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Department of the Treasury Internal Revenue Service

SCANNED JUN 0 6 2017

OMB No 1545-0047 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u> _	FOF	the 2016 cale	ndar year, or tax year begin	ning	, 2016,	and ending			1
В	Check	k if applicable	C Name of organization KaB	OOM!, INC.			D Employ	er ident	bfication number
	\prod_{i}	Address change	Doing business as				52-	1970	904
	П	Name change	Number and street (or P O box	if mail is not delivered to s	treet address)	Room/suite	E Telepho		
	\vdash	Initial return	4301 CONNECTICUT	AVENUE. NW		ML-1	(20)	2) 6	59-0215
	\vdash	Final return/terminated	City or town, state or province, or		postal code				33 0213
	\vdash	Amended return	WASHINGTON		DC	20008	G Gross s	aceinte	\$ 31,471,436.
	\vdash	Application pending		officer			Is this a group return		
	Ш,	Application pending	' [UTNOMON DO	1	-		
			JAMES SIEGAL 4301 CONNECT			20008	Are all subordinates If 'No,' attach a list (see instr	ructions)
<u></u>		x-exempt status	X 501(c)(3) 501(c) () (insert no)	4947(a)(1) or	527			
<u>J</u>	W	ebsite: 🟲 w	ww.kaboom.org			H(c)	Group exemption nu	mber P	·
K		rm of organization	X Corporation Trust	Association Other	► LY	ear of formation	1996 M s	tate of l	egal domicile DC
Pa	rt 1	🏸 🖇 Summa	ıry						
	1	Briefly descr	ibe the organization's mission	or most significant	activities KA	BOOM!, IN	NC. IS A N	ATIC	NAL NON-PROFIT
Φ	•		ATION DEDICATED TO						
Governance	}	UP IN P	OVERTY IN AMERICA	- THE CHILD	HOOD THEY DE	ESERVE FI	LLED WITH	BAL	ANCED
Ë	}	AND ACT	IVE PLAY, SO THEY	CAN THRIVE.	SEE ATTACHE	ED STATEM	ENT A.		
8	2		ox 🟲 🔲 if the organization					ssets	
	3		oting members of the governi	• • •	•			3	8
ŝ	4		ndependent voting members o	-				4	8
:≗	5		er of individuals employed in c	•				5	111
Activities &	6		er of volunteers (estimate if ne	• •				6	34,079
¥			ted business revenue from Pa					7a	0.
	!	b Net unrelate	d business taxable income fro	om Form 990-T, line	<u>34</u>	· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	7b	0.
	ļ					L	Prior Year		Current Year
Φ	8		s and grants (Part VIII, line 1h			<u> </u>	6,529,6		4,024,076.
Revenue	9	•	vice revenue (Part VIII, line 2	••			19,249,6	09.	21,854,391.
ě	10		ncome (Part VIII, column (A),				647,4	86.	446,832.
Œ	11		ue (Part VIII, column (A), lines		•		972,6		35,801.
	12		ie – add lines 8 through 11 (n				27,399,4	20.	26,361,100.
	13		similar amounts paid (Part IX,		3)	. <i></i>	1,265,6	69.	2,764,513.
	14	Benefits pai	d to or for members (Part IX, o	column (A), line 4)		. <i>.</i> [
	15	Salaries, oth	er compensation, employee b	enefits (Part X- col	min (A) lines 5-10) [9,005,5	34.	9,222,339.
Ş	16	a Professiona	I fundraising fees (Part IX, coli	umndA), line 11e)		[
Expenses	,		ising expenses (Part IX, colum	#∞\ ,,,	101	4,100.			
莶	1			11 1		4,100.			
	17		ses (Part IX, column (A), lines			-	12,863,7	_	14,108,731.
	18		ses Add lines 13-17 (must eq		A), Tine 25)	· · · · · · L	23,134,9		26,095,583.
	19	Revenue les	s expenses Subtract line 18	from line 12	<u>ia' NT · · · · </u>	· · · · · ·	4,264,5	01.	265,517.
5 6	Ì					<u> </u>	Beginning of Curre	nt Year	End of Year
<u>a</u> 6	20	Total assets	(Part X, line 16)		• • • • • • • • •	<i>.</i> <u>L</u>	19,411,4	75.	23,001,401.
Net Assets Fund Balan	21	Total liabiliti	es (Part X, line 26)		• • • • • • • • •	<i>.</i>	6,450,9	46.	9,368,593.
ž	22	Net assets of	or fund balances. Subtract line	21 from line 20			12,960,5	29.	13,632,808.
Pa	irt I	Signati	ıre Block						
			leclare that I have examined this return,	including accompanying s	chedules and statements	and to the best of	my knowledge and be	thef it is	true correct and
com	plete	Declaration of prep	arer (other than officer) is based on all i	nformation of which prepar	er has any knowledge	,	,		
							7579	1	7
Sig	ın	Signa	iture of officer	,	~		Date		
He	re	GE	ORGE MEGAS	1 2/	12/5		CFO		
	••		or print name and title	K V			<u> </u>		
		Print/Type	preparer's name	Preparer's signature		Date	I Sharel	Χď	PTIN
_		· · · · · ·			$\boldsymbol{\mathcal{L}}$	ł	1 -	- 1	
Pa			RT E. LANE			05/03/17	self-employe	ed	P01622353
	epa								
US	e O	nly Firm's add	tress 1717 Pennsylv	vania Avenue	NW, Suite	425	Firm's EIN	52	-1738520
			Washington		DC 2000		Phone no	(20	2) 463-6500
Ma	y the	IRS discuss t	his return with the preparer sh	own above? (see in:	structions)				. X Yes No
_			Reduction Act Notice see t				01 11116116		Form 990 (2016)

	990 (20		OOM!,							52-	1970	904	Page 2
Par					Service Acc				·				
						ote to any	line in this Part	<u>III </u>	<u> </u>	<u> </u>	<u></u>	<u></u>	<u> L</u>
1	Briefly d	lescribe the o	rganızat	ion's miss	sion.								
	SEE F	ATTACHED	_STAT	EMENT	B							. -	
		. 	_ _ _	_ 		-	. 			_ _ -		. 	
		. – – – – .				. 							
2		_					s during the year			-	_	_	
	Form 99	90 or 990-EZ	?				• • • • • • • • • • • • • • • • • • •	· · · · · ·	. <i>.</i>			Yes	X No
	If 'Yes,'	describe thes	se new s	ervices or	n Schedule O						_		_
3	Did the	organization	cease co	onducting.	, or make signif	icant cha	nges in how it co	inducts, any	program se	rvices?	[Yes	X No
		describe thes	_	•								_	
4	Section	501(c)(3) and	d 501(c)((4) organi	ervice accompli zations are req service reporter	uired to re	for each of its the eport the amount	ree largest p of grants a	orogram serv nd allocation	ices, as meas s to others, th	sured by ie total	y expense expenses	es s,
4 a	(Code		(Expens	· -			uding grants of	\$ 2,	764,513	.) (Revenue	\$	18,46	0,349.)
	SEE F		_ 		C_FOR_DES								
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										- -		. – – –	
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											- - -		
4 b	(Code SEE A		(Expens	-	2,165,5 C FOR DES		uding grants of	\$	0	_) (Revenue	\$	3,39	4,843.)
	PART	II - IN	SPIRI	NG CON	MUNITIES	TO PR	OMOTE AND	SUPPORT	PLAY				
	PART	III - D	RIVIN	G THE	NATIONAL	CONVE	RSATION A	SOUT THE	E IMPORT	ANCE OF	PLAY		
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4 c	(Code	,) (Expens	ses \$		inc	luding grants of	S) (Revenue	S		
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						<u>-</u>							
4	Othern	rogram servi	ces (Des	cribe in S	ichedule O \								
	(Expens	=	(J. 100 III O	including	grants of	\$) (Revenu	e \$)
4 e	<u></u>	rogram servic	æ expen:	ses ►		275,96							<u></u>
BAA							EA0102 11/16/16					Form	990 (2016)

