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Return of Organization Exempt From Income Tax

OMB No 1545 0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. For the 2016 calendar year, or tax year beginning 2016, and ending D Employer identification number Check if applicable Address change KIDSTOWN INTERNATIONAL, INC 91-1714579 PO BOX 2129 Telephone number Name chance BELLINGHAM, WA 98227-2129 Initial return 360-647-1916 Final return/terminated Amended return G Gross receipts \$ 899,475 F Name and address of principal officer H(a) Is this a group return for subordinates Application pending Yes Are all subordinates included?
If 'No,' attach a list (see instructions) Same As C Above Tax-exempt status X 501(c)(3) 4947(a)(1) or (insert no) Website: ► H(c) Group exemption number M State of legal domicile WA Form of organization X Corporation Trust Association Other > Year of formation 1996 Part I Summarv Briefly describe the organization's mission or most significant activities. See_Schedule_O Activities & Governance Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 72 b Net unrelated business taxable income from Form 990-7, line 34 0. 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 993,262 862,135. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -2,99737,340. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e 11 Total revenue - add lines 8 through 11 (must equal Part VIII column (A), Jine 12) 12 990, 265. 899.475. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 149,967 211,138. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 151,335. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 787,111. 687<u>, 2</u>82. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 937,078. 898,420. Revenue less expenses. Subtract line 18 from line 12 53,187. 1,055. **End of Year Beginning of Current Year** Total assets (Part X, line 16) 20 550,590. 563,509. 21 Total liabilities (Part X, line 26) 4,822. 16,686. 22 Net assets or fund balances. Subtract line 21 from line 20 545,768. 546,823 Part II Signature Block Under penalties of complete Declara cluding accompanying schedules and statements, and to the best of my all information of which preparer has any knowledge I declare that I ha Sign Here CHUCK VALLEY Director Type or print name and title Print/Type preparer's name Preparer's s Date Check John W Bruton John W self employed PO0295507 Paid Nissen & Schellberg Preparer ► Bruton, Use Only 119 N Commercial Suit 91-1577936 9822 $\overline{(360)}$ -671-0700 Bellingham, WAy Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/16/16

Form 990 (2016)

Form	n 990 (2016) KIDSTOWN INTERNATIONAL, INC	91-1	714579	Page 2
Par	rt III Statement of Program Service Accomplishments	-		
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission			
•	See Schedule 0			
		~~		
			. _	
		- <u></u>		
2		ot listed on the prior	_	
	Form 990 or 990-EZ? .		Y€	es X No
	If 'Yes,' describe these new services on Schedule O.		_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any p	rogram services?	Y6	es X No
	If 'Yes,' describe these changes on Schedule O			_
4	Describe the organization's program service accomplishments for each of its three largest pro Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and and revenue, if any, for each program service reported.	ogram services, as m allocations to others	easured by , the total o	expenses expenses,
4 a	a (Code.) (Expenses \$ 625,483. including grants of \$) (Revenue	\$)
	KIDSTOWN INTN'L PROVIDES ORPHANS WITH DAY-TO-DAY LIVING N			CHOOLING
			1112 -00	
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46	b (Code.) (Expenses \$ including grants of \$) (Revenue	Ś	
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40	c (Code) (Expenses \$ including grants of \$) (Revenue	٠)
		-		
				-
				·
40	d Other program services (Describe in Schedule O)			
		evenue \$)
	e Total program service expenses ► 625, 483.			
BAA	TEEA0102L 11/16/16		Fo	orm 990 (2016)

Form 990 (2016) KIDSTOWN INTERNATIONAL, 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	Х	
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		Х
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		Х
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		Х
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		Х
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			
ź	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	
Ŀ	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 Ь		Х
•	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 167 If 'Yes,' complete Schedule D, Part VIII	11 c	·	Х
c	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		X
6	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u> </u>
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	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
	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	12 b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X_
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
ŧ	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X

Form 990 (2016) KIDSTOWN INTERNATIONAL, INC Part IV Checklist of Required Schedules (continued)

			res	NO
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
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? <i>If 'Yes,' complete</i>			v
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	23		X
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 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
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		Х
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		Х
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).			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29_		Х
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		Х
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
34	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	olf '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	35Ь		
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		Х
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
BAA		Form	990 (2016)

