

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2022

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

## A For the 2022 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>KABOOM!</b>		<b>D</b> Employer identification number <b>52-1970904</b>
	Doing business as		<b>E</b> Telephone number <b>(202) 659-0215</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>7200 WISCONSIN AVE #400</b>		<b>G</b> Gross receipts \$ <b>25,139,917.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BETHESDA, , MD 20814</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>GEORGE MEGAS</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: <b>WWW.KABOOM.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1996</b>	<b>M</b> State of legal domicile: <b>DC</b>

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>KABOOM!, INC. IS THE NATIONAL NONPROFIT, THAT WORKS TO END PLAYSPLACE INEQUITY. SEE SCHEDULE O.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>76</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>8234</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>21,434,549.</b>	<b>6,087,900.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,109,001.</b>	<b>7,689,784.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>853,642.</b>	<b>935,726.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>102,737.</b>	<b>62,585.</b>
		<b>27,499,929.</b>	<b>14,775,995.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>141,925.</b>	<b>145,083.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>6,513,751.</b>	<b>7,995,669.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>723,677.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>5,844,129.</b>	<b>9,417,528.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>12,499,805.</b>	<b>17,558,280.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>15,000,124.</b>	<b>-2,782,285.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>33,837,191.</b>	<b>34,091,503.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,565,218.</b>	<b>11,564,882.</b>
		<b>29,271,973.</b>	<b>22,526,621.</b>

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>GEORGE MEGAS, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>JULIA L. LAFFERTY</b>	<b>JULIA L. LAFFERTY</b>	<b>05/03/23</b>	<input type="checkbox"/>	<b>P02288149</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>COUNCILOR, BUCHANAN &amp; MITCHELL, P.C.</b>	<b>52-1711839</b>		<b>(301) 986-0600</b>	
Firm's address					
<b>7910 WOODMONT AVE. STE. 500</b>					
<b>BETHESDA, MD 20814</b>					

May the IRS discuss this return with the preparer shown above? See instructions  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 [X]

1 Briefly describe the organization's mission:
KABOOM!, INC. IS THE NATIONAL NONPROFIT, THAT WORKS TO END PLAYSPACE INEQUITY BY UNITING WITH COMMUNITIES TO BUILD KID-DESIGNED PLAYSPACES THAT CAN SPARK JOY AND FOSTER A SENSE OF BELONGING FOR THE KIDS WHO ARE OFTEN DENIED OPPORTUNITIES TO THRIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 13,703,325. including grants of \$ 145,083. ) (Revenue \$ 7,589,575. )
DIRECT IMPACT OFFERINGS - KABOOM! SEEKS TO END PLAYSPACE INEQUITY BY ADDRESSING DISPARITIES IN ACCESS TO QUALIFY PLACES TO PLAY. KABOOM! PLAYSPACES INCLUDE PLAYSPACE PROJECTS (PLAYGROUNDS, MULTISPORT COURTS, AND ADVENTURE COURSES) AND PLAY EVERYWHERE GRANTS, EACH DESIGNED TO MEET THE UNIQUE NEEDS AND DESIRES OF THE COMMUNITIES KABOOM! WORKS WITH. SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 2,020,356. including grants of \$ ) (Revenue \$ 100,209. )
THOUGHT LEADERSHIP - THROUGH MEDIA OPPORTUNITIES, CONFERENCE ATTENDANCE AND DEVELOPING RELATIONSHIPS WITH INFLUENCERS, FUNDERS, CITY LEADERS AND COMMUNITY ADVOCATES, KABOOM! SEEKS TO LEAD THE CONVERSATION AND DRIVE COMMUNICATIONS TO SUPPORT THE ADVANCEMENT OF ITS MISSION AND TO EDUCATE AND INSPIRE STAKEHOLDERS AND COMMUNITIES TO TAKE ACTION TO ENSURE KIDS HAVE THE OPPORTUNITIES TO THRIVE. SEE SCHEDULE O.

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 15,723,681.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses for questions 1, 2, 4, 5, 6, 7, 8, 9, 10, 11a, 11d, 11e, 11f, 12b, 13, 14a, 14b, 15, 16, 17, 18, 19, 20a, 20b, and 21.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross 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>1a</b> 10		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 10		
<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>b</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>a</b>	The governing body?	X	
<b>b</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>b</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>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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>b</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 AL, AK, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI
- 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 - 202-659-0215**  
**7200 WISCONSIN AVE #400, BETHESDA, MD 20814**