Form 990 (2016) KaBOOM!, INC. Part IV: Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' complete Schedule D, Part III.	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		<u> </u>
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		<u> </u>
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		<u> </u>
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E			<u>X</u>
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	<u>X</u>
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16_		Х
17		17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	complete Schedule G, Part III.	19		Х
DA.	A			0040

Form 990 (2016) KaBOOM!, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	х	
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		X
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 8	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
١	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
		25D		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26	_	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
i	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33	х	
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	ļ 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016) KaBOOM!, INC. Partive Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · · · · · · · · ·	· · · ·	· · ·	<u>. 11</u>
•				Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 3	8		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	d reportable gaming	. 1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a 11	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax r	eturns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction)	•			Cent
	Did the organization have unrelated business gross income of \$1,000 or more during the year?.		. 3a		X
b	of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		· 3 b		ļ
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or off financial account in a foreign country (such as a bank account, securities account, or other financial	ner authonty over, a al account)?	4 a		X
b	If 'Yes,' enter the name of the foreign country		_		Feb.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	• •			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer of the tax shelter transfer of tax shelter transfer o		5 b		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		· 5c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and disolicit any contributions that were not tax deductible as charitable contributions?	d the organization	. 6a		Х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contribution to tax deductible?	utions or gifts were	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).		3	¥	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for goods and	1	A	¥
	services provided to the payor?	• • • • • • • • • • • • • • • • • • • •	. 7a		X_
	of Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		├
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which in Form 8282?	t was required to file	. 7c		X
c	I If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	45	*425"	-
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef	fit contract?	. 7е		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit or	ontract?	7 f		X
ç	If the organization received a contribution of qualified intellectual property, did the organization file	Form 8899			
	as required?		·		├ ─
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 1098-C?		. 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	• •		ta n	
	organization have excess business holdings at any time during the year?		. 8		
3	a Did the sponsoring organization make any taxable distributions under section 4966?		9.2		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a		├
	Section 501(c)(7) organizations. Enter		, ,,,		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
_	Section 501(c)(12) organizations. Enter	L. ' L			
á	a Gross income from members or shareholders	11a			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 b			
12 a	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		12a		
ı	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
á	a Is the organization licensed to issue qualified health plans in more than one state?		. 13a		
	Note. See the instructions for additional information the organization must report on Schedule O			!	
1	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	136			
•	Enter the amount of reserves on hand	13c			
	a Did the organization receive any payments for indoor tanning services during the tax year?		. 14a	ļ	X
_	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sched	ule O			
3AA	TEEA0105 11/16/16		Form	990 ((2016)

Form 990 (2016) KaBOOM!, INC. 52-1970904 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 8 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?...... 8 a X X 8 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 in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No X 10a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes.' describe in Х X 13 Χ 14 Did the organization have a written document retention and destruction policy?............ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If Yes, did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > See Form 990, Page 6, Line 17 (continued) Section 6104 requires an organization to make its Forms 1023 (or 1024 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 Another's website X Upon request Other (explain in Schedule O) Describe in 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 State the name, address, and telephone number of the person who possesses the organization's books and records GEORGE MEGAS 4301 CONNECTICUT AVE. NW, ML-1 WASHINGTON, 20008 (202) 659-0215

Form 990 (2016)

BAA

52-1970904

IB. 4 101 A.		<i>t</i>	N:4	T	Van Caralana	11:			
IPSIT VIII ICO	mnensation o	TUMICERS I	urectors	Trustees	Nev Employees.	mianest !	Compensaled	Emblovees.	ann
II GIL YN IOO	IIIPCII3GUVII V		J., 00.0.0,	,	Key Employees,	111911001	ooniponoatoa	p.o, ooo,	~
		. 4 4				•	•		
Inc	IANANAANT I 'AI	コナナコヘナヘナモ							
1110	lependent Coi	ILIACIOIS							_

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

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

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

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

Officer this box is ricitated the organization for any rela	organization nor any related organization compensated a							311011201130113	0.00., 0	
(A) Name and Title	(B) Average hours per	than	ition (d one b both a dire	to no ox, u an of ctor/i	t chec inless ficer a truste	person and a e)	n i	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) RON LUMBRA BOARD CHAIR	1.75	x		Х				0.	0.	0.
(2) STEPHANIE GAILLARD WHITE BOARD VICE CHAIR	1.50	Х		х				0.	0.	0.
(3) DEBORAH A. COWAN TREASURER	_1.75	x		Х				0.	0.	0.
(4) UDAYA PATNAIK SECRETARY	_1.75	х		х				0.	0.	0.
	1.90	Х						0.	0.	0.
(6) SHARON PRICE JOHN MEMBER	1.50	х						0.	0.	0.
_(7)JAKE_SIEWERT MEMBER	1.50	x						0.	0.	0.
(8) BILL NOVELLI MEMBER	1.75	Х						0.	0.	0.
(9) DARELL D. HAMMOND FOUNDER	15.00			Х				267,623.	0.	44,568.
(10) JAMES SIEGAL CEO	54.00			Х				305,288.	0.	37,614.
(11) BRUCE M. BOWMAN PRESIDENT OF PLAY PRODUCTS	50.00			Х				296,706.	0.	31,849.
(12) GEORGE T. MEGAS CFO	46.00			х				204,872.	0.	31,203.
VP OF COMMUNITY IMPACT	45.00				х			162,748.	0.	26,453.
(14) LYSA RATLIFF VP CORPORATE PARTNERSHIPS	43.00	!				х		172,147.	0.	4,107.