_	m 990 (2016) KIDSTOWN INTERNATIONAL, INC 91-171457	9	F	'age
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	1 1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			•••••
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	1 1	Х
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
	b If 'Yes,' enter the name of the foreign country. ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	, !		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	L	Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
	b If '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 it was required to file			
	Form 8282?	7с]	X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь		
	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter.			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year [12b]			
	Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	19-		
	Note. See the instructions for additional information the organization must report on Schedule O	13 a		
	b Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans . 13b			
	c Enter the amount of reserves on hand . 13c			
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	<u> </u>	X
_	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14 b		

Form 990 (2016) KIDSTOWN INTERNATIONAL, INC 91-1714579 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. Check if Schedule O contains a response or note to any line in this Part VI X 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 1a 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. 5 **b** Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Δ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? X 8 a X b Each committee with authority to act on behalf of the governing body? 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10 a Did the organization have local chapters, branches, or affiliates? Х 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 operations are consistent with the organization's exempt purposes? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? X 13 14 Did the organization have a written document retention and destruction policy? X 14 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 15 a b Other officers or key employees of the organization. 15 b 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? 16 a X 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > None 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 Upon request Other (explain in Schedule O) Describe in Schedule 0 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. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. •

SANDRA SMITH 119 N. COMMERCIAL

BELLINGHAM WA 98225 360-647-2470

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Form 990 (2016)

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

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

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

- 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 employees.'
- 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

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

Check this box if neither the organization nor any re	elated org	anıza	itior	ı coı	mpe	nsate	ea a	any current officer	airector, or trustee	
				(C)						
(A) Name and Title	(B) Average hours	Posi than is	Position (than one is both dire		ot ch unle: officei /trust	heck more ess person er and a tee)		(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other
	per 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)	compensation from the organization and related organizations
(1) BOARD LIST ATTACHED	0									
LIST ATTACHED	0			ļ <u>.</u>	┡	ļ	<u> </u>	0.	0.	0.
_(2)	_ _									
_(3)										
(5)										
(6)										
			,							
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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	(B)	Ţ <u></u>		((2)	<u>.</u>			•	
. (A) Name and title	Average hours per week	box,	, unle	:heck :ss pe	erson	than o is both or/truste	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
	tions below dotted line)	rustee	l trustee		yee	npensated				
(15)										
(16)					- 					
(17)									-	
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)					-					
(25)										
1 b Sub-total c Total from continuation sheets to Part \	/II. Section A		-			• •	-	0.	0.	
d Total (add lines 1b and 1c)						•	•	0.	0.	0.
2 Total number of individuals (including be from the organization ► 0	ut not limited to the	se lis	ted	abo	ve)	who re	ece	eived more than \$	100,000 of reporta	ble compensation
3 Did the organization list any former office	cer, director, or tru	stee.	kev	emr	olove	ee. or	hic	ghest compensate	d employee	Yes No
on line 1a? If 'Yes,' complete Schedule 4 For any individual listed on line 1a, is the	J for such individu	al	-	·		•		•		3 X
the organization and related organization such individual	ns greater than \$1	50,00	0? 1	f 'Ye	es,'	compl	ete	Schedule J for	•••	4 X
5 Did any person listed on line 1a receive for services rendered to the organization	n [?] If 'Yes,' comple	satior te Sci	n fro hedi	m a ule	ny u J for	nrelat such	ed pe	organization or ir	ndıvıdual	5 X
Section B. Independent Contractor Complete this table for your five highest	compensated inde	epend	ent	con	tract	ors th	at	received more that	an \$100,000 of	_
compensation from the organization Re		for th	he c	aler	ndar	year e	end	ding with or within (B)		tax year.
Name and busi	ness address						_	Description of		Compensation
				_						
							-			
2 Total number of independent contractor \$100,000 of compensation from the orga	-	t limit	ed to	o the	ose	listed	ab	ove) who received	i more than	······································
BAA	u U	TEEAO	108L	11/	16/16		_			Form 990 (2016)