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LYSA RATLIFF CEO	51.00			X			320,547.	0.	16,957.	
(2) GEORGE MEGAS CFO	45.00			X			235,129.	0.	35,895.	
(3) CARLYNE CARDICHO VP FINANCE & OPERATIONS	47.00					X	207,687.	0.	42,297.	
(4) JAMES SIEGAL SENIOR FELLOW	40.00					X	214,376.	0.	19,926.	
(5) AMY LEVNER VP MARKETING & COMMUNIVATIONS	44.00					X	203,330.	0.	24,327.	
(6) RONDA JACKSON VP POLICY, ADVOCACY & IMPACT	40.00					X	197,189.	0.	21,740.	
(7) DANIELLE TURNAGE VP PARTNERSHIP DEVELOPMENT	44.00					X	191,709.	0.	18,409.	
(8) JAKE SIEWERT BOARD CHAIR (UNTIL NOV 2022)	1.75	X		X			0.	0.	0.	
(9) LYNN M. ROSS BOARD CHAIR (FROM NOV 2022)	1.75	X		X			0.	0.	0.	
(10) LADAN MANTEGHI BOARD VICE CHAIR (FROM NOV 2022)	1.75	X		X			0.	0.	0.	
(11) ERIC ROTHMAN BOARD TREASURER	1.50	X		X			0.	0.	0.	
(12) ERIC WAYNE BOARD SECRETARY	1.50	X		X			0.	0.	0.	
(13) MICHAEL ARATEN MEMBER	1.75	X					0.	0.	0.	
(14) SHARON PRICE JOHN MEMBER (UNTIL NOV 2022)	1.50	X					0.	0.	0.	
(15) GREGORY JOHNSON MEMBER	1.50	X					0.	0.	0.	
(16) VINCENT J. LUMIA MEMBER	1.75	X					0.	0.	0.	
(17) TIFFANY MANUEL, PHD MEMBER	1.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NATALIE VEGA O'NEIL MEMBER	1.50	X						0.	0.	0.
(19) JEWEL JAMES SIMMONS MEMBER	1.50	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,569,967.	0.	179,551.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,569,967.	0.	179,551.

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 20

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ORR GROUP, INC., 3000 K STREET NW, SUITE E280, WASHINGTON, DC 20007	CAMPAIGN STRATEGY & SUPPORT SERVICES	177,500.
SIGNAL GROUP 1750 K ST NW, WASHINGTON, DC 20006	GOVERNMENT RELATIONS AND STRATEGIC MANAG	127,000.

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 2



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</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>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	6,087,900.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		6,087,900.				
Program Service Revenue	<b>2 a</b>	CONTRACTED PROGRAM SERVICES	<b>Business Code</b>	900099	7,689,784.	7,689,784.		
	<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 .....			7,689,784.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		545,603.			545,603.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					10,754,045.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	10,363,922.				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	390,123.				
<b>d</b>	Net gain or (loss) .....			390,123.	390,123.			
<b>8 a</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>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	WRITE OFF OF GRANT EXPENSE	<b>Business Code</b>	900099	62,225.	62,225.		
	<b>b</b>	MISCELLANEOUS INCOME		900099	360.	360.		
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			62,585.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			14,775,995.	8,142,492.	0.	545,603.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	145,083.	145,083.		
<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 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	613,621.	514,765.	56,685.	42,171.
<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 .....	5,724,721.	4,802,450.	528,842.	393,429.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	242,386.	203,337.	22,391.	16,658.
<b>9</b> Other employee benefits .....	975,035.	817,954.	90,072.	67,009.
<b>10</b> Payroll taxes .....	439,906.	369,036.	40,638.	30,232.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	27,961.	25,049.	1,413.	1,499.
<b>c</b> Accounting .....	60,180.	53,913.	3,041.	3,226.
<b>d</b> Lobbying .....	33,908.	30,377.	1,713.	1,818.
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	139,179.	124,332.	8,967.	5,880.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,346,102.	1,205,934.	68,014.	72,154.
<b>12</b> Advertising and promotion .....	30,562.	22,346.	5,801.	2,415.
<b>13</b> Office expenses .....	173,547.	151,837.	13,257.	8,453.
<b>14</b> Information technology .....	226,067.	183,591.	30,160.	12,316.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	733,365.	519,172.	171,661.	42,532.
<b>17</b> Travel .....	397,968.	391,076.	4,065.	2,827.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	22,384.	22,309.		75.
<b>20</b> Interest .....	22,913.	20,469.	1,476.	968.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	156,186.	110,569.	36,559.	9,058.
<b>23</b> Insurance .....	93,204.	68,149.	17,690.	7,365.
<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> <b>PLAYGROUND EQUIPMENT</b>	4,179,642.	4,179,642.		
<b>b</b> <b>OTHER PLAYGROUND COST</b>	1,695,461.	1,695,461.		
<b>c</b> <b>DUES AND SUBSCRIPTIONS</b>	44,657.	32,652.	8,477.	3,528.
<b>d</b> <b>MARKETING</b>	20,701.	20,637.	0.	64.
<b>e</b> All other expenses _____	13,541.	13,541.		
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	17,558,280.	15,723,681.	1,110,922.	723,677.
<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 .....	2,363,974.	<b>2</b>	1,101,381.
	<b>3</b> Pledges and grants receivable, net .....	887,733.	<b>3</b>	2,569,938.
	<b>4</b> Accounts receivable, net .....	230,432.	<b>4</b>	300,620.
	<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 .....	12,224.	<b>8</b>	18,353.
	<b>9</b> Prepaid expenses and deferred charges .....	170,756.	<b>9</b>	206,717.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,965,762.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 227,230.		
	<b>11</b> Investments - publicly traded securities .....	98,174.	<b>10c</b>	1,738,532.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	29,881,815.	<b>11</b>	22,602,492.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....	567.	<b>13</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 .....	191,516.	<b>14</b>	5,553,470.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	33,837,191.	<b>15</b>	34,091,503.	
<b>17</b> Accounts payable and accrued expenses .....	1,503,206.	<b>16</b>	1,715,758.	
<b>18</b> Grants payable .....	318,900.	<b>17</b>	77,608.	
<b>19</b> Deferred revenue .....	2,474,864.	<b>18</b>	2,306,957.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</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>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	150,000.	<b>22</b>	150,000.	
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</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 .....	118,248.	<b>24</b>	7,314,559.	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,565,218.	<b>25</b>	11,564,882.	
<b>27</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>26</b>		
<b>27</b> Net assets without donor restrictions .....	26,009,358.	<b>27</b>	17,547,399.	
<b>28</b> Net assets with donor restrictions .....	3,262,615.	<b>28</b>	4,979,222.	
<b>29</b> <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 .....	29,271,973.	<b>32</b>	22,526,621.	
<b>33</b> Total liabilities and net assets/fund balances .....	33,837,191.	<b>33</b>	34,091,503.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,775,995.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,558,280.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,782,285.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,271,973.
5	Net unrealized gains (losses) on investments	5	-3,963,067.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,526,621.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	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		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align:center"><b>KABOOM!</b></p>	<b>Employer identification number</b> <p style="text-align:center"><b>52-1970904</b></p>
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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).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10826364.	10394621.	5424451.	21434549.	6087900.	54167885.
<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	18354797.	15048967.	5768111.	5109001.	7689784.	51970660.
<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	29181161.	25443588.	11192562.	26543550.	13777684.	106138545
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	38,516.	46,231.	63,084.	27,945.	36,250.	212,026.
<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	8492972.	10866228.	3500645.	1173562.	4128473.	28161880.
<b>c</b> Add lines 7a and 7b	8531488.	10912459.	3563729.	1201507.	4164723.	28373906.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						77764639.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6	29181161.	25443588.	11192562.	26543550.	13777684.	106138545
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	455,376.	540,694.	323,352.	295,054.	545,603.	2160079.
<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	455,376.	540,694.	323,352.	295,054.	545,603.	2160079.
<b>11</b> Net income from unrelated business activities not included on 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.)	72.			81,376.	360.	81,808.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	29636609.	25984282.	11515914.	26919980.	14323647.	108380432