TEEA0107 11/16/16

Ransan Section A. Onicers, Directors, Tru		\ey	<u> </u>			<u> </u>	1	i ingliest oon	ipensated Lin	picyees	(continued)
•	(B)			(C Posi	tion			(D)	(E)		E)
(A) Name and title	Average hours	box	, unle:	ss pe	rson i	than on s both a	an	(D) Reportable	(E) Reportable	Estim	
Name and the	per week (list any					r/truste		compensation from the organization	compensation from related organizations	amount comper	rsation
	hours	Individual or director	Former Highest compensated employee Key employee Officer Institutional trustee		(W-2/1099-MISC)	(W-2/1099-MISC)	from organi and re	zation			
	related organiza	ector dual	ä	4	ஓ	yee St	۲ ا			organi	
	- tions below	Srzi			yee	큥	ļ				
	dotted line)	8	8		ŀ	sate				ł	
		↓	_		<u> </u>		_				
(15) CARLYNE CARDICHON	51.00					$ _{x} $	l	162 242			0.465
VP FINANCE (16) CARRIE LEOVY	45.00	├-	╁╌╁	_	├─	1	-	162,243.	0	•	8,465.
							o	2	5,206.		
(17) AMY LEVNER	46.00	1	\Box	_	-		٦	101/3011	<u></u>	`	3,200.
VP COMMUNICATIONS & MARKETING					ł	x		136,554.	0	. 2	7,203.
(18) JEFFREY GOVERT	45.00										
DIRECTOR OF IT					_	X		136,757.	0	. 2	5,456.
(19)	l		} }		ŀ		- }			-	
	 	 			<u> </u>	\vdash	_				
(20)	{ - -				Í						
(21)	 	 			-		-				
			} {		}	} }	1		li		
(22)	 		\Box								
		_			<u> </u>		_				
(23)	 				1	1 1	ļ				
(04)		├-			├	 	-				
(24)	 					[[1		İ	
(25)		┼─	\vdash	-	-	 	-1				
22'		1	} }			} }	1			ł	
1 b Sub-total			• • •				>	2,009,305.	C	. 28	2,124.
c Total from continuation sheets to Part VII, Secti							•				
d Total (add lines 1b and 1c)								2,009,305.			2,124.
2 Total number of individuals (including but not limiter from the organization ► 10	d to those	listed	d abo	ove)	who	rece	ive	d more than \$100,	000 of reportable	compensatio	n
from the organization 10							_		 		res No
3 Did the organization list any former officer, director	or trueto	a ka	u am	nlov	, aa	or hia	hac	et companyated en	nnlovee		703 133
on line 1a? If 'Yes,' complete Schedule J for such in										3	Х
4 For any individual listed on line 1a, is the sum of re	portable c	ompe	ensat	tion	and	other	COL	mpensation from		32	
the organization and related organizations greater t	han \$150,	,0007	If 'Y	'es,'	con	nplete	Sc	hedule J for		. 4	X
5 Did any person listed on line 1a receive or accrue of									dual		
for services rendered to the organization? If 'Yes,' or											Х
Section B. Independent Contractors											
Complete this table for your five highest compensation from the organization. Report compensation.	ted indepe ensation fo	ender or the	nt col cale	ntra: enda	ctors r ye	s that ar end	reci Jing	eived more than \$ I with or within the	100,000 ot organization's tax	year	
(A)								(B).	(C)	
Name and business addr	ess 							Description of	of services	Compens	sation
DELOITTE CONSULTING PO BOX 844717	DALLAS			TX		7528		CONSULTING			0,244.
	NEW YO			NY		1000	$\overline{}$	CONSULTING			4,156.
INSIGHT STRATEGY GROUP 50 HUDSON ST, 2ND FLOOR NEW YORK NY 10013 RESEARCH MISSY FARRON & ASSOC. LTD 206 BON AIR AVE NEW ROCHELLE NY 10804 MARKETING & PUBLIC RELATIONS										3,000.	
MISSY FARRON & ASSOC. LTD 206 BON AIR AVE	MEW KO	CRE.	<u>تاب</u> ب	IN 1	<u>' </u>	TOOL	,4	CHARACTING & PUL	IDIC KETHITONS	12	4,138.
Total number of independent contractors (including but not limited to those listed above) who received more than											

\$100,000 of compensation from the organization • 4

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII	<i></i>		П
•		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ots	1 a	Federated campaigns 1a	. <u> </u>				
irar	b	Membership dues 1 b					
S, E	С	Fundraising events 1c					
ar /	d	Related organizations 1 d					, ,
B, G	е	Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts			,024,076.			. 111	
ort pr	_	Noncash contributions included in lines 1a-1f \$				٤	
<u>5</u> 6	n	Total. Add lines 1a-1f		4,024,076.		2,5	<u></u>
ž	•	 -	Business Code				
eke		CONTRACTED PROGRAM SERVICES 900	0099	21,854,391.	21,854,391.	0.	0.
e B	b						
ζi	С						
Š	d						
аЩ	е						
Program Service Revenue	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f		21,854,391.			
	3	Investment income (including dividends, inter-	rest and				
		other similar amounts)		<u>291,762.</u>	0.	0.	291,762.
	4	Income from investment of tax-exempt bond p	·				
	5	Royalties		35,000.	0.	0.	35,000.
	_	(i) Real	(II) Personal				
		Gross rents					
		Less rental expenses					
		Rental income or (loss)		A de a Santa			
	d	Net rental income or (loss)		788 S S. 7 7 800 7 8 7	Se today should be seen and and	course to mercial for a labor of corpus	M 2000 / Y 2000 - 2000mph Toombook + 10000
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 5, 265, 406.					
		Less cost or other basis and sales expenses 5, 110, 336.					
		Gain or (loss) 155,070.				<u> </u>	
	d	Net gain or (loss)	· · · · · · · •	<u>155,070.</u>	0.	0.	155,070.
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).					
æ		See Part IV, line 18 a					
귤	b	Less: direct expenses b					
ᅙ	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities.					
	10 a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
			Business Code				
	11 a	MISCELLANEOUS INCOME 900	0099	801.	801.	0.	0.
	b						
	C						
	d	All other revenue					
		Total. Add lines 11a-11d		801.			
	12	Total revenue. See instructions		26,361,100.	21,855,192.	0.	481,832.

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) (A) Total expenses (B) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21. 2,764,513 2,764,513 Grants and other assistance to domestic individuals See Part IV, line 22. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees 1,408,922 978,621. 176,080 254,221. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... Other salaries and wages. 6,336,039 4,400,941 791,844 143,254. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 216,429 150,329 27,048 39,052. Other employee benefits 90,575 724,744 503,399 130,770. 536,205 372,442 67,012 96,751. Fees for services (non-employees) a Management 9,074 562 8,103 409 c Accounting 67,389 3,038 60,178. 4,173. Karaman Language e Professional fundraising services See Part IV, line 17 . f Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 1,703,134 1,520,885 76,783 105,466. (A) amount, list line 11g expenses on Schedule O) . . Advertising and promotion 11,449 5,762 3,028 2,659. 13 Office expenses 364,153. 123,145 <u>196,139.</u> 44,869. Information technology 266,544 161,409. 64,820 40,315. 15 16 Occupancy 549,012 312,880 157,945 78,187. 17 952,958 899,439 13,804 39,715. Payments of travel or entertainment expenses for any federal, state, or local Conferences, conventions, and meetings . . 19 60,398 48,391 5,395 6,612. 20 Interest Payments to affiliates. 21 22 Depreciation, depletion, and amortization . . . 273,243 155,375. 78,434 39,434. 23 82,512 41,523. 21,825 19,164 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a PLAYGROUND EQUIPMENT_ 6.460.129 6.460.129 0 n b CONSTRUCTION 2.985.533 2.985.533 0 0. 110,660 109,696 • MARKETING 0 964. d PRINTING & REPRODUCTION 82.944 58,200 7.428 17.316. e All other expenses 129,599 82,074. 26,909 20,616. 25 Total functional expenses Add lines 1 through 24e. . 26,095,583 22,275,961. 1,735,522 2,084,100. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720).

