II - DRIVING INNOVATION IN PLAYSPACE DESIGN  
PART III - ENSURING EQUITABLE ACCESS TO PLAYSPACES FOR KIDS AND FAMILIES 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 **▶** 14,086,200.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<b>4</b>	X
<b>5</b> 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>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> 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>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<b>12a</b>	X
<b>b</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>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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>	<b>14b</b>	X
<b>15</b> 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>	<b>15</b> X	
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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>	<b>17</b>	X
<b>18</b> 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>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> 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>	<b>21</b> X	

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

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> 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>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> 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)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>15b</b>	Other officers or key employees of the organization . . . . .	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	X	
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	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) VINCENT J. LUMIA MEMBER	1.50	X						0.	0.	0.
(10) LADAN MANTEGHI MEMBER	1.50	X						0.	0.	0.
(11) UDAYA PATNAIK MEMBER	1.50	X						0.	0.	0.
(12) LYNN M. ROSS MEMBER	1.50	X						0.	0.	0.
(13) JAMES SIEGAL CEO	45.30			X				252,565.	0.	25,629.
(14) BRUCE M. BOWMAN PRESIDENT, PLAY PRODUCTS INITIATIVE	45.90			X				255,394.	0.	21,165.

**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) GEORGE T. MEGAS CFO	48.00			X				189,125.	0.	18,715.
(16) NABEEHA KAZI VP, PROGRAM MANAGEMENT	53.50					X		189,125.	0.	20,787.
(17) LYSA RATLIFF VP, PARTNERSHIP DEVELOPMENT	46.60					X		189,125.	0.	4,019.
(18) CARRIE LEOVY SENIOR STRATEGIST	42.90					X		166,359.	0.	20,849.
(19) AMY LEVNER VP, MARKETING & COMMUNICATIONS	45.80					X		159,388.	0.	22,925.
(20) CARLYNE CARDICHON VP, FINANCE	51.40					X		160,138.	0.	21,279.
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>								1,561,219.	0.	155,368.
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,561,219.	0.	155,368.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b>	Membership dues . . . . .	<b>1b</b>						
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>						
	<b>d</b>	Related organizations . . . . .	<b>1d</b>						
	<b>e</b>	Government grants (contributions)	<b>1e</b>	1,624,600.					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,799,851.					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		5,424,451.					
	<b>Program Service Revenue</b>	<b>2a</b>	CONTRACTED PROGRAM SERVICES	Business Code 900099	5,768,111.	5,768,111.	0.	0.	
<b>b</b>		-----							
<b>c</b>		-----							
<b>d</b>		-----							
<b>e</b>		-----							
<b>f</b>		All other program service revenue . . .							
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶		5,768,111.					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		323,352.	0.	0.	323,352.		
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶							
	<b>5</b>	Royalties . . . . . ▶							
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real					
				(ii) Personal					
				<b>6b</b>	Less: rental expenses				
				<b>6c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . . ▶							
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
				(ii) Other					
				<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	6,097,148.	5,125,667.		
				<b>7c</b>	Gain or (loss) . . . . .		971,481.		
	<b>d</b>	Net gain or (loss) . . . . . ▶		971,481.	0.	0.	971,481.		
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
	<b>c</b>	Net income or (loss) from fundraising events . . . ▶							
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>9b</b>				Less: direct expenses . . . . .					
<b>c</b>				Net income or (loss) from gaming activities . . . ▶					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>							
			<b>10b</b>	Less: cost of goods sold . . . . .					
			<b>c</b>	Net income or (loss) from sales of inventory . . . ▶					
<b>Miscellaneous Revenue</b>	<b>11a</b>	-----	Business Code						
	<b>b</b>	-----							
	<b>c</b>	-----							
	<b>d</b>	All other revenue . . . . .							
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶							
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶			12,487,395.	5,768,111.	0.	1,294,833.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,513,070.	2,513,070.		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	8,000.	8,000.		
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	762,592.	626,076.	80,670.	55,846.
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	5,787,004.	4,751,035.	612,174.	423,795.
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	204,816.	168,151.	21,666.	14,999.
<b>9</b>	Other employee benefits . . . . .	717,692.	589,213.	75,921.	52,558.
<b>10</b>	Payroll taxes . . . . .	525,597.	431,506.	55,600.	38,491.
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	33,941.	29,335.	3,486.	1,120.
<b>c</b>	Accounting . . . . .	63,352.	54,754.	6,508.	2,090.
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	94,103.	61,652.	23,320.	9,131.
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	515,936.	445,921.	52,997.	17,018.
<b>12</b>	Advertising and promotion . . . . .	3,426.	2,245.	849.	332.
<b>13</b>	Office expenses . . . . .	214,351.	179,835.	14,910.	19,606.
<b>14</b>	Information technology . . . . .	232,683.	178,557.	38,005.	16,121.
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	598,546.	412,779.	137,846.	47,921.
<b>17</b>	Travel . . . . .	75,780.	67,248.	6,179.	2,353.
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	14,791.	13,295.	0.	1,496.
<b>20</b>	Interest . . . . .	2,317.	1,518.	574.	225.
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	242,652.	168,356.	54,788.	19,508.
<b>23</b>	Insurance . . . . .	99,681.	65,306.	24,703.	9,672.
<b>24</b>	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.)				
<b>a</b>	PLAYGROUND EQUIPMENT	1,928,104.	1,928,104.	0.	0.
<b>b</b>	OTHER PLAYGROUND COSTS	1,278,698.	1,278,698.	0.	0.
<b>c</b>	MARKETING	12,418.	12,071.	0.	347.
<b>d</b>	DUES AND SUBSCRIPTIONS	82,011.	53,730.	20,324.	7,957.
<b>e</b>	All other expenses	55,178.	45,745.	7,000.	2,433.
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	16,066,739.	14,086,200.	1,237,520.	743,019.
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	1,061,527.	<b>2</b>	1,146,310.
	<b>3</b> Pledges and grants receivable, net . . . . .	1,036,013.	<b>3</b>	510,384.
	<b>4</b> Accounts receivable, net . . . . .	478,695.	<b>4</b>	336,418.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	23,315.	<b>8</b>	18,191.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	212,836.	<b>9</b>	170,117.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 2,150,290.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,899,650.	405,828.	<b>10c</b> 250,640.
	<b>11</b> Investments—publicly traded securities . . . . .	18,595,248.	<b>11</b>	16,669,155.
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	88,626.	<b>14</b>	1,162.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	11,641.	<b>15</b>	6,770.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	21,913,729.	<b>16</b>	19,109,147.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,046,236.	<b>17</b>	1,163,263.
	<b>18</b> Grants payable . . . . .	488,628.	<b>18</b>	1,520,000.
	<b>19</b> Deferred revenue . . . . .	1,572,771.	<b>19</b>	2,127,966.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	150,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	296,503.	<b>25</b>	342,986.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	4,404,138.	<b>26</b>	5,304,215.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	13,555,369.	<b>27</b>	11,269,473.
	<b>28</b> Net assets with donor restrictions . . . . .	3,954,222.	<b>28</b>	2,535,459.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	17,509,591.	<b>32</b>	13,804,932.	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	21,913,729.	<b>33</b>	19,109,147.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	12,487,395.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	16,066,739.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,579,344.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	17,509,591.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-125,315.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	13,804,932.