		Check if Schedule O	contains a r	esponse o	or note to an	y line in this Part VI	<u>. </u>		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	t c	a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, similar amounts not included	ons)	1 a 1 b 1 c 1 d 1 e 1 c 1 d 1 e 1 e					
g ţ	l .	Noncash contributions included		11	<u>862,135.</u>				
Son		Total. Add lines 1a-1f	a iii iiilos ta-ti	Ψ	-	862,135.			
	2 a			Bus	siness Code	002,133.			
Program Service Revenue	Ŀ	·							
Ser	c	,							
ram	6								
Prog		All other program service Total. Add lines 2a-2f	ce revenue.	<u> </u>					
	3	Investment income (included other similar amounts) Income from investment	Ū	,	•	37,340.	37,340.		
	5	Royalties		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-: 0000ug : ►				
	b	Gross rents Less rental expenses Rental income or (loss)	(i) Real		(ii) Personal		.:		
	d	Net rental income or (lo			60.0			······	
	7 a	Gross amount from sales of assets other than inventory	(i) Securitie	S	(ii) Other				
	c	Less cost or other basis and sales expenses : Gain or (loss)					 =		
une		Net gain or (loss) Gross income from fund (not including . \$	Iraising even	ıts					
eve.		of contributions reported See Part IV, line 18	on line 1c).				\$		
Other Reven		Less. direct expenses		a b					
δ		Net income or (loss) fro						······································	
		Gross income from gam See Part IV, line 19	ing activities		·				
		Less. direct expenses Net income or (loss) from	m namino ai	b					
		Gross sales of inventory and allowances	•					······································	
	b	Less cost of goods sold Net income or (loss) from	I	b			:.		
ì		Miscellaneous Revenu			iness Code		<u>.</u>	 	
Ī	11 a								
	b c			-					
		All other revenue							
		Total. Add lines 11a-11d		,	•		*****	<u> </u>	
BAA	12	Total revenue. See instr	uctions		TEFA	899,475.	37,340.	0.	0.

Form 990 (2016) KIDSTOWN INTERNATIONAL, INC Part IX Statement of Functional Expenses

			organizations must	

	Check if Schedule O contains a r				<u>-</u>
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		**
2	Grants and other assistance to domestic individuals. See Part IV, line 22			-	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				·
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0	:
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	211,138.	38,850.	85,743.	86,545.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	211,130.	30,030.	03,743.	00,343.
9	Other employee benefits				
10	Payroll taxes		-		
11	Fees for services (non-employees).				
a	Management				
Ŀ	Legal				
c	: Accounting	4,696.		4,696.	
c	Lobbying	•		-, -, -, -, -, -, -, -, -, -, -, -, -, -	
e	Professional fundraising services. See Part IV, line 17		·		
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	2.004			
	Office expenses	2,984.			2,984.
13	·				
14	Information technology Royalties				
15 16	Occupancy	0 556		0.556	
17	Travel	8,556.	 	8,556.	51 005
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	61,806.			61,806.
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		_		
22 23	Depreciation, depletion, and amortization Insurance	4 01 -			
24		4,015.		4,015.	
а	SPONSORSHIPS	480,761.	480,761.		
	EDUCATION	38,913.	38,913.		
	SPECIAL PROJECTS	30,287.	30,287.		
	BANK FEES	14,570.	14,570.		
	All other expenses	40,694.	22,102.	18,592.	
	Total functional expenses. Add lines 1 through 24e	898,420.	625, 483.	121,602.	151,335.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

	·	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	175, 722.	1	145,110.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
i	6	Loans and other receivables from other disqualified persons (as defined und section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribute employers and sponsoring organizations of section 501(c)(9) voluntary employers are section organizations. Complete Part II of Schedule L	tina	6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 13	732.		······································
	b		732.	10 c	
	11	Investments – publicly traded securities	374, 215.	11	418,399.
	12	Investments - other securities. See Part IV, line 11	374, 213.	12	410,333.
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	653.	15	·
	16	Total assets. Add lines 1 through 15 (must equal line 34)	550, 590.	16	563,509.
	17	Accounts payable and accrued expenses	4, 822.	17	16,686.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>ie</u>	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	
-	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 partie and other liabilities not included on lines 17-24). Complete Part X of Schedul	s, e D	25	
	26	Total liabilities. Add lines 17 through 25.	4, 822.	26	16,686.
es		Organizations that follow SFAS 117 (ASC 958), check here ► and completines 27 through 29, and lines 33 and 34.	ete 🦿		
Ĕ	27	Unrestricted net assets		27	
ब्रु	28	Temporarily restricted net assets		28	
뜅	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
000	30	Capital stock or trust principal, or current funds	545, 768.	30	546 022
ğ	31	Paid-in or capital surplus, or land, building, or equipment fund	343, 700.	31	546,823.
Agi	32	Retained earnings, endowment, accumulated income, or other funds		32	
e e	33	Total net assets or fund balances	545, 768.	33	546,823.
z	34	Total liabilities and net assets/fund balances	550, 590.	34	563,509.