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

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	71.75 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	69.89 %

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	1.99 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	1.69 %

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2018 AMOUNT: \$ 72.

2021 AMOUNT: \$ 81,376.

2022 AMOUNT: \$ 360.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

**KABOOM!**

Employer identification number

**52-1970904**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of organization <b>KABOOM!</b>	Employer identification number <b>52-1970904</b>
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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
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>1,288,584.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1,199,851.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>728,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>704,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>354,020.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>333,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>KABOOM!</b>	Employer identification number <b>52-1970904</b>
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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	<hr/> <hr/> <hr/>	\$ <u>322,237.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>216,668.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>197,045.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>44,828.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>31,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>KABOOM!</b>	Employer identification number <b>52-1970904</b>
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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	<hr/> <hr/> <hr/>	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 25,991.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 21,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>KABOOM!</b>	Employer identification number <b>52-1970904</b>
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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	<hr/> <hr/> <hr/>	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>KABOOM!</b>	Employer identification number <b>52-1970904</b>
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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	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>KABOOM!</b>	Employer identification number <b>52-1970904</b>
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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	<hr/> <hr/> <hr/>	\$ <u>7,977.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>7,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>KABOOM!</b>	Employer identification number <b>52-1970904</b>
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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
37	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>KABOOM!</b>	Employer identification number <b>52-1970904</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization <b>KABOOM!</b>	Employer identification number <b>52-1970904</b>
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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 info. once.) \$ \_\_\_\_\_  
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 C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. 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.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>KABOOM!</b>	Employer identification number <b>52-1970904</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		33,908.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			33,908.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization KABOOM! 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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 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 in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

Table with 2 columns: \$. Rows include: 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, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 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, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 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: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - 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                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input 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
1a Land				
b Buildings				
c Leasehold improvements		1,587,550.	58,366.	1,529,184.
d Equipment		321,636.	112,288.	209,348.
e Other		56,576.	56,576.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,738,532.

**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> (Col. (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> (Col. (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) SECURITY DEPOSITS	196,596.
(2) OPERATING RIGHT-OF-USE ASSETS	5,356,874.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,553,470.

**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) OPERATING LEASE LIABILITY	7,314,559.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,314,559.

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>	10,738,766.
<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>	-3,963,067.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	150,156.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-85,139.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		-3,898,050.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	14,636,816.
<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>	139,179.	
<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>		139,179.
<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>	14,775,995.

**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>	17,484,118.
<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>	150,156.	
<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>	-62,225.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		87,931.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	17,396,187.
<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>	139,179.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	22,914.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		162,093.
<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>	17,558,280.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

BOARD-DESIGNATED OPERATING RESERVES

**PART X, LINE 2:**

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, KABOOM! IS EXEMPT FROM FEDERAL TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. AT DECEMBER 31, 2022 AND 2021, NO PROVISION WAS MADE AS KABOOM! HAD NO NET UNRELATED BUSINESS INCOME. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

MISCELLANEOUS INVESTMENT EXPENSES NETTED IN REVENUE

WRITE OFF OF GRANT EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE OFF OF GRANT EXPENSE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