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	<u></u> .	<u></u>
•			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	1,993,742.	2	6,557,141.
	3	Pledges and grants receivable, net	2,774,294.	3	1,203,274.
	4	Accounts receivable, net	264,719.	4	372,977.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
İ				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	, , , , , , , , , , , , , , , , , , , ,	· 6	,
ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	27,412.	8	22,510.
AS	9	Prepaid expenses and deferred charges	248,237.	9	195,704.
1	•	1 1	246,237.	3	193,704.
ł	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	h		l e	10 c	<u> </u>
ĺ	11	Less accumulated depreciation	884,067.	11	
	12	Investments – other securities See Part IV, line 11	12,761,866.	12	13,534,510.
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets	424 004	14	251 274
	15	Other assets See Part IV, line 11	434,984.		351,374.
			22,154.	15	13,136.
\dashv	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	19,411,475.	16 17	23,001,401.
	18	Grants payable	1,747,028. 1,126,038.	18	2,163,574. 1,506,307.
	19	Deferred revenue	2,720,818.	19	4,959,380.
	20	Tax-exempt bond liabilities	2,720,010.	20	4,939,300.
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
7	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	857,062.	25	739,332.
	26	Total liabilities. Add lines 17 through 25	6,450,946.	26	9,368,593.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
8		lines 27 through 29, and lines 33 and 34.			
Ě	27	Unrestricted net assets	10,207,276.	27	12,148,070.
3al	28	Temporarily restricted net assets	2,753,253.	28	1,484,738.
B	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.		,	
9	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>e</u>	33	Total net assets or fund balances	12,960,529.	33	13,632,808.
2	34	Total liabilities and net assets/fund balances	19,411,475.	34	23,001,401.
BA	A				Form 990 (2016)

Form 990 (2016) KaBOOM!, INC.	<u>52-197</u> 09	04	Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>
4 Total revenue (must equal Part VIII, column (A), line 12)		<u>26,3</u>	<u>861,100.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	2	26,0	<u> 195,583.</u>
3 Revenue less expenses Subtract line 2 from line 1	<u>3</u>	2	<u>265,5</u> 17.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,9	60,529.
5 Net unrealized gains (losses) on investments	5	4	06,762.
6 Donated services and use of facilities			
7 Investment expenses			
8 Prior period adjustments	8		
9 Other changes in net assets or fund balances (explain in Schedule O)	9		
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, lines (R))			
column (B)).		13,6	<u>32,808.</u>
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		· · · ·
			Yes No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other	er		C
If the organization changed its method of accounting from a prior year or checked 'Other,' exp	doin	_ -	
in Schedule O	nan i	337	
2 a Were the organization's financial statements compiled or reviewed by an independent account	tant?	2a	Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were com-	niled or reviewed on a	133	3.00
separate basis, consolidated basis, or both	plica of reviewed on a		
Separate basis Consolidated basis Both consolidated and separate ba	esis	قيمتر سندو	
b Were the organization's financial statements audited by an independent accountant?		2b	x
If 'Yes,' check a box below to indicate whether the financial statements for the year were audi	ted on a separate		1260
basis, consolidated basis, or both	•	136	
Separate basis X Consolidated basis Both consolidated and separate basis	asis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for	or oversight of the audit,		,
review, or compilation of its financial statements and selection of an independent accountant?		2c	X
If the organization changed either its oversight process or selection process during the tax year in Schedule O	ar, explain		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as	set forth in the Single		
Audit Act and OMB Circular A-133?	• • • • • • • • • • • • • • • • • • • •	· · <u>3a</u>	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not u			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u> </u>	3 b	<u></u>

Form 990 (2016)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

2016

Open to Public Inspection

		INC.					52-1970904					
Paril	Re	eason for Public Cha	rity Status (All org	ganizations must co	mplete	this p	art.) See instruction	S				
The org	anizatı	ion is not a private foundati	on because it is (For l	ines 1 through 12, check	only on	e box)						
1	=	hurch, convention of church	•				\)(i).					
2	=	chool described in section		•								
3		ospital or a cooperative hos	. •									
4 [nedical research organization	on operated in conjunct	tion with a hospital descr	ibed in s	ection 1	170(b)(1)(A)(iii) Enter th	ne hospital's				
	_	ne, 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 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
, [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 !!)											
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9		agrıcultural research organı										
_		iniversity or a non-land-grai	nt college of agriculture	e (see instructions) Ente	r the nar	me, city,	and state of the college	or				
10	from	organization that normally r n activities related to its exe estment income and unrelat e 30, 1975 See section 50	empt functions—subject ted business taxable in	t to certain exceptions, a come (less section 511 t	nd (2) no	o more ti	han 33-1/3% of its suppo	ort from gross				
11	An d	organization organized and	operated exclusively t	o test for public safety S	See sect	ion 509((a)(4).					
12 [or m	organization organized and nore publicly supported org s 12a through 12d that des	anizations described in cribes the type of supp	n section 509(a)(1) or section and o	complete	09(a)(2). e lines 12	See section 509(a)(3). 2e, 12f, and 12g.	Check the box in				
a [orga con	oe I. A supporting organizat anization(s) the power to re nplete Part IV, Sections A	egularly appoint or elect and B.	t a majority of the directo	ors or tru	stees of	the supporting organiza	tion You must				
b [mai mu:	oe II. A supporting organiza nagement of the supporting st complete Part IV, Secti	organization vested in ons A and C.	the same persons that	control c	or manag	je the supported organiz	ration(s) You				
c {	_ Typ _ orga	ne III functionally integrate anization(s) (see instruction	ed. A supporting organis) You must comple	nization operated in connute Part IV, Sections A,	ection w D, and E	nth, and E.	functionally integrated w	rith, its supported				
d {	fund	oe III non-functionally intectionally intectionally integrated. The orgenism The orgenism The Comp	ganization generally mi	ust satisfy a distribution i	connecti requirem	on with i	its supported organization an attentiveness require	on(s) that is not ement (see				
e {	Che	eck this box if the organizategrated, or Type III non-fund	non received a written o	determination from the IF	RS that i	t is a Typ	oe I, Type II, Type III fun	ctionally				
f i		he number of supported or										
g l	Provide	e the following information	about the supported or	ganization(s)								
(1)	Name o	of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is organizati in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
					132							
(A)					ł	ŀ						
<u> </u>												
(B)												
(C)_						}						
·												
(D)					<u> </u>	<u> </u>		<u></u>				
(E)												
Total												