Form 990 (2016)

	1990 (2016) KIDSTOWN INTERNATIONAL, INC	<u>91 – </u>	<u> 1714579</u>	1	Pa	age 12	
Pa	TXI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			_		\Box	
1	Total revenue (must equal Part VIII, column (A), line 12)		1	8	99,4	175 .	
Ź	Total expenses (must equal Part IX, column (A), line 25)	. [2	8	98,4	120.	
3	Revenue less expenses. Subtract line 2 from line 1	. [3	_	1,0	055.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	5		768.	
5	Net unrealized gains (losses) on investments		5				
6	Donated services and use of facilities	.	6	-			
7	Investment expenses		7				
8	Prior period adjustments		8				
9	Other changes in net assets or fund balances (explain in Schedule O)	Ī	9			0.	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))							
Pa	t 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 X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	iewed	on a				
,	Were the organization's financial statements audited by an independent accountant?			2ь		Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	parate			-		
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the	audit,	2 c			
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	•	J	3 a		Х	
!	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	requir	ed audit	3 b			
BAA				Form	990 (2016)	

SCHEDULE A (Form 990 or 990-EZ)

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

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Name of the organization Employer identification number KIDSTOWN INTERNATIONAL, INC 91-1714579 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state. 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1 10 (iv) is the (v) Amount of monetary (vi) Amount of other organization listed in your governing document? support (see instructions) support (see instructions) above (see instructions)) No Yes (A) (B) (C) (D) (E) **Total**

Par	t II Support Schedule for				(b)(1)(A)(iy) an	d 170/b)/1)/A)	Yaye Z
,	(Complete only if you checked organization fails to qualify uses	ed the box on line 5	5, 7, or 8 of Part I	or if the organiza	tion failed to quali	fy under Part III. If	the
Sec	tion A. Public Support			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	738,215.					738,215.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	738,215.	0.	0.	0.	0.	738,215.
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)						0.
	Public support. Subtract line 5 from line 4						738,215.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	738,215.	0.	0.	0.	0.	738,215.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0.
11	Total support. Add lines 7 through 10						738,215.
12	Gross receipts from related activi	ties, etc. (see instr	ructions)			. 12	0.
13	First five years. If the Form 990 is organization, check this box and	s for the organizati stop here	on's first, second,	third, fourth, or fi	fth tax year as a s	section 501(c)(3)	► 🗓
Sec	tion C. Computation of Pu	blic Support P	ercentage	<u> </u>	<u> </u>		
	Public support percentage for 20		•	11, column (f))		14	%
15	Public support percentage from 2	2015 Schedule A, P	art II, line 14			_15	%
16a	33-1/3% support test—2016. If the and stop here. The organization of	e organization did i qualifies as a public	not check the box cly supported orga	on line 13, and lii anization	ne 14 is 33-1/3% d	or more, check this	box ► []
Ь	33-1/3% support test—2015. If the and stop here. The organization	e organization did n qualifies as a publi	ot check a box on cly supported orga	i line 13 or 16a, a anization	nd line 15 is 33-1/3	3% or more, check	this box
17a	10%-facts-and-circumstances tes or more, and if the organization r the organization meets the 'facts-	neets the 'facts-and	d-circumstances' t	est, check this bo	x and stop here. F	Explain in Part VI t	now ►
b	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the 'facts-and	d-circumstances' t	est, check this bo	ax and stop bere. F	Explain in Part VI b	10% now the