MISCELLANEOUS INVESTMENT EXPENSES NETTED IN REVENUE

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2022**

Open to Public  
Inspection

Name of the organization

**KABOOM!**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SHUMWAY LEADERSHIP ACADEMY/CHANDLER USD - 1525 WEST FRYE ROD - CHANDLER, AZ 85224	86-6000515	501(C)(3)	6,432.	0.			PLAY PRODUCTS-RIGAMAJIG
BOYS & GIRLS CLUB OF RUSK COUNTY 710 ROBERTSON BLVD HENDESON, TX 75652	75-2730664	501(C)(3)	6,002.	0.			PLAY PRODUCTS-RIGAMAJIG
THE NEIGHBORHOOD CENTER 3440 LEHIGH ST ALLENTOWN, PA 18103	23-3094703	501(C)(3)	6,189.	0.			PLAY PRODUCTS-RIGAMAJIG
HARAMBE CHRISTIAN SCHOOL 1000 BONHAM AVE COLUMBIA, OH 43211	31-1327346	501(C)(3)	6,271.	0.			PLAY PRODUCTS-RIGAMAJIG
SARA HOLBROOK COMMUNITY CENTER 66 NORTH AVENUE BURLINGTON, VT 05401	03-0179595	501(C)(3)	6,197.	0.			PLAY PRODUCTS-RIGAMAJIG
FIRST TEE-GREATER PHILADELPHIA 800 WALNUT LANE PHILADELPHIA, PA 19128	23-2088969	501(C)(3)	6,194.	0.			PLAY PRODUCTS-RIGAMAJIG

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 18.

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

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

Schedule I (Form 990) 2022



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY OF ST. PETERSBURG - 1424 NORTHEAST EXPRESSWAY - ATLANTA, GA 30329	94-1156347	501(C)(3)	6,331.	0.			PLAY PRODUCTS-RIGAMAJIG
SAN ANTONIO ZOOLOGICAL SOCIETY 3903 N. ST. MARY'S ST SAN ANTONIO, TX 78212	74-1323695	501(C)(3)	6,391.	0.			PLAY PRODUCTS-RIGAMAJIG
THE FAMILY PARTNERSHP 1527 EAST LAKE ST MINNEAPOLIS, MN 55407	41-0693858	501(C)(3)	6,360.	0.			PLAY PRODUCTS-RIGAMAJIG
YOUNG SCHOLARS INSTITUTE PRESCHOOL 2201 COTTAGE WAY SACRAMENTO, CA 95825	46-4225675	501(C)(3)	13,025.	0.			PLAY PRODUCTS-RIGAMAJIG
HIGHLAND COMMUNITY CENTER 1706 WEST HIGHLAND AVE MILWAUKEE, WI 53233	39-1133108	501(C)(3)	6,285.	0.			PLAY PRODUCTS-RIGAMAJIG
FULTON-EL CAMINO RECREATION & PARK DISTRICT - 471 PARKWAY AVE - TRENTON, NJ 08618	22-3051022	501(C)(3)	6,484.	0.			PLAY PRODUCTS-RIGAMAJIG
FAISON CENTER 5311 MARKEL RD RICHMOND, VA 23230	03-0387451	501(C)(3)	6,240.	0.			PLAY PRODUCTS-RIGAMAJIG
REGINA COELI CHILD DEVELOPMENT 60336 SOUTH 24TH ST LACOMBE, LA 70445	72-0680604	501(C)(3)	8,724.	0.			PLAY PRODUCTS-RIGAMAJIG
BAY AREA GIRLS CLUB 260 BROADWAY RICHMOND, CA 94804	51-0172193	501(C)(3)	9,280.	0.			PLAY PRODUCTS-RIGAMAJIG

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREEN BAY EARLY CHILDHOOD CENTER 2100 GREEN BAY ROAD N CHICAGO, IL 60064	36-3660804	501(C)(3)	9,929.	0.			PLAY PRODUCTS - IMAGINATION PLAYGROUND
EL PROGRESO MEMORIAL LIBRARY 301 W MAIN ST UVALDE, TX 78801	74-1238576	501(C)(3)	22,991.	0.			PLAY PRODUCTS - IMAGINATION PLAYGROUND
BLUEBONNET CHILDREN'S ADVOCACY CENTER - 1901 AVE - HONDA, TX 78801	74-2999054	501(C)(3)	5,758.	0.			PLAY PRODUCTS - IMAGINATION PLAYGROUND

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I LINE 2:**

KABOOM!, INC., WHICH WE REFER TO AS KABOOM!, 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, GRANTEES ARE ABLE TO ACCESS FREE KABOOM! ONLINE TOOLS TO HELP GUIDE THEM THROUGH THE

**Part IV** Supplemental Information

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! PLAYSPACE PROJECT.

THERE ARE TWO PRIMARY TYPES OF GRANT PROGRAMS:

CREATIVE PLAY GRANTS: 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.

PLAY EVERYWHERE: FUNDING IS PROVIDED TO CITIES AND COMMUNITIES TO  
CREATE INNOVATIVE PLAY OPPORTUNITIES FOR KIDS TO LEAP, SCRAMBLE AND  
JUMP THROUGH PLAYFUL TRANSFORMATIONS IN EVERYDAY 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 IS INITIALLY REVIEWED BY A  
COMMUNITY ENGAGEMENT MANAGER OR PROGRAMS AND PARTNERSHIPS MANAGER TO  
ENSURE ALL INFORMATION IS SUBMITTED. 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 PROGRAM