**Part XII Financial Statements and Reporting**

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,024,076.	4,203,359.	10,826,364.	10,394,621.	3,799,851.	33,248,271.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	21,854,391.	18,522,049.	18,354,797.	15,048,967.	5,768,111.	79,548,315.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	25,878,467.	22,725,408.	29,181,161.	25,443,588.	9,567,962.	112,796,586.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	43,174.	59,511.	38,516.	46,231.	63,084.	250,516.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .	13,137,326.	9,209,045.	8,492,972.	10,866,228.	3,500,645.	45,206,216.
<b>c</b> Add lines 7a and 7b . . . . .	13,180,500.	9,268,556.	8,531,488.	10,912,459.	3,563,729.	45,456,732.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						67,339,854.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .	25,878,467.	22,725,408.	29,181,161.	25,443,588.	9,567,962.	112,796,586.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	326,762.	364,209.	455,376.	540,694.	323,352.	2,010,393.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	326,762.	364,209.	455,376.	540,694.	323,352.	2,010,393.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	801.	448.	72.	0.	0.	1,321.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	26,206,030.	23,090,065.	29,636,609.	25,984,282.	9,891,314.	114,808,300.
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	58.65 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	60.03 %

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	1.75 %
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.46 %
<b>19a 33 1/3% support tests—2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2019.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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 line 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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
	<b>11a</b>		
<b>b</b>	A family member of a person described in line 11a above?		
	<b>11b</b>		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015 . . . . .			
<b>b</b> From 2016 . . . . .			
<b>c</b> From 2017 . . . . .			
<b>d</b> From 2018 . . . . .			
<b>e</b> From 2019 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016 . . . . .			
<b>b</b> Excess from 2017 . . . . .			
<b>c</b> Excess from 2018 . . . . .			
<b>d</b> Excess from 2019 . . . . .			
<b>e</b> Excess from 2020 . . . . .			