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 20		N INTERNATIO			91-1714579	Page
Part III Support Schedule	for Organizatio	ns Described	in Section 50	9(a)(2)		
(Complete only if you ch fails to qualify under the				tailed to quality t	inder Part II If the o	rganization
Section A. Public Support	tests listed below,	please complete i	art ii)			
	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Calendar year (or fiscal year beginning in) ' Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants ').	(a) 2012	(b) 2013	(0) 2014	(a) 2015	(e) 2016	(i) Total
2 Gross receipts from admissions merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
 Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	► (a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources b Unrelated business taxable						
income (less section 511 taxes) from businesses acquired after June 30, 1975						

c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)

13 Total support. (Add lines 9, 10c, 11, and 12.)

organization, check this box and stop here	>	
Section C. Computation of Public Support Percentage		

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	9	શ્
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	,	ક
19a	33-1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3% is not more than 33-1/3% check this box and stop here. The organization qualifies as a publicly supported organization		line 17 ▶ [_

is not more than 33-1/3%, check this box and stop here. The organization qualities as a publicly supported orga	nization
b 33-1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more to	han 33-1/3%, and
line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supports	ed organization

	•		•	-	•	•	-		•	
20	Private foundation. If the organization	did not check a bo	ox on line 14,	19a, or 19b	, check this b	ox and	i see	instructio	ns	
						_				_

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1	,	
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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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.	3Ь		
С	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.	3с		
4 a	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.	4a		
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.	4ь		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
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).	7		
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)	8		
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 .	9a		
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 .	9b		
С	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.	9с		
0 a	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	10a		
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.)	10ь		

Pa	art IV Supporting Organizations (continued)			
			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		
	· ' ' ' '	11Ь		<u> </u>
_	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		
Se	ction B. Type I Supporting Organizations		i	r——
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
ı	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 directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization,'s directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization, 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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		
Se	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		
Se	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_	ſ	
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		
Sec	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 instruction	ns).	-	
	a The organization satisfied the Activities Test. Complete line 2 below.	•		
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a government entity (see Institute of the organization supported a gove	ucuc	oris)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	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.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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		*

1 1		t on No	v 20 1970 (explain in l	Part VI). See
Sec	instructions. All other Type III non-functionally integrated supporting organization tion A – Adjusted Net Income	is must	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(-)
	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI).			Ę.
_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		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
_1	, , , , , , , , , , , , , , , , , , ,	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integ (see instructions).	rated T	ype III supporting orga	nization
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2016

Pa		porting Organization	ns (continued)	
Sec	tion D – Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
ż	Amounts paid to perform activity that directly furthers exempt purpoin excess of income from activity	izations,		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
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 organic Part VI). See instructions.	nization is responsive (p	rovide details	
9	Distributable amount for 2016 from Section C, line 6	<u>_</u>		
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			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016			
a				
	From 2013			
	From 2014			
6	From 2015			
	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.			
	Distributions for 2016 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4	.,,,,		
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 3j and 4c.			
8	Breakdown of line 7.			
a				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			······································
	The state of the s	<u> </u>	<u> </u>	