**Part IV Supplemental Information**

MANAGEMENT. SCORING IS BASED ON DEFINED SELECTION CRITERIA, WHICH IS  
 CREATED BY KABOOM! AND FREQUENTLY IS APPROVED BY THE FUNDING PARTNER  
 AND PARTNERING NONPROFITS WITH SUBJECT MATTER EXPERTISE. THE GRANT  
 REVIEW PANEL'S RECOMMENDATIONS ARE SUBMITTED TO THE FUNDING PARTNER FOR  
 APPROVAL. SELECTED GRANTEES ARE NOTIFIED OF THE AWARD AND SENT A GRANT  
 AGREEMENT. EACH GRANT AGREEMENT INCLUDES PERFORMANCE BENCHMARKS THAT  
 THE GRANTEE MUST ACKNOWLEDGE UPON ACCEPTANCE OF THE GRANT. THE  
 COMMUNITY ENGAGEMENT MANAGER AND/OR PROGRAMS AND PARTNERSHIPS MANAGER  
 FOLLOWS UP AS NEEDED WITH EACH GRANTEE REGARDING PROGRESS TOWARD  
 COMPLETION OF EACH BENCHMARK. KABOOM! WILL NOT RELEASE GRANT FUNDS OR  
 COORDINATE DELIVERY OF CREATIVE PLAY PRODUCTS IF A GRANTEE HAS NOT  
 EXECUTED A GRANT AGREEMENT, MET THE REQUIRED BENCHMARKS AND SUPPLIED  
 THE APPROPRIATE DOCUMENTATION.

WHEN A GRANTEE REQUESTS FULFILLMENT OF THE GRANT AWARD FOR ITS PROJECT,  
 THE COMMUNITY ENGAGEMENT MANAGER AND/OR PROGRAMS AND PARTNERSHIPS  
 MANAGER WILL ENSURE THAT ALL OF THE DOCUMENTATION REQUIRED FOR KABOOM!  
 TO INITIATE RELEASE OF SUCH GRANT AWARD HAS BEEN SUBMITTED.

ONCE THE COMMUNITY ENGAGEMENT MANAGER AND/OR PROGRAMS AND PARTNERSHIPS  
 MANAGER CONFIRMS THAT REQUIRED BENCHMARKS HAVE BEEN MET AND REQUIRED  
 DOCUMENTATION HAS BEEN RECEIVED, THE COMMUNITY ENGAGEMENT MANAGER  
 AND/OR PROGRAMS AND PARTNERSHIPS MANAGER 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:

**Part IV** Supplemental Information

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 OF KIDS

DEMONSTRATED ENTHUSIASM FOR PROJECT AND COMMITMENT TO FULFILL

REQUIREMENTS

KABOOM! EXECUTED A PROGRAM PROVIDING GRANTS TO LOCAL US COMMUNITY

ORGANIZATIONS TO ASSIST THEM IN FUNDING VOLUNTEER-LED COMMUNITY

PLAYSPACE PROJECTS. DURING 2022, 18 GRANTS TOTALING APPROXIMATELY

\$145,083 WERE AWARDED. IN ADDITION, PRIOR YEARS GRANTS CANCELLED

TOTALED \$62,225.

GRANT MAKING ACTIVITIES OUTSIDE OF THE US

DURING 2022, THERE WERE NO GRANTS AWARDED OUTSIDE OF THE UNITED STATES.

**Part IV Supplemental Information**

KABOOM! HAS A SET OF RULES AND REQUIREMENTS REGARDING THE CRITERIA, AND APPROVAL PROCEDURES FOR THIS GRANT PROGRAM. THE GRANT APPLICATION RULES AND PROCESS DOES NOT VARY BASED ON WHETHER THE PROJECTS WERE OUTSIDE THE US. SEE GRANT MAKING PROCEDURES IN US

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2022**

Open to Public  
Inspection

Name of the organization

**KABOOM!**

Employer identification number

**52-1970904**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022



**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 and/or 1099-NEC 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) LYSA RATLIFF CEO	(i)	270,547.	50,000.	0.	14,359.	2,598.	337,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GEORGE MEGAS CFO	(i)	202,729.	32,400.	0.	10,302.	25,593.	271,024.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CARLYNE CARDICHON VP FINANCE & OPERATIONS	(i)	179,187.	28,500.	0.	11,176.	31,121.	249,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES SIEGAL SENIOR FELLOW	(i)	214,376.	0.	0.	0.	19,926.	234,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMY LEVNER VP MARKETING & COMMUNIVATIONS	(i)	176,830.	26,500.	0.	8,873.	15,454.	227,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RONDA JACKSON VP POLICY, ADVOCACY & IMPACT	(i)	170,689.	26,500.	0.	10,514.	11,226.	218,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANIELLE TURNAGE VP PARTNERSHIP DEVELOPMENT	(i)	166,209.	25,500.	0.	10,248.	8,161.	210,118.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

**PART I, LINE 1A:**

KABOOM!, INC., WHICH WE REFER TO AS KABOOM!, 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.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

KABOOM!

Employer identification number

52-1970904

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KABOOM!, INC., WHICH WE REFER TO AS KABOOM!, IS THE NATIONAL NONPROFIT,  
THAT WORKS TO END PLAYSPACE INEQUITY BY UNITING WITH COMMUNITIES TO  
BUILD KID-DESIGNED PLAYSPACES THAT CAN SPARK JOY AND FOSTER A SENSE OF  
BELONGING FOR THE KIDS WHO ARE OFTEN DENIED OPPORTUNITIES TO THRIVE.