**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

2016: 801. 2017: 448. 2018: 72. 2019: 0. 2020: 0.

Series of horizontal dashed lines for supplemental information.

**Schedule of Contributors**

**2020**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization <u>KaBOOM!, INC.</u>	<b>Employer identification number</b> 52-1970904
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**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 33<sup>1</sup>/<sub>3</sub>% 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 (entering “N/A” in column (b) instead of the contributor name and address), 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
---------------------------------------	--

**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	----- ----- -----	\$ 1,944,676.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 500,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 225,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 209,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 208,500.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 113,500.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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	----- ----- -----	\$ 100,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 52,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 30,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 25,800.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 25,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 25,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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	----- ----- -----	\$ 24,999.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ 20,793.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ 30,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ 18,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ 15,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ 12,224.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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	----- ----- -----	\$ 12,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 12,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 12,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 11,610.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 10,500.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 10,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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	----- ----- -----	\$ ----- 10,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ ----- 8,848.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ ----- 7,775.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ ----- 7,250.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ ----- 6,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ ----- 5,160.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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	----- ----- -----	\$ ----- 5,160.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ ----- 5,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ ----- 5,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ ----- 5,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ ----- 5,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements... 9 In Part XIII, describe how the organization reports conservation easements...

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition... 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	4,500,000.	4,500,000.	4,500,000.	4,500,000.	4,500,000.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	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  %
- b** Permanent endowment  %
- c** Term endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0.			0.
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		1,176,295.	985,496.	190,799.
<b>d</b> Equipment		917,420.	857,579.	59,841.
<b>e</b> Other		56,575.	56,575.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				250,640.



**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	342,986.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	342,986.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	12,468,624.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-125,315.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	220,485.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-113,941.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-18,771.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	12,487,395.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	12,487,395.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	16,173,283.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	220,485.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	220,485.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	15,952,798.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	94,103.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	19,838.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	113,941.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	16,066,739.

**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 2d: AMOUNT CONSISTS OF BANK AND INVESTMENT FEES GROUPED WITH REVENUE ON THE AUDITED FINANCIAL STATEMENTS.

Pt XII, Line 4b: AMOUNT CONSISTS OF BANK FEES GROUPED WITH REVENUE ON THE AUDITED FINANCIAL STATEMENTS.



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**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](http://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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			North America	PLAYSPACE ENHANCEMEN	8,000.	EFT			
<b>(2)</b>									
<b>(3)</b>									
<b>(4)</b>									
<b>(5)</b>									
<b>(6)</b>									
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<b>(14)</b>									
<b>(15)</b>									
<b>(16)</b>									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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