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

SCHEDULE 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

n990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

KIDSTOWN INTERNATIONAL,	INC	91-1714579
Part Organizations Maintaining De	onor Advised Funds or Other Similar F	
Complete if the organization a	enswered 'Yes' on Form 990, Part IV, Iir	ne 6.
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	(a) Dollor advised lutius	(b) Fullus and other accounts
-		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		<u> </u>
5 Did the organization inform all donors and are the organization's property, subject to t	donor advisors in writing that the assets held in do he organization's exclusive legal control?	onor advised funds Yes No
	onors, and donor advisors in writing that grant fund efit of the donor or donor advisor, or for any other	
Part II Conservation Easements.		
	answered 'Yes' on Form 990, Part IV, lir	ne 7.
1 Purpose(s) of conservation easements held	by the organization (check all that apply).	
Preservation of land for public use (e.g	., recreation or education) Preservation	of a historically important land area
Protection of natural habitat	Preservation	of a certified historic structure
Preservation of open space		
· · ·	ation held a qualified conservation contribution in	the form of a conservation easement on the
last day of the tax year.	and the second of the second o	
		Held at the End of the Tax Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation ea	sements	2 Ь
c Number of conservation easements on a co	ertified historic structure included in (a)	2c
d Number of conservation easements include	ed in (c) acquired after 8/17/06, and not on a histor	ric
structure listed in the National Register	a in (b) dequired diter of 17700; and not on a firster	2d
3 Number of conservation easements modified tax year ►	ed, transferred, released, extinguished, or termina	ited by the organization during the
4 Number of states where property subject to	conservation easement is located >	
	regarding the periodic monitoring, inspection, hai	ndling of violations,
and enforcement of the conservation easer	nents it holds?	Yes No
6 Staff and volunteer hours devoted to monit ►	oring, inspecting, handling of violations, and enfor	rcing conservation easements during the year
7 Amount of expenses incurred in monitoring •\$, inspecting, handling of violations, and enforcing	conservation easements during the year
8 Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i) Yes No
include, if applicable, the text of the footno	reports conservation easements in its revenue and te to the organization's financial statements that d	d expense statement, and balance sheet, and lescribes the organization's accounting for
conservation easements. Part III Organizations Maintaining Coll Complete if the organization a	ections of Art, Historical Treasures, or On Answered 'Yes' on Form 990, Part IV, lin	t her Similar Assets. ne 8.
art, historical treasures, or other similar as	der SFAS 116 (ASC 958), not to report in its reversets held for public exhibition, education, or resea nancial statements that describes these items.	nue statement and balance sheet works of arch in furtherance of public service, provide,
b If the organization elected, as permitted un historical treasures, or other similar assets following amounts relating to these items	der SFAS 116 (ASC 958), to report in its revenue held for public exhibition, education, or research	statement and balance sheet works of art, in furtherance of public service, provide the
(i) Revenue included on Form 990, Part V	III, line 1	►\$
(ii) Assets included in Form 990, Part X		▶ \$
···	of art, historical treasures, or other similar assets f AS 116 (ASC 958) relating to these items	for financial gain, provide the following
a Revenue included on Form 990, Part VIII, I	• •	► \$
b Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2016 KIDS	rown interna	ATIONAL, INC		91-17:	14579		Page 2
Part III Organizations Maintain			cal Treasures, or Ot	her Similar Assets	(contin	ued)	
Using the organization's acquisitilitems (check all that apply).							on
• a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other					
c Preservation for future gener	ations						
4 Provide a description of the orgal Part XIII.	nızatıon's collectioi	ns and explain how	they further the organi	zation's exempt purpos	e in		
5 During the year, did the organiza to be sold to raise funds rather th	nan to be maintaini	ed as part of the or	ganization's collection?	·	Yes		No
Part IV Escrow and Custodial A line 9, or reported an	Irrangements. Camount on Fo	Complete if the oi rm 990, Part X,	rganization answere line 21.	d 'Yes' on Form 990), Part I	V,	
1 a Is the organization an agent, trus	tee, custodian or d	other intermediary f	for contributions or othe	r assets not included			
on Form 990, Part X? b If 'Yes,' explain the arrangement	in Part XIII and co	amplete the followin	ua tahla		Yes	L	No
bit res, explain the attangement	iiii ait Aiii aiid cc	implete the following	ig table.		Amoun		
c Beginning balance				1c	Alloun		
d Additions during the year				1d			
e Distributions during the year				1 e			
f Ending balance				16			
2a Did the organization include an a	mount on Form 99	0. Part X, line 21, f	for escrow or custodial		Yes		No
b If 'Yes,' explain the arrangement				•		į]
Part V Endowment Funds. Co	mplete if the o	rganization ans	wered 'Yes' on For	m 990, Part IV, line	e 10.		
	(a) Current year	(b) Prior year				Four year	s back
1 a Beginning of year balance							
b Contributions							
 Net investment earnings, gains, and losses 							
d Grants or scholarships							
 Other expenditures for facilities and programs 							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	e of the current ye	ar end balance (line	e 1g, column (a)) held a	as:			
a Board designated or quasi-endov		8					
b Permanent endowment ►	%						
c Temporarily restricted endowmer		[%]					
The percentages on lines 2a, 2b,	and 2c should equ	ual 100%.					
3a Are there endowment funds not i organization by.	n the possession o	of the organization t	that are held and admin	istered for the		Yes	No
(i) unrelated organizations				•	3a(i)		Ι
(ii) related organizations	•				3a(ii)		
b If 'Yes' on line 3a(ii), are the rela	ted organizations l	listed as required o	n Schedule R?		3b		
4 Describe in Part XIII the intended	l uses of the organ	nization's endowmei	nt funds.				
Part VI Land, Buildings, and Complete if the organi		ed 'Yes' on Forn	n 990. Part IV. line	11a. See Form 99	0. Part	X. lın	e 10.
Description of property		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	·—	Book va	
1a Land							
b Buildings	 				t —		
c Leasehold improvements	 				 		
d Equipment							
e Other			12 722	12 722	 		