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

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

Sec	tion A. Public Support	 	 		, 		
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		CS 2.4				
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support				The second secon		
Cale	ndar year (or fiscal year nning in) •	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc. (see ınstru	ictions)			12	
13	First five years. If the Form 990 i organization, check this box and s	itop here		third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	▶ []
Sec	tion C. Computation of Pu Public support percentage for 201	blic Support F	Percentage	 			
14	Public support percentage for 201	6 (line 6, column (f) divided by line 1	1, column (f))		14	<u></u> %
	Public support percentage from 20						<u> </u>
16a	33-1/3% support test-2016. If the and stop here. The organization of	he organization did qualifies as a publi	I not check the box cly supported orga	on line 13, and lin	ne 14 is 33-1/3% oi	more, check this be	x ▶
b	33-1/3% support test—2015. If the and stop here. The organization	ne organization did qualifies as a publi	not check a box or acly supported orga	n line 13 or 16a, ar inization	nd line 15 is 33-1/3	% or more, check th	nis box ▶
17a	10%-facts-and-circumstances to or more, and if the organization method organization meets the 'facts-	est—2016. If the or neets the 'facts-and and-circumstances	rganization did not i-circumstances' te ' test The organiza	check a box on linst, check this box a ation qualifies as a	e 13, 16a, or 16b, and stop here. Exp publicly supported	and line 14 is 10% blain in Part VI how I organization	▶ □
	10%-facts-and-circumstances to or more, and if the organization more organization meets the facts-and-	eets the 'facts-and circumstances' tes	l-circumstances' te st. The organization	st, check this box an aput	and stop here. Exp blicly supported org	plain in Part VI how in particular particula	the ▶
18	Private foundation. If the organiz	zation did not chec	k a box on line 13,	16a, 16b, 17a, or			
					0 -	hadula A /Cama 00/	

Rart 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)

<u>Sec</u>	tion A. Public Support						
	dar year (or fiscal year beginning in) 🟲	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include						
2	any 'unusùal grants ')	1,489,549.	2,182,563.	1,674,938.	6,529,655.	4,024,076.	15,900,781.
2	merchandise sold or services				ļ		
	performed, or facilities	i				1	
	furnished in any activity that is related to the organization's						
	tax-exempt purpose	23,336,264.	23,737,530.	25,391,106.	20,551,573.	21,854,391.	114,870,864.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and						
	either paid to or expended on its behalf						
5	The value of services or						
	facilities furnished by a governmental unit to the	!			1		
	organization without charge.						
6	Total. Add lines 1 through 5	24,825,813.	25,920,093.	27,066,044.	27,081,228.	25,878,467.	130,771,645.
7a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons	94,810.	95,860.	84,248.	57.214.	43,174.	375,306.
ь	Amounts included on lines 2	317010.	<u> </u>	0.72.101	<u> </u>		3.37300.
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13	l					
	for the year						57,766,854.
		11,438,254.	11,9/9,468.	12,508,022.	9,035,916.	13,180,500.	58,142,160.
0	7c from line 6)				100		72,629,485.
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	24,825,813.	25,920,093.	27,066,044.	27,081,228.	25,878,467.	130,771,645.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from						
	similar sources	182,865.	301,332.	<u>398,919.</u>	237,209.	326,762.	1,447,087.
b	Unrelated business taxable income (less section 511	•					
	taxes) from businesses	Ì		1	l		
_	acquired after June 30, 1975 Add lines 10a and 10b	102 065	201 222	398,919.	237,209.	326,762.	1 447 007
11	Net income from unrelated business	182,865.	301,332.	398,919.	231,209.	326, 762.	1,447,087.
• • •	activities not included in line 10b,			ļ		}	
	whether or not the business is regularly carried on	İ	ĺ			Ì	İ
12	Other income Do not include		·				
	gain or loss from the sale of capital assets (Explain in			1	\		
	Part VI)	24,000.	18,080.	16,640.	229.	801.	59,292.
13	Total support. (Add lines 9,				0.000		
14	10c, 11, and 12.) First five years. If the Form 990 i						1132,278,024.
	organization, check this box and s						
Sec	tion C. Computation of Pu						
15	Public support percentage for 201		· -				54.91 %
16	Public support percentage from 2				<u> </u>	· · · · · · <u>16</u>	56.16 %
	tion D. Computation of Inv		<u>_</u>				
17	Investment income percentage for			,	• •		1.09 %
18	Investment income percentage from		•				0.95 %
19a	33-1/3% support tests—2016. If is not more than 33-1/3%, check t						
b	33-1/3% support tests—2015. If		-	-		_	
	line 18 is not more than 33-1/3%,	check this box and	stop here. The o	rganızatıon qualıfie	es as a publicly sur	ported organization	on ▶ 📙
20	Private foundation. If the organize	zation did not chec	k a box on line 14,	19a, or 19b, chec	k this box and see	instructions	

Part W Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?

 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- 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)? If 'Yes,' describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- c 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)? 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations) and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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3b	172 8	- 3x F 7
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3c		* # <i>7</i> 2
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4a	Si u i	W 54
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4b	AND THE REAL PROPERTY.	
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4c		
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31	. 4	
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5a		
5b	<u> </u>	<u> </u>
5c		l
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9a		
9b		
9с		
10a		
4.51		
10b	<u>L</u>	L

Pa	rt IV: Supporting Organizations (continued)		
44	Has the executation respected a gift or contribution from any of the following namens?	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
	b A family member of a person described in (a) above?	11b	
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c	
	ction B. Type I Supporting Organizations	1110	
361	Cition B. Type I Supporting Organizations	Yes	No.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		F
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? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2	
Sec	ction C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	
Sec	ction D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3	
Se	ction E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	J.	
	The organization satisfied the Activities Test Complete line 2 below.		
	b The organization is the parent of each of its supported organizations. Complete line 3 below		
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ctions)	
•	And the Total Annual Colored (Albertan)	·	
	Activities Test Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	Yes	No
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	

Ren	Type in Non-Functionally integrated 303(a)(3) Supporting Org	yanıza	uons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	n Nov 2 must co	0, 1970 (explain in Part V implete Sections A throug) See h E
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Pnor 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)			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)	# # #		12.1
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		<u></u>
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	<u>}</u>	
2_	Enter 85% of line 1	2		
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions)	ated Typ	e III supporting organizati	on
BAA			Schedule A (Fo	orm 990 or 990-EZ) 2016

Sec	 	Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of suppo							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI) See instructions.							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ition is responsive (provide	e details					
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6			<u></u>				
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions.							
	Excess distributions carryover, if any, to 2016			ti tanak				
	Clarately Caracian by Matheral Colleges.							
b								
С	From 2013							
d	From 2014							
е	From 2015							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2016 distributable amount							
i	Carryover from 2011 not applied (see instructions)							
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			74 117 4 118				
4	Distributions for 2016 from Section D, line 7 \$							
а	Applied to underdistributions of prior years							
b	Applied to 2016 distributable amount	* · · , , , , , , , , , , , , , , , , ,						
c	Remainder. Subtract lines 4a and 4b from 4	<u> </u>						
5	Remaining underdistributions for years prior to 2016, 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 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions.							
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c							
8	Breakdown of line 7							
a		<u> </u>						
b	Excess from 2013		<u> </u>					
c	Excess from 2014		<u> </u>					
d	Excess from 2015							
	Excess from 2016							
	CAGGG ITOIN 2010	<u> </u>	<u> </u>	L,				

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Schedule A (Form 990 or 990-EZ) 2016

Page 8

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

Pt III Ln 12 Other Income Part III, Line 12 Description: MISCELLANEOUS INCOME 2012: 24000. 2013: 18080. 2014: 16640. 2015: -229. 2016: 801.