FAR TOO MANY KIDS LACK ADEQUATE PLACES TO PLAY DUE TO THE ONGOING  
EFFECTS OF SYSTEMIC RACISM. THESE INEQUITIES HAVE LEFT COMMUNITIES OF  
COLOR WITH LESS ACCESS TO PLAYSPACES THAN THEIR WHITE COUNTERPARTS,  
LIMITING THEIR ABILITY TO FULLY EXPERIENCE THE PHYSICAL, SOCIAL, AND  
EMOTIONAL HEALTH BENEFITS OF PLAY. WE ACKNOWLEDGE THIS INJUSTICE, AND  
CREATE PLAYSPACES IN PARTNERSHIP WITH COMMUNITIES TO FURTHER LONG-TERM,  
SUSTAINABLE PROGRESS TOWARDS COMMUNITY-DRIVEN GOALS THAT IMPROVE THE  
LIVES OF KIDS.

OUR WORK IS PRIORITIZED AROUND A COMMITMENT TO RACIAL EQUITY, WITH  
COMMUNITY AND PLACE AT THE CORE OF EVERYTHING WE DO TO END PLAYSPACE  
INEQUITY. WE BRING TOGETHER DIVERSE PARTNERS TO DRIVE RESOURCES TO  
COMMUNITIES THAT LACK ACCESS TO QUALITY PLAYSPACES, WHILE ENSURING  
COMMUNITIES GUIDE THE PROCESS OF DEFINING HOW WE WORK WITH THEM,  
DESIGNING THE PHYSICAL PLAYSPACE ITSELF AND DETERMINING THE IMPACT WE  
CAN ACHIEVE TOGETHER.

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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization KABOOM!	Employer identification number 52-1970904
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INVOLVED FROM THE VERY BEGINNING.

IN ORDER TO END PLAYSPACE INEQUITY, KABOOM! ADDRESSES THE DISPARITY BY:

(I) UNITING WITH COMMUNITIES AND DIVERSE PARTNERS TO IMAGINE AND BUILD KID-DESIGNED HIGH-QUALITY PLAYSPACES THAT HAVE A TRANSFORMATIVE IMPACT.

(II) ENSURING COMMUNITIES GUIDE THE PROCESS OF DEFINING HOW WE WORK WITH THEM, DESIGNING THE PHYSICAL PLAYSPACE ITSELF.

(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 11.75 MILLION KIDS.

FORM 990, PART III, LINE 4:

KABOOM!, INC., WHICH WE REFER TO AS KABOOM!, IS THE NATIONAL NONPROFIT THAT WORKS TO END PLAYSPACE INEQUITY BY UNITING WITH COMMUNITIES TO BUILD KID-DESIGNED PLAYSPACES THAT CAN SPARK JOY AND FOSTER A SENSE OF BELONGING FOR THE KIDS WHO ARE OFTEN DENIED OPPORTUNITIES TO THRIVE.

OUR WORK IS PRIORITIZED AROUND A COMMITMENT TO RACIAL EQUITY, WITH COMMUNITY AND PLACE AT THE CORE OF EVERYTHING WE DO TO END PLAYSPACE INEQUITY. WE BRING TOGETHER DIVERSE PARTNERS TO DRIVE RESOURCES TO COMMUNITIES THAT LACK ACCESS TO QUALITY PLAYSPACES, WHILE ENSURING COMMUNITIES GUIDE THE PROCESS OF DEFINING HOW WE WORK WITH THEM,

Name of the organization KABOOM!	Employer identification number 52-1970904
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DESIGNING THE PHYSICAL PLAYSPACE ITSELF AND DETERMINING THE IMPACT WE CAN ACHIEVE TOGETHER.

I. UNITING WITH COMMUNITIES TO BUILD KID-DESIGNED PLAYSPACES

FOR MORE THAN TWO DECADES, KABOOM! HAS TEAMED UP WITH BOLD AND DEDICATED COMMUNITY MEMBERS AND KIDS TO UNDERSTAND THEIR UNIQUE NEEDS AND DESIRES AND THEN, TOGETHER, BUILD INSPIRING PLACES TO PLAY.

WITH THE EXPERIENCE OF WORKING SIDE BY SIDE WITH PASSIONATE, 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, IT CREATES 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 IT CREATE BECOMES A VALUED KID AND FAMILY-FRIENDLY GATHERING PLACE, AND THE COMMUNITY FEELS INCREASED OWNERSHIP AND PRIDE IN THEIR NEIGHBORHOOD.

IN 2022, KABOOM! LAUNCHED THE 25 IN 5 INITIATIVE TO END PLAYSPACE INEQUITY, THE FIVE-YEAR INITIATIVE TO END PLAYSPACE INEQUITY IN 25

Name of the organization <b>KABOOM!</b>	Employer identification number <b>52-1970904</b>
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**PLACES, ACCELERATING OUR EFFORTS TOWARDS ACHIEVING OUR MISSION OF ENDING PLAYSPACE INEQUITY FOR GOOD ACROSS THE UNITED STATES.**

**IN THE SAME YEAR, KABOOM! CREATED 74 PLAYSPACES, WHICH IMPACTED AN ESTIMATED 102,846 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 NEARLY 12 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.**

**II. ENSURING COMMUNITIES GUIDE THE PROCESS OF DEFINING HOW WE WORK WITH THEM, DESIGNING THE PHYSICAL PLAYSPACE ITSELF**

**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**

Name of the organization

KABOOM!