**SCHEDULE I  
(Form 990)**

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

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> BELMONT ALLIANCE CIVIC ASSOCIATION 871 N HOLLY ST FI#2 PHILADELPHIA PA 19104	23-3004021	501(C)(3)/GOVT	80,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
<b>(2)</b> BY MY SIDE PARENTING 1747 TULIP ST PHILADELPHIA PA 19125	23-2894709	501(C)(3)/GOVT	80,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
<b>(3)</b> CITY OF PHILADELPHIA PARKS & RECREATION 1515 ARCH ST 10TH FL PHILADELPHIA PA 19102	21-5683360	501(C)(3)/GOVT	80,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
<b>(4)</b> FRIENDS OF EASTERN STATE PENITENTIARY PARK PO BOX 56080 PHILADELPHIA PA 19130	31-1490243	501(C)(3)/GOVT	80,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
<b>(5)</b> HABITAT FOR HUMANITY PHILADELPHIA 1829 N 19TH ST PHILADELPHIA PA 19129	42-1580163	501(C)(3)/GOVT	80,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
<b>(6)</b> ADVANCING MACOMB 25 N MAIN ST MOUNT CLEMENS MI 48043	46-2344176	501(C)(3)/GOVT	75,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
<b>(7)</b> RANDOLPH AREA COMMUNITY DEVELOPMENT CENTER 72 MAIN ST RANDOLPH NY 14772	14-1858177	501(C)(3)/GOVT	75,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
<b>(8)</b> PUENTAS DE SALUD 1700 SOUTH ST PHILADELPHIA PA 19146	26-1973303	501(C)(3)/GOVT	75,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
<b>(9)</b> COMMUNITY FOUNDATION OF MONROE COUNTY 28 S MACOMB ST MONROE MI 48161	38-2236628	501(C)(3)/GOVT	72,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
<b>(10)</b> CITY OF ROMULUS 11111 WAYNE RD ROMULUS MI 48174	38-6006334	501(C)(3)/GOVT	70,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
<b>(11)</b> PHILADELPHIA CHINATOWN DEVELOPMENT CORPORATION 301 N 9TH ST PHILADELPHIA PA 19107	23-7439723	501(C)(3)/GOVT	70,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
<b>(12)</b> See Statement			1,609,810.	0.			

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 83

**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) 2020

**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					
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**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
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**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 GRANTS PROGRAM 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 THE ASSOCIATE DIRECTOR OF GRANTS PROGRAM. SCORING IS BASED ON DEFINED SELECTION CRITERIA,  
 WHICH IS CREATED BY KABOOM! AND FREQUENTLY IS APPROVED BY THE FUNDING PARTNER. THE GRANT REVIEW PANEL'S RECOMMENDATIONS  
 ARE SUBMITTED TO THE FUNDING PARTNER FOR APPROVAL. SELECTED GRANTEEES 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 GRANTS PROGRAM COORDINATOR 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

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

GRANTS PROGRAM COORDINATOR WILL ENSURE THAT ALL OF THE DOCUMENTATION REQUIRED FOR KABOOM! TO INITIATE RELEASE OF SUCH GRANT AWARD HAS BEEN SUBMITTED. ONCE THE GRANTS PROGRAM COORDINATOR CONFIRMS THAT REQUIRED BENCHMARKS HAVE BEEN MET AND REQUIRED DOCUMENTATION HAS BEEN RECEIVED, THE GRANTS PROGRAM COORDINATOR WILL PREPARE A CHECK REQUEST, WHICH MUST BE APPROVED BY THE CFO PRIOR TO PAYMENT. FOR CREATIVE PLAY GRANTS, 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 EXPERIENCED DISINVESTMENT AND THE RESULTING LACK OF RESOURCES

CAPACITY TO ENGAGE THE COMMUNITY  CAPACITY TO GENERATE MATCHING FUNDS  CAPACITY TO IMPACT THE LARGEST NUMBER



**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
SPRINGVILLE CENTER FOR THE ARTS PO BOX 62, SPRINGVILLE, NY 14141	161093588	501(C)(3)/GOVT	68,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
MAYOR'S FUND FOR PHILADELPHIA CITY HALL RM 267, PHILADELPHIA, PA 19107	232174863	501(C)(3)/GOVT	68,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
HOUGHTON COLLEGE 1 WILLIARD AVE, HOUGHTON, NY 14744	160743045	501(C)(3)/GOVT	67,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
SAN FRANCISCO RECREATION & PARKS DEPARTMENT MCLAREN LODGE 501 STANTON ST, SAN FRANCISCO, CA 94117	946000417	501(C)(3)/GOVT	65,000.	0.	N/A	N/A	RE-OPENING GRANT
COMMUNITY ACTION NETWORK ANN ARBOR PO BOX 130076, ANN ARBOR, MI 48113	382792610	501(C)(3)/GOVT	65,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
VILLAGE OF PERRY 46 N MAIN ST, PERRY, NY 14530	166002501	501(C)(3)/GOVT	65,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
NATIONALITIES SERVICE CENTER 1216 ARCH ST 4TH FL, PHILADELPHIA, PA 19107	231352336	501(C)(3)/GOVT	65,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
NW GOLDBERG CARES 6122 15TH ST, DETROIT, MI 48208	821819545	501(C)(3)/GOVT	64,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
CHAUTAUQUA INSTITUTION PO BOX 28, CHAUTAUQUA, NY 14722	160758844	501(C)(3)/GOVT	63,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
BICYCLE COALITION OF GREATER PHILADELPHIA 1500 WALNUT ST STE 1107, PHILADELPHIA, PA 19102	232586631	501(C)(3)/GOVT	60,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
PEOPLE FOR PEOPLE CHARTER SCHOOL 800 N BROAD ST, PHILADELPHIA, PA 19130	233077524	501(C)(3)/GOVT	60,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
RIVERFRONT NORTH PARTNERSHIP 3460 N DELAWARE AVE STE 306, PHILADELPHIA, PA 19134	202231228	501(C)(3)/GOVT	59,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
PHILADELPHIA HOUSING AUTHORITY 2013 RIDGE AVE, PHILADELPHIA, PA 19121	236003266	501(C)(3)/GOVT	56,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
CITY OF MADISON HEIGHTS 300 W 13 MILE RD, MADISON HEIGHTS, MI 48071	386025685	501(C)(3)/GOVT	54,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
RURAL OUTREACH CENTER 730 OLEAN RD, EAST AURORA, NY 14052	460817544	501(C)(3)/GOVT	50,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
CITY OF CHELSEA 305 S MAIN ST STE 100, CHELSEA, MI 48118	386007163	501(C)(3)/GOVT	46,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
FRANKFORD COMMUNITY DEVELOPMENT CORPORATION 4667 PAUL ST, PHILADELPHIA, PA 19124	232738932	501(C)(3)/GOVT	41,000.	0.	N/A	N/A	PLAYSPACE INNOVATION