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	KaBOOM!, INC.			52-1970904
Par		r Advised Funds or O	ther Similar Fund	
<u>ai</u>	Complete if the organization answe	ered 'Yes' on Form 990,	Part IV, line 6.	
		(a) Donor advised	d funds	(b) Funds and other accounts
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 are the organization's property, subject to the organization's	advisors in writing that the as anization's exclusive legal co	ssets held in donor ad ontrol?	vised funds
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of timpermissible private benefit?	the donor or donor advisor. o	or for any other purpos	se conferring
Pär	Conservation Easements.	ared 'Ves' on Form 990	Part IV line 7	
1	Complete if the organization answer			
1	Purpose(s) of conservation easements held by the	- ·		a historically important land area
	Preservation of land for public use (e.g., recre	cation or couldition;	├ —Ì	a distorically important land area a certified historic structure
	Preservation of open space			a certified mistoric structure
2	Complete lines 2a through 2d if the organization f	hald a gualified conservation	contribution in the for	m of a conservation easement on the
-	last day of the tax year	neid a qualifica conservation	CONTRIBUTION IN THE 101	in or a conservation casement on the
				Held at the End of the Tax Year
а	Total number of conservation easements			2 a
t	Total acreage restricted by conservation easemer	nts		2 b
c	: Number of conservation easements on a certified	historic structure included in	ı(a)	2 c
c	Number of conservation easements included in (o structure listed in the National Register			2 d
3	Number of conservation easements modified, tractax year ►	nsferred, released, extinguis	hed, or terminated by	the organization during the
4	Number of states where property subject to conse	ervation easement is located	•	
5	Does the organization have a written policy regard and enforcement of the conservation easements	ding the periodic monitoring, it holds?	inspection, handling o	of violations,
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violat	ions, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, insper ►\$	ecting, handling of violations,	and enforcing conser	vation easements during the year
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the req	uirements of section 1	170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	s conservation easements in ne organization's financial sta	its revenue and expent itements that describe	nse statement, and balance sheet, and es the organization's accounting for
Par	t III Organizations Maintaining Collection	ctions of Art, Historic ered 'Yes' on Form 990	al Treasures, or , Part IV, line 8.	Other Similar Assets.
1;	alf the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, educ	ation, or research in fi	atement and balance sheet works of urtherance of public service, provide,
1	o If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items	FAS 116 (ASC 958), to report or public exhibition, education	t in its revenue statem n, or research in furtho	nent and balance sheet works of art, erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, lin	e 1		
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, I amounts required to be reported under SFAS 116	6 (ASC 958) relating to these	tems.	•
	a Revenue included on Form 990, Part VIII, line 1			
(b Assets included in Form 990, Part X			> \$

Schedule D (Form 990) 2016

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Part III Organizations Maintair	ning Collection	s of Art, Histo	rical Treasures, or	Other Similar Ass	ets (contin	ued)
Using the organization's acquisition items (check all that apply).	, accession, and oth	_		are a significant use of its	s collection	
a Public exhibition		d Loan o	r exchange programs			
b Scholarly research		e Other				
c Preservation for future generate	ons					
4 Provide a description of the organizary XIII	ation's collections a	nd explain how the	y further the organization	n's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather than	to be maintained as	s part of the organi	zation's collection?		Yes	No
Part IV Escrow and Custodial line 9, or reported an an	Arrangements nount on Form 9	. Complete if the 190, Part X, line	ie organization ansv 21	vered 'Yes' on Form	990, Part I	V,
1 a Is the organization an agent, trustee on Form 990, Part X?				ets not included	Yes	No
b If 'Yes,' explain the arrangement in	Part XIII and comple	ete the following ta	ble	 		
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an amo	ount on Form 990, F	art X, line 21, for e	escrow or custodial accor	unt liability?	Yes	No
b if 'Yes,' explain the arrangement in	Part XIII Check her	e if the explanation	n has been provided on F	Part XIII	 , , . }	П
Part Val Endowment Funds. Co	omplete if the or	ganization ansv	wered 'Yes' on Form	n 990, Part IV, line 1	0	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	ırs back
1 a Beginning of year balance	4,500,000	4,500,0	00. 4,500,000	0. 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	4,500,0	00. 4,500,00	0. 4,500,000.	4,500	,000.
2 Provide the estimated percentage of	of the current year e	nd balance (line 1g	, column (a)) held as			
a Board designated or guasi-endowm	ient ► 10	0.00%				
b Permanent endowment ►						
c Temporarily restricted endowment	>	8				
The percentages on lines 2a, 2b, as		100%				
				ad factha		
3 a Are there endowment funds not in to organization by:	ne possession of the	e organization that	are nelo ano administer	ed for the	Yes	No
(i) unrelated organizations					. (3a(i)	X
(ii) related organizations					3a(ii)	\ \ \ \ \ \ \ \ \
b If 'Yes' on line 3a(ii), are the related					. 3b	$\frac{x}{x}$
4 Describe in Part XIII the intended u	-	-				
Part VI Land, Buildings, and I		ion's endownent i	41143	 		
Complete if the organization		'Voo' on Form (000 Bort IV line 11	2 Saa Farm 000 Br	art Y line 10	^
<u></u>	auon answered	Tes on Forms	990, Partiv, line 11	a. See Fulli 990, Fa		
Description of property		st or other basis Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/alue
1 a Land			Dadio (direct)	552.55.61.61.		
b Buildings	 -					
c Leasehold improvements			1 165 666	510 624	65.0	5 042
d Equipment			1,165,666.	510,624.		5,042.
- , ,			503,318.	423,804.		9,514.
e Other		000 Bod V col	353,443.	337,224.		<u>6,219.</u>
Total. Add lines 1a through 1e (Column	(u) must equal rom	т ээо, гап X, colul	'IIII (D), IIII U 10C.) · · · ·	· · · · · · · · · · · · · • /	/5(0.775.