Employer identification number

52-1970904

GROW UP TOO FAST. THESE DYNAMICS IN THE HOME AND AT SCHOOL REVEAL THE NEED FOR US TO HELP PROVIDE POSITIVE OUTLETS WHERE TEENS FEEL LIKE THEY BELONG AND CAN ENJOY BEING ACTIVE WITH FRIENDS. INVESTING IN TEENS DEMONSTRATES TO THEM THAT THEY MATTER AND ARE SUPPORTED BY CARING ADULTS WHO WANT TO ENSURE THEIR VOICES ARE HEARD IN THEIR OWN COMMUNITIES AND THEY ARE GETTING OPPORTUNITIES TO ENGAGE AND ENJOY BEING KIDS FOR A BIT LONGER.

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. THE 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.

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.

III. ENSURING EQUITABLE ACCESS TO PLAYSPACES FOR KIDS AND FAMILIES IN EVERY COMMUNITY

FAR TOO MANY KIDS LACK ADEQUATE PLACES TO PLAY DUE TO THE ONGOING EFFECTS OF SYSTEMIC RACISM. THESE INEQUITIES HAVE LEFT COMMUNITIES OF COLOR WITH LESS ACCESS TO PLAYSPACES THAN THEIR WHITE COUNTERPARTS, LIMITING THEIR ABILITY TO FULLY EXPERIENCE THE PHYSICAL, SOCIAL, AND

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**EMOTIONAL HEALTH BENEFITS OF PLAY. WE ACKNOWLEDGE THIS INJUSTICE, AND  
 CREATE PLAYSPACES IN PARTNERSHIP WITH COMMUNITIES TO FURTHER LONG-TERM,  
 SUSTAINABLE PROGRESS TOWARDS COMMUNITY-DRIVEN GOALS THAT IMPROVE THE  
 LIVES OF KIDS.**

**WITH AN EXPLICIT GOAL OF DRIVING PLAYSPACE EQUITY:**

**KABOOM! LEVERAGES DATA THROUGH THE PLAYSPACE INEQUITY PRIORITIZATION  
 INDEX TO IDENTIFY DISPARITIES IN ACCESS TO QUALITY PLACES TO PLAY.  
 KABOOM! BRINGS TOGETHER PARTNERS WHO CAN JOIN THEM IN COLLECTIVE ACTION  
 WITH THESE COMMUNITIES TO CREATE SPACES THAT SPARK JOY, HOPE AND  
 LIMITLESS OPPORTUNITIES FOR KIDS.**

**KABOOM! ALSO USES DATA TO UNDERSTAND THE IMPACT THAT PLACES TO PLAY  
 HAVE ON THE ISSUES THAT COMMUNITIES AND PARTNERS CARE ABOUT, SUCH AS:  
 NEIGHBORHOOD REVITALIZATION, HEALTH, COMMUNITY RESILIENCE, EARLY  
 CHILDHOOD DEVELOPMENT, TEEN ENGAGEMENT, AND MORE.**

**KABOOM! FOCUSES ON RACIAL EQUITY BY ADDRESSING DISPARITIES IN ACCESS TO  
 HIGH-QUALITY PLAYSPACES AND THE RELATED DISPARITIES IN OUTCOMES FOR  
 KIDS AND COMMUNITIES.**

**KABOOM! ENSURES THAT:**

**WHERE THEY BUILD ADDRESSES RACIAL INEQUITY IN ACCESS TO QUALITY  
 PLAYSPACES**

**THE WAY WORK IS DONE IS FLEXIBLE ENOUGH TO RESPOND TO THE UNIQUE  
 CULTURE, CONTEXT, ASSETS AND CHALLENGES OF EACH COMMUNITY**



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THE PLAYSPLACE IS RESPONSIVE TO KIDS AND THE COMMUNITY  
 ITS PARTNERS ARE COMMITTED TO PLAYSPLACE EQUITY AND ALIGNING THEIR  
 RESOURCES TO HELP ACHIEVE THIS  
 COMMUNICATIONS REFLECT EQUITY-BASED FOCUS THROUGH THE LANGUAGE USED  
 WITH A COMMUNITY-RESPONSIVE, DATA-DRIVEN APPROACH AND FOCUS ON RACIAL  
 EQUITY, KABOOM! IS UNIQUELY POSITIONED TO DIRECTLY ADDRESS PLAYSPLACE  
 INEQUITY AND WORKING TOGETHER WITH PARTNERS AND COMMUNITIES TO BUILD A  
 HIGH VOLUME OF PLAYSPLACES THAT ADDRESS THE GREATEST DISPARITIES.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT AUDITORS AND IS  
 REVIEWED BY THE MANAGEMENT TEAM, AUDIT COMMITTEE AND LEGAL COUNSEL. 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 FOR REVIEW AND  
 COMMENT AND IS APPROVED BY THE BOARD OF DIRECTORS BEFORE FILING.