**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**

ALFRED ALMOND COMMUNITY SPORTS ASSOCIATION 1 MARVIN LN, ALMOND, NY 14804	465089218	501(C)(3)/GOVT	36,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
GENERATION TWO PO BOX 18626, ROCHESTER, NY 14618	770688957	501(C)(3)/GOVT	35,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
CENTRAL LIBRARY OF ROCHESTER AND MONROE COUNTIES 115 SOUTH AVE, ROCHESTER, NY 14604	223160973	501(C)(3)/GOVT	32,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
THE CLAY STUDIO 137-139 N 2ND ST, PHILADELPHIA, PA 19106	237380408	501(C)(3)/GOVT	28,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
PORT HURON HOUSING COMMISSION 905 7TH ST, PORT HURON, MI 48060	382937929	501(C)(3)/GOVT	27,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
UNIVERSITY OF ROCHESTER 518 HVLAN BLDG BOX 270140, ROCHESTER, NY 14267	160743209	501(C)(3)/GOVT	27,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
GLAZIER CHILDREN'S MUSEUM TAMPA 110 W GASPARILLA PLAZA, TAMPA, FL 33602	592637851	501(C)(3)/GOVT	19,832.	0.	N/A	N/A	PLAY PRODUCTS - IMAGINATION PLAYGROUND
CENTER FOR AQUATIC SCIENCES 1 RIVERSIDE DR, CAMDEN, NJ 08103	521647018	501(C)(3)/GOVT	18,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
BALITMORE CITY PUBLIC SCHOOLS 1401 W LAFAYETTE AVE, BALTIMORE, MD 21217	522064235	501(C)(3)/GOVT	10,682.	0.	N/A	N/A	RE-OPENING GRANT
WYOMING COUNTY YOUTH BUREAU 8 PENNY AVE, WYOMING, NY 14591	166002571	501(C)(3)/GOVT	9,000.	0.	N/A	N/A	PLAYSPACE INNOVATION
ANNA'S HOUSE FOUNDATION 1101 BRYANT AVE, LUTHER, OK 73054	331203679	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
ASTEC CHARTER ELEMENTARY SCHOOL 2401 NW 23RD ST STE 39A, OKLAHOMA CITY, OK 73017	731577092	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
SCHOOL DISTRICT OF WAUKESHA 2019 BUTLER DR, WAUKESHA, WI 53186	391868435	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
BOYS & GIRLS CLUBS OF WEST CENTRAL WI 105 W MILWAUKE ST, TOMAH, WI 54660	391962065	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
BRASHER FALLS CENTRAL 1039 STATE HIGHWAY 520, BRASHER FALLS, NY 13613	256002453	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
CITY OF BOWLING GREEN MISSOURI 16 W CHURCH ST, BOWLING GREEN, MO 63334	436000365	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
CITY OF CASCADE PO BOX 400, CASCADE, IA 52033	466004327	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
CITY OF CEDARTOWN 201 E AVE, CEDARTOWN, GA 30125	586000535	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
CITY OF GARY PARKS DEPARTMENT 1400 CAROLINA ST, GARY, IN 46407	361001040	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**