(a) Dage	Complete if the organization answered " ription of security or category (including name of security)	(b) Book value		unluntion. C-	ct or and -	f-year market value	
_ •		(b) book value	(C) Welliod of	valuation Co:	St OF end-o		
-	al derivatives						
2) Closely 3) Other	-held equity interests	<u> </u>	 				
A) B)			 				
B) C)			 				
D)							
<u>-)</u> E)			 				
<u>/- </u>							
G)							
. <u> </u>		·				· ,	
· <u>´</u> — — — ·	-		 				
· ·	nn (b) must equal Form 990, Part X, column (B) line 12) ▶			Ki		<i>y</i> :	Ś
Part VIII	Investments — Program Related.						
	Complete if the organization answered "						
	(a) Description of investment	(b) Book value	(c) Method of val	luation: Cos	t or end-	of-year market	alue
<u>(1)</u>			-				
_(2)			 				
(3)					 .		
(4)							
_(5)	 		·				
<u>(6)</u>			 				
<u>(7)</u>			 				
(8)			-			· · · · · · · · · · · · · · · · · · ·	
(9)							
(9) (10)	on (h) must onual Form 900. Part V. column (P) line 12.)						###077.2
(9) (10) Total <i>(Colum</i>	nn (b) must equal Form 990, Part X, column (B) line 13) ►			Figure 1990		ia ezatur	##017.s
(9) (10) [otal <i>(Colum</i>	on (b) must equal Form 990, Part X, column (B) line 13) > Other Assets. Complete if the organization answered "			See Forn	n 990, l	Part X, line 1	5.
(9) (10) [otal (Colum Part IX:	Other Assets. Complete if the organization answered "			See Forn	n 990, I	Part X, line 1	
(9) (10) Total (Colum Part IX:	Other Assets. Complete if the organization answered "	Yes' on Form 990,		See Forn	n 990, I		
(9) (10) (otal (Colum Part IX:	Other Assets. Complete if the organization answered "	Yes' on Form 990,		See Forn	n 990, I		
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(9) (10) Fotal (Colum Part IX: (1) (2) (3) (4)	Other Assets. Complete if the organization answered "	Yes' on Form 990,		See Forn	n 990, I		
(9) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15)	Other Assets. Complete if the organization answered "	Yes' on Form 990,		See Forn	n 990, I		
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(9) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15)	Other Assets. Complete if the organization answered "	Yes' on Form 990,		See Forn	n 990, I		
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(9) (10) Fotal (Column (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Co	Other Assets. Complete if the organization answered " (a) De (b) must equal Form 990, Part X, column (B) (B) (C) (B) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Yes' on Form 990, excription	Part IV, line 11d.		•	(b) Book v	
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(9) (10) Fotal (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Co	Other Assets. Complete if the organization answered " (a) De lumn (b) must equal Form 990, Part X, column (B) if Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability	Yes' on Form 990, excription	Part IV, line 11d.		•	(b) Book v	
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Partixi Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	27,734,455.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	_ 1,373,355.
3 Subtract line 2e from line 1	3	26,361,100.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		26,361,100.
Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	27,062,176.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII)	5	
e Add lines 2a through 2d	_2 e	966,593.
3 Subtract line 2e from line 1	3	26,095,583.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	- 3	
b Other (Describe in Part XIII)	_	
C Add lines 4a and 4b		26 006 502
Part XIII Supplemental Information.	1 3	26,095,583.
Sectional cabbication and amount of the cabbication		

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

Pt V, Line 4 BOARD-DESIGNATED OPERATING RESERVES

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2016

OMB No. 1545-0047

Open to Public Open to ru . 🖅 inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 52-1970904 KaBOOM!, Part I | General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (f) Total (a) Region offices in the employees, the region (by type) (such (d) is a program expenditures for agents, and as, fundraising, program service, describe and investments region independent services, investments, specific type of in the region grants to recipients contractors service(s) in in the region located in the region) the region 0 O CONTRACTED PROGRAM SERVICES PLAYGROUND BUILDS 463,968. (1) North America (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)3 a Sub-total 11201万年的公司 A. 14.00 0 463,968. **b** Total from continuation sheets to Part I **企业的企业的企业**

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

O

C Totals (add lines 3a and 3b)

Schedule F (Form 990) 2016

463,968

Schedule F (Form 990) 2016 KaBOOM!, INC.

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

(i) Method of valuation (book, FMV, appraisal, other)																		Schedule F (Form 990) 2016
(h) Description of noncash assistance																	•	
(g) Amount of noncash assistance																	t by the IRS, or for w	
(f) Manner of cash disbursement										į							nized as tax-exemp	
(e) Amount of cash grant																	eign country, recogr	
(d) Purpose of grant		:			:												narities by the for	
(c) Region																	are recognized as chilency letter	
(b) IRS code section and EIN (if applicable)																	ions listed above that a section 501(c)(3) equiva	s or entities.
(a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(18)	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	3 Enter total number of other organizations or entitles. BAA

Page 3

52-1970904

KaBOOM!, INC. Schedule F (Form 990) 2016

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

Schedule F (Form 990) 2016 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA (1) (3) 3 (11) (12) (13) (14) (2) **₹** (2) 6 (10) (15) (16) (17) 8 9

Sche	dule F (Form 990) 2016 KaBOOM!, INC. 52	-1970904	Page 4
Par	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	· · · · Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	· · · Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	· · · Tes	X No
BAA	TEEA3505 09/26/16	Schedule F (F	orm 990) 2016

TEEA3505 09/26/16

PareV Supplemental Information

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

Pt I Line 2

SEE ATTACHED STATEMENT D

SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2016

Employer identification numbe

Kaboom!, INC.	Parte and Acciet	000				52-1970904	4
S S S	s to substantiate the an	nount of the grants o	e grants or assistance, the grantees' eligibility for the grants or assistance, and	es' eligibility for the gran	s or assistance, and	× ×	CA
2 Describe in Part IV the organization's procedures for monitoring the use	procedures for monitoring	0	of grant funds in the United States				_
Partil Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answere 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	ince to Domestic for any recipient th	Organizations a	and Domestic Gove than \$5,000. Part	ernments. Comple	Complete if the organization answered 'Yes' on plicated if additional space is needed.	on answered 'Yes e is needed.	l on
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEE_ATTACHMENT_1	i e						
							•
1 1 1							
<u></u>							
(8)							
					•		
2 Enter total number of section 501(c)(3) and government organizations lis	and government organ	nzations listed in the	ited in the line 1 table				236
3 Enter total number of other organizations listed in the line 1 table.	ins listed in the line 1 ta	ble					0
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	e, see the Instructions	s for Form 990.		TEEA3901 11/03/16	11/03/16	Schedul	Schedule I (Form 990) (2016)

Page 2

S2-1970904

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.