► 0. Schedule **D** (Form 990) 2016

Schedule **D** (Form 990) 2016

Page 3

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or e	nd-of-year market value
l) Financial derivatives			
2) Closely-held equity interests			
3) Other			
A)			
	·		
C)			
C) D)			
E)			
F)			
G)			
H)			
(1)			
otal (Column (b) must equal Form 990, Part X, column (B) line 12)	<u> </u>		
Part VIII Investments – Program Related.	LIVI F 00	N/A	000 D. J.V. I 10
Complete if the organization answered		0, Part IV, line 11c. See Form	990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or e	eng-or-year market value
(1)			
(2)	 	 	
(3)	 	 	
(4)	-	 	
(5)		 	
(6)			
(7)			
(8)			
(9)	ļ		
(10)			·····
		E	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	N/	<u>[</u>	
Part IX Other Assets.	N/ Yes' on Form 990, F	<u>I</u> A Part IV, line 11d. See Form 990,	Part X, line 15.
Part IX Other Assets. Complete if the organization answered "	N/ Yes' on Form 990, Fescription	A Part IV, line 11d. See Form 990,	Part X, line 15.
Other Assets. Complete if the organization answered (a) Do (1)	Yes' on Form 990, I	A Part IV, line 11d. See Form 990,	
Other Assets. Complete if the organization answered (a) Do (1)	Yes' on Form 990, I	A Part IV, line 11d. See Form 990,	
Other Assets. Complete if the organization answered (a) Do (1) (2) (3)	Yes' on Form 990, I	A Part IV, line 11d. See Form 990,	
Complete if the organization answered (a) Do (1) (2) (3) (4)	Yes' on Form 990, I	A Part IV, line 11d. See Form 990,	
Other Assets. Complete if the organization answered (a) Do (2) (3) (4) (5)	Yes' on Form 990, I	A Part IV, line 11d. See Form 990,	
Complete if the organization answered (a) Do (a) Do (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Yes' on Form 990, I	A Part IV, line 11d. See Form 990,	
Other Assets. Complete if the organization answered ' (a) Do (1) (2) (3) (4) (5) (6) (7)	Yes' on Form 990, I	A Part IV, line 11d. See Form 990,	
Other Assets. Complete if the organization answered ' (a) Do (1) (2) (3) (4) (5) (6) (7) (8)	Yes' on Form 990, I	A Part IV, line 11d. See Form 990,	
Other Assets. Complete if the organization answered ' (a) Do (1) (2) (3) (4) (5) (6) (7) (8) (9)	Yes' on Form 990, I	A Part IV, line 11d. See Form 990,	
Other Assets. Complete if the organization answered (a) December (b) Complete if the organization answered (c) Complete if the organization answ	Yes' on Form 990, Fescription	A Part IV, line 11d. See Form 990,	
Other Assets. Complete if the organization answered (a) Do	Yes' on Form 990, Fescription	A Part IV, line 11d. See Form 990,	(b) Book value
Other Assets. Complete if the organization answered (a) December (b) (a) December (c) (b) December (c)	Yes' on Form 990, Fescription	Part IV, line 11d. See Form 990,	(b) Book value
Complete if the organization answered '(a) De (a) Description of liability	Yes' on Form 990, Fescription	r 11f. See Form 990, Part X, line 25	(b) Book value
Other Assets. Complete if the organization answered '(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (i) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes	Yes' on Form 990, Fescription B) line 15.) n 990, Part IV, line 11e o	r 11f. See Form 990, Part X, line 25	(b) Book value
Other Assets. Complete if the organization answered ' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2)	Yes' on Form 990, Fescription B) line 15.) n 990, Part IV, line 11e o	r 11f. See Form 990, Part X, line 25	(b) Book value
Other Assets. Complete if the organization answered ' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3)	Yes' on Form 990, Fescription B) line 15.) n 990, Part IV, line 11e o	r 11f. See Form 990, Part X, line 25	(b) Book value
Other Assets. Complete if the organization answered ' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4)	Yes' on Form 990, Fescription B) line 15.) n 990, Part IV, line 11e o	r 11f. See Form 990, Part X, line 25	(b) Book value
Other Assets. Complete if the organization answered ' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Yes' on Form 990, Fescription B) line 15.) n 990, Part IV, line 11e o	r 11f. See Form 990, Part X, line 25	(b) Book value
Complete if the organization answered ' (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Yes' on Form 990, Fescription B) line 15.) n 990, Part IV, line 11e o	r 11f. See Form 990, Part X, line 25	(b) Book value
Other Assets. Complete if the organization answered '(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Yes' on Form 990, Fescription B) line 15.) n 990, Part IV, line 11e o	r 11f. See Form 990, Part X, line 25	(b) Book value
Other Assets. Complete if the organization answered '(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Yes' on Form 990, Fescription B) line 15.) n 990, Part IV, line 11e o	r 11f. See Form 990, Part X, line 25	(b) Book value
Complete if the organization answered '(a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Yes' on Form 990, Fescription B) line 15.) n 990, Part IV, line 11e o	r 11f. See Form 990, Part X, line 25	(b) Book value
Other Assets. Complete if the organization answered (a) December (b) Complete if the organization answered (b) Complete if the organization answered (c) Column (b) must equal Form 990, Part X, column (c) Column (b) must equal Form 990, Part X, column (c) Complete if the organization answered (c) Complete if the organization answered (c) Complete if the organization answered (c) Complete income taxes (c) (c) (d) Complete income taxes (c) (d) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Yes' on Form 990, Fescription B) line 15.) n 990, Part IV, line 11e o	r 11f. See Form 990, Part X, line 25	(b) Book value
Complete if the organization answered '(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Yes' on Form 990, Fescription B) line 15.) n 990, Part IV, line 11e o	r 11f. See Form 990, Part X, line 25	(b) Book value