CITY OF HAMMOND, LA PO BOX 2788, HAMMOND, LA 70404	720573539	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
CITY OF MONESSEN 557 DONNER AVE, PHILADELPHIA, PA 15062	256000871	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
CURWENSVILLE BOROUGH 900 SUSQUEHANNA AVE, CURWENSVILLE, PA 16833	256000322	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
FAMILY PROMISE OF HALL COUNTY 3606 MCEVER RD, OAKWOOD, GA 30566	275544034	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
GREATER PEORIA FAMILY YMCA 7000 FLEMING LN, PEORIA, IL 61614	370662605	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
GREEN COUNTY INTERMEDIATE SCHOOL 401 E HODGENVILLE AVE, GREENSBURG, KY 42743	616001285	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
GWINNET COUNTY PUBLIC SCHOOLS 53 GWINNET DR BLDG C, LAWRENCEVILLE, GA 30044	161764597	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
HAMMOND AREA RECREATIONAL DISTRICT NO. 1 PO BOX 1305, HAMMOND, LA 70404	273971569	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
MASON CITY COMMUNITY SCHOOL DISTRICT 1515 S PENNSYLVANIA AVE, MASON CITY, IA 50401	426002616	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
MCLEOD FAMILY FOUNDATION 410 FIRST ST, ROANOKE, VA 24011	270365906	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
MIAMI R-I SCHOOL DISTRICT 7638 STATE RT J, AMORET, MO 64722	446004923	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
MINETTO HSA INC. 2411 COUNTY RT 8, OSWEGO, NY 13126	311663890	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
MINNESOTA ADULT & TEEN CHALLENGE 2424 BUSINESS 371, BRAINERD, MN 56401	411517351	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
NATCHEZ-ADAMS SCHOOL DISTRICT PO BOX 1188, NATCHEZ, MS 39121	646008997	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
NEW ALBANY MAIN STREET ASSOCIATION 135 E BANKHEAD ST, NEW ALBANY, MS 38652	640884475	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
ROME CITY SCHOOLS 508 E SECOND ST, ROME, GA 30161	580871809	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**