(f) Description of noncash assistance Bad IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 7 က s 9

Pt I Line 2

SEE ATTACHED STATEMENT D

TEEA3902 11/03/16

Schedule I (Form 990) (2016)

SCHEDULE J

Department of the Treasury Internal Revenue Service

Name of the organization

.(Form 990)

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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

ગીતિમીઓલ્ડ્ર લ્લોક્સ્લુટની

Schedule J (Form 990) 2016

Employer identification number

<u>Kal</u>	BOOM!, INC.	52-1970904			
20	紀 Questions Regarding Compensation				
				Yes	No
1	a Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a Complete Part III to provide any relevant ii	the following to or for a person listed on Form 990, Part nformation regarding these items			
	X First-class or charter travel	Housing allowance or residence for personal use	·		· .
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	K .	\mathcal{N}_{j}	
	Discretionary spending account	Personal services (such as, maid, chauffeur, chef)			13 20
	b If any of the boxes on line 1a are checked, did the organization for reimbursement or provision of all of the expenses described above		1 b		1.0
2	Did the organization require substantiation prior to reimbursing or trustees, and officers, including the CEO/Executive Director, rega		2	X	
3	Indicate which, if any, of the following the filing organization used CEO/Executive Director Check all that apply Do not check any be establish compensation of the CEO/Executive Director, but explain	poxes for methods used by a related organization to		j	1;
	X Compensation committee	Written employment contract		į.	10
	X Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee		1:	7,
4	During the year, did any person listed on Form 990, Part VII, Sec organization or a related organization	tion A, line 1a, with respect to the filing	ĥ	L.	4
	a Receive a severance payment or change-of-control payment? .		4 a		Х
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c Participate in, or receive payment from, an equity-based compensation arrangement?					X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applic	cable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did to contingent on the revenues of	he organization pay or accrue any compensation		۵.	
	a The organization?		5 a		Х
	b Any related organization?		5 b		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did to contingent on the net earnings of	he organization pay or accrue any compensation			
	a The organization?		6 a		Х
	b Any related organization?		6 b		Х
	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 t payments not described on lines 5 and 6? If Yes,' describe in Pa	he organization provide any nonfixed rt III	7	<u>.</u>	x
8	Were any amounts reported on Form 990, Part VII, paid or accruit to the initial contract exception described in Regulations section 5	53 4958-4(a)(3)?			
	If 'Yes,' describe in Part III	***************************************	8		Х
9	If 'Yes' on line 8, did the organization also follow the rebuttable pi section 53 4958-6(c)?		9		

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

INC.

KaBOOM!

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

52-1970904

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 are not 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

(E) Total of columns(B)(i)-(D)

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342,902.

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260,288.

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18,000.

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219,623.

HAMMOND

DARELL D.

FOUNDER JAMES I. IO

328, 553.

16,773

15,074.

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50,000

246,706.

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PRODUCTS

OF PLAY

PRESIDENT

GEORGE T. MEGAS

BRUCE M. BOWMAN

SIEGAL

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236,075.

20,772.

10,431.

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40,000.

164,872.

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189,201.

17,993.

8,460.

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27,500.

135,248.

IMPACT

COMMUNITY

5 VP OF

LYSA RATLIFF

ROXANE RUCKER

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176,254.

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166, 147.

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6 VP CORPORATE PARTNERSHIPS

CARLYNE CARDICHON

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189, 573.

16,707

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25,565

<u>138,802.</u>

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190, 708.

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163,757.

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& MARKETING

9 VP COMMUNICATIONS

JEFFREY GOVERT 10 DIRECTOR OF IT

8 SENIOR STRATEGIST

AMY LEVNER

CARRIE LEOVY

7 VP FINANCE

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162,213.

<u>18,900.</u>

6,556.

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116,657.

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(F) Compensation in column (B) reported as deferred on prior Form 990

<u>38,125.</u>

6.443.

(D) Nontaxable benefits

(C) Retirement and other deferred compensation

(II) Bonus & incentive compensation

(A) Name and Title

(iii) Other reportable compensation

(B) Breakdown of W-2 and/or 1099-MISC compensation

Schedule J (Form 990) 2016

Part II

KaBOOM!, INC. Pa成Ⅲ Supplemental Information

Schedule J (Form 990) 2016

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.

Pt I Line 1b Pt I Line 4b

EXECUTIVE TRAVEL POLICY - SEE ATTACHED STATEMENT E DARELL HAMMOND PARTICIPATES IN A 457(F) NON-QUALIFIED RETIRMENT PLAN.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016 Open to Public's Inspection

Name of the organization	Employer identification number	
KaBOOM!, INC.	52-1970904	
Pt VI, Line 11b	FORM 990 REVIEW - SEE ATTACHED STATEMENT F	
Pt VI, Line 12c	CONFLICT OF INTEREST POLICY - SEE ATTACHED STATEMENT G	
Pt VI, Line 15a	EXECUTIVE COMPENSATION POLICY - SEE ATTACHED STATEMENT H	
Pt VI, Line 15b	EXECUTIVE COMPENSATION POLICY - SEE ATTACHED STATEMENT H	

INTEREST POLICY IS AVAILABLE UPON REQUEST.

Pt VI, Line 19

Other

PART VI, LINE 16: JOINT VENTURE - SEE ATTACHED STATEMENT I

KaBOOM!, INC. INCLUDES ON ITS WEBSITE COPIES OF ITS AUDITED FINANCIAL STATEMENTS AND ITS FORM 990 FOR THE PAST FIVE YEARS. THE CONFLICT OF

Schedule R (Form 990) 2016 (g) Sec 512(b)(13) controlled entity? ž INC. (f)
Direct controlling
entity Open to Public Inspection OMB No 1545-0047 Yes 2016 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. KABOOM! Emptoyer identification number (f) Direct controlling entity 52-1970904 734,344. (e) End-of-year assets Public charity status (if section 501(c)(3)) Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.Attach to Form 990. 326,000. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ٥ (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001 09/09/16 (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state or foreign country) DE (b) Primary activity PLAY PRODUCTS (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity Kaboom!_ PLAY_INITIATIVES. LLC_ (a) Name, address, and EIN of related organization _ 4301_CONN. AVE.. NW ML-1. __ WASHINGTON, DC 20008__ 46-5154156 Kaboom!, INC. Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R 111111 (Form 990) 1 1 1 1 1 ଫ୍ର 좣 \<u>@</u>¦ (2) <u>ල</u>¦

(i) Sec 512(b)(13) controlled entity? (k)
Percentage
ownership Yes 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 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 (j) General or managing partner? ŝ (h) Percentage ownership Yes (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-ofyear assets allocations? (h) Dispropor-tionate ž Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) because it had one or more related organizations treated as a partnership during the tax year. (f) Share of total (d) Direct controlling entity (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (d) Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization Schedule R (Form 990) 2016 Kaboom!, INC. (b) Primary activity (a)
Name, address, and EIN of
related organization Part IV Part III 2 **⊗**¦ 3 ε

Schedule R (Form 990) 2016 S TEEA5002 09/09/16 BAA <u>ල</u>¦

52-1970904

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37 Pent W

(k) Percentage ownership General or managing partner? ž Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Yes (i) Code V-UBI amount in box 20 of Schedule (Form 1065) (h)
Disproportionate
allocations? Š Yes (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners
section
501(c)(3)
organizations? ટ Yes (d)
Predominant
income
(related, unrelated, excluded
from tax under
sections 512-514) (c) Legal domicile (state or foreign country) Primary activity 9 (a)
Name, address, and EIN of entity 1111 1 1 1 1 į i Í | | | | 1 ı i i 1 1 1 \@¦ <u>ଫ</u>| €! <u>ତ</u>¦ <u>@</u>¦ S

Schedule R (Form 990) 2016

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

PART 1

RELATED ORGANIZATION - SEE ATTACHED STATEMENT J