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chedule D (Form 990) 2016 KIDSTOWN INTERNATIONAL, INC Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per		91-1714579 Return. N/A	Page 4
Complete if the organization answered 'Yes' on Form		10/11	
1 Total revenue, gains, and other support per audited financial statements.		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		3	
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.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII Reconciliation of Expenses per Audited Financial Statem		r Return. N/A	
Complete if the organization answered 'Yes' on Form 9	990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4 b		

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

c Add lines 4a and 4b

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.

BAA

4 c

SCHEDULE O (Form 990 or 990-EZ)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

KIDSTOWN INTERNATIONAL, INC

Employer identification number

91-1714579

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

KIDSTOWN INTERNATIONAL IS AN INTERDENOMINATIONAL, EVANGELICAL ORGANIZATION THAT IS

DEDICATED TO HELPING ABANDONED CHILDREN LIVING IN INDIGENOULY-OPERATED CHRISTIAN

ORPHANAGES IN ROMANIA, INDIA, AND NEPAL SO THAT THE CHILDREN MAY BE ALLEVIATED OF

THEIR SUFFERING, HAVE HOPE FOR THE FUTURE, AND BECOME PRODUCTIVE ADULTS WHO LOVE THE

LORD AND WHO WILL CONTRIBUTE POSITIVELY TO THEIR SOCIETY.

Form 990, Part III, Line 1 - Organization Mission

KIDSTOWN INTERNATIONAL IS AN INTERDENOMINATIONAL, EVANGELICAL ORGANIZATION THAT IS

DEDICATED TO HELPING ABANDONED CHILDREN LIVING IN INDIGENOULY-OPERATED CHRISTIAN

ORPHANAGES IN ROMANIA, INDIA, AND NEPAL SO THAT THE CHILDREN MAY BE ALLEVIATED OF

THEIR SUFFERING, HAVE HOPE FOR THE FUTURE, AND BECOME PRODUCTIVE ADULTS WHO LOVE THE

LORD AND WHO WILL CONTRIBUTE POSITIVELY TO THEIR SOCIETY.

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.