SHERBURN-EARLVILLE CENTRAL SCHOOL 15 SCHOOL ST, SHERBURNE, NY 13460	160924133	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
SULTAN SCHOOL DISTRICT NO. 311 514 4TH ST, SULTAN, WA 98294	911559731	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
THE COMMUNITY BUILDERS 185 DARTMOUTH ST, BOSTON, MA 02116	042324773	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
THE DREAMERS COMPANY 100 N MAIN ST, WASHINGTON, PA 15401	824555439	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
TOWN OF ARCADIA PO BOX 578, ARCADIA, IN 46030	356005029	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
VARNADO PARK 64285 RECREATION CENTER RD, VARNADO, LA 70426	474042892	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
VILLAGE OF JEFFERSONVILLE 4 N MAIN ST PO BOX 7, JEFFERSONVILLE, OH 43128	316001055	501(C)(3)/GOVT	8,000.	0.	N/A	N/A	PLAYSPACE CONSTRUCTION
BOYS & GIRLS CLUBS OF KING COUNTY 603 STEWART ST STE 300, SEATTLE, WA 98101	910532600	501(C)(3)/GOVT	7,807.	0.	N/A	N/A	PLAY PRODUCTS - IMAGINATION PLAYGROUND
THE DEVEREUX FOUNDATION 120 DAVID WAY DR, VICTORIA, TX 77902	231390618	501(C)(3)/GOVT	7,564.	0.	N/A	N/A	PLAY PRODUCTS - IMAGINATION PLAYGROUND
CASA DE LOS NINOS 1120 N 5TH AVE, TUCSON, AZ 85705	860314595	501(C)(3)/GOVT	7,398.	0.	N/A	N/A	PLAY PRODUCTS - IMAGINATION PLAYGROUND
YMCA OF GREATER TULSA 420 S MAIN ST, TULSA, OK 74103	730579269	501(C)(3)/GOVT	7,340.	0.	N/A	N/A	PLAY PRODUCTS - IMAGINATION PLAYGROUND
BOYS & GIRLS CLUBS OF CENTRAL TEXAS 304 W AVENUE B, KILLEEN, TX 76541	741505573	501(C)(3)/GOVT	7,274.	0.	N/A	N/A	PLAY PRODUCTS - IMAGINATION PLAYGROUND
BOYS & GIRLS CLUBS OF TENNESSEE VALLEY 967 IRWIN ST, KNOXVILLE, TN 37917	620475743	501(C)(3)/GOVT	7,188.	0.	N/A	N/A	PLAY PRODUCTS - IMAGINATION PLAYGROUND
SIGNAL CENTER, INC. 109 N GERMANTOWN RD, CHATTANOOGA, TN 37411	620587285	501(C)(3)/GOVT	7,188.	0.	N/A	N/A	PLAY PRODUCTS - IMAGINATION PLAYGROUND
JUBILEE ACADEMY 3390 PINE BELT RD, COLUMBIA, SC 29204	571194556	501(C)(3)/GOVT	7,043.	0.	N/A	N/A	PLAY PRODUCTS - IMAGINATION PLAYGROUND
YMCA OF MEMPHIS & MIDSOUTH 785 JACKSON AVE, MEMPHIS, TN 38107	620476304	501(C)(3)/GOVT	6,977.	0.	N/A	N/A	PLAY PRODUCTS - IMAGINATION PLAYGROUND
BOYS & GIRLS CLUBS OF THE GULF COAST 11975 SEAWAY RD STE A169, GULFPORT, MS 39503	640539145	501(C)(3)/GOVT	6,973.	0.	N/A	N/A	PLAY PRODUCTS - IMAGINATION PLAYGROUND
BRADLEY HOSPITAL 1011 VETERANS MEMORIAL PKWY, EAST PROVIDENCE, RI 02915	050258806	501(C)(3)/GOVT	6,544.	0.	N/A	N/A	PLAY PRODUCTS - 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**

1,609,810.	0.
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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**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:

- |  |           |   |
|--|-----------|---|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                           | <b>4a</b> | X |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . . | <b>4b</b> | X |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .    | <b>4c</b> | 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:

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization? . . . . .         | <b>5a</b> | X |
| <b>b</b> Any related organization? . . . . . | <b>5b</b> | 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:

- |  |           |   |
|--|-----------|---|
| <b>a</b> The organization? . . . . .         | <b>6a</b> | X |
| <b>b</b> Any related organization? . . . . . | <b>6b</b> | 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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

**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)	252,565.	0.	0.	6,808.	18,821.	278,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 BRUCE M. BOWMAN PRESIDENT, PLAY PRODUCTS INITIATIVE	(i)	255,394.	0.	0.	5,902.	15,263.	276,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 GEORGE T. MEGAS CFO	(i)	189,125.	0.	0.	4,798.	13,918.	207,841.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 NABEEHA KAZI VP, PROGRAM MANAGEMENT	(i)	189,125.	0.	0.	4,315.	16,472.	209,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 LYSA RATLIFF VP, PARTNERSHIP DEVELOPMENT	(i)	189,125.	0.	0.	2,948.	1,071.	193,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 CARRIE LEOVY SENIOR STRATEGIST	(i)	139,359.	27,000.	0.	3,615.	17,234.	187,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 AMY LEVNER VP, MARKETING & COMMUNICATIONS	(i)	159,388.	0.	0.	4,044.	18,881.	182,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CARLYNE CARDICHON VP, FINANCE	(i)	159,388.	750.	0.	4,044.	17,234.	181,416.	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

Name of the organization  
KaBOOM!, INC.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number  
52-1970904

Pt X: 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 11.6 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

Name of the organization KaBOOM!, INC.	Employer identification number 52-1970904
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SIDE 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 2020, KABOOM! CREATED 148 PLAYSPACES, WHICH IMPACTED AN ESTIMATED 620,053 KIDS. 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 11.6 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 THAT ARE FORCING THEM TO GROW UP TOO FAST. THESE DYNAMICS IN THE HOME AND AT



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

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

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

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

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

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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 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

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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, 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

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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
- State: IL
- State: KS
- State: KY
- State: MD
- State: MA
- State: MI

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52-1970904

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)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
KaBOOM!, INC.

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	299,485.	2,993,460.	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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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.