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

KABOOM!, INC., WHICH WE REFER TO AS KABOOM!, MAINTAINS A CONFLICT OF  
 INTEREST POLICY, WHICH APPLIES TO EACH DIRECTOR AND OFFICER OF KABOOM!,  
 THAT SEEKS TO PROTECT THE INTERESTS OF KABOOM! WHEN IT CONTEMPLATES  
 ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE  
 INTEREST OF AN OFFICER OR DIRECTOR OF KABOOM!. THE POLICY IS INTENDED TO  
 SUPPLEMENT APPLICABLE STATE AND FEDERAL LAWS GOVERNING CONFLICT OF INTEREST  
 APPLICABLE TO NON-PROFIT AND CHARITABLE ORGANIZATIONS AND TO AID DIRECTORS  
 AND OFFICERS OF KABOOM! IN PERFORMING THE DUTIES IMPOSED UPON THEM BY  
 APPLICABLE LAW WITH RESPECT TO THEIR MANAGEMENT RESPONSIBILITIES AND

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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.

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

KABOOM!, INC., WHICH WE REFER TO AS KABOOM!, 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

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OF THE ORGANIZATION.

THE KABOOM! EXECUTIVE COMPENSATION PROGRAM IS DESIGNED TO, AMONG OTHER THINGS:

ENCOURAGE THE ATTRACTION AND RETENTION OF HIGH-CALIBER EXECUTIVES;

PROVIDE A COMPETITIVE TOTAL COMPENSATION PACKAGE, INCLUDING BENEFITS;

STRONGLY SUPPORT A PERFORMANCE DRIVEN CULTURE THROUGH THE USE OF INCENTIVES FOR KEY EMPLOYEES;

REINFORCE THE GOALS OF THE ORGANIZATION BY SUPPORTING TEAMWORK AND COLLABORATION;

ENSURE THAT PAY IS PERCEIVED TO BE FAIR AND EQUITABLE;

BE FLEXIBLE TO REWARD INDIVIDUAL ACCOMPLISHMENTS AS WELL AS ORGANIZATIONAL SUCCESS; AND

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

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RECOMMENDATIONS REGARDING THE BASE SALARY ADJUSTMENTS AND IF APPLICABLE THE 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 IF ANY 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.

POLICY, PURSUANT TO WHICH KABOOM!, SUBJECT TO THE FULL AND FINAL AUTHORITY OF THE BOARD TO MAKE ALL DETERMINATIONS REQUIRED THEREUNDER, SHALL SEEK REIMBURSEMENT OF PERFORMANCE-BASED AND/OR DISCRETIONARY COMPENSATION PAID TO AN EXECUTIVE OFFICER OF KABOOM! IF THE BOARD DETERMINES THAT THE AMOUNT OF ANY SUCH PERFORMANCE-BASED AND/OR DISCRETIONARY COMPENSATION ACTUALLY PAID OR AWARDED TO A CURRENT OR FORMER EXECUTIVE OFFICER DURING THE ONE-YEAR PERIOD PRECEDING THE DATE ON WHICH KABOOM! IS REQUIRED TO PREPARE SUCH RESTATEMENT WOULD HAVE BEEN A LOWER AMOUNT HAD IT BEEN CALCULATED BASED ON SUCH RESTATED FINANCIAL STATEMENTS OR SUCH EXECUTIVE OFFICER ENGAGED IN FRAUD OR INTENTIONAL MISCONDUCT THAT CONTRIBUTED TO THE NEED FOR SUCH RESTATEMENT OR RESULTED IN ERRONEOUS CALCULATIONS OF PERFORMANCE-BASED AND/OR DISCRETIONARY COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, 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

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

KABOOM!, INC. INCLUDES ON ITS WEBSITE COPIES OF ITS AUDITED FINANCIAL

Name of the organization

KABOOM!

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STATEMENTS AND ITS FORM 990 FOR THE PAST FIVE YEARS. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

FORM 990, PART VI-B, LINE 16:

IMAGINATION PLAYGROUND, LLC IS A DELAWARE LIMITED LIABILITY COMPANY

OWNED BY KABOOM! INC., WHICH WE REFER TO AS 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 A VENDOR TO KABOOM!, WHICH FROM TIME TO

TIME MAY PURCHASE IMAGINATION PLAYGROUND PRODUCTS FROM THE JOINT

VENTURE ON BEHALF OF CERTAIN COMMUNITIES THAT MAY RECEIVE SUCH PRODUCTS

IN CONNECTION WITH KABOOM! LED PLAYGROUND BUILDS OR KABOOM!

ADMINISTERED GRANT PROGRAMS.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS PROVIDES OVERSIGHT OF THE AUDIT PROCESS AND

SELECTION OF THE AUDITORS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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**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
KABOOM! PLAY INITIATIVES, LLC - 46-5154156 4301 CONN. AVE. NW, ML-1 WASHINGTON, DC 20008	PLAY PRODUCTS	DELAWARE	0.	0.	KABOOM!, INC.

**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

**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	

**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

**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				





**Part VII** Supplemental Information

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

**PART I:**

KABOOM! PLAY INITIATIVES, LLC ("KPI"), A WHOLLY OWNED SUBSIDIARY OF  
 KABOOM!, INC., WHICH WE REFER TO AS KABOOM!, 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 UNDERTOOK ACTIVITIES DESIGNED TO CONNECT SELLERS AND BUYERS OF  
 INNOVATIVE PLAY OR PLAY-RELATED PRODUCTS. WHILE KPI DID NOT OWN OR  
 SELL SUCH PRODUCTS, IT DID 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 CONTRIBUTED TO KPI  
 A PORTION OF THE SALES PRICE PAID FOR EACH PRODUCT AS A DONATION  
 WITHOUT RESTRICTION TO SUPPORT KABOOM!'S MISSION. KPI HAD NO ACTIVITY  
 IN 2022.