Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2017, or fiscal year beginning JUL 1 , 2017, and ending JUN 3

, 2017, and ending	JUN	30	, 20 1

OMB No. 1545-1878

Department of the Treasury	Do not send to the IRS. Keep for your records.		2017
Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Employer i	dentification number
KICKSTART INT	ERNATIONAL, INC	06-16	513235
Name and title of officer			
SAMUEL A HARTI CFO	WELL		
	Return and Return Information (Whole Dollars Only)		
	n for which you are using this Form 8879-EO and enter the applicable amount, if any, fr	om the retu	um If you also also be a least
on line 1a, 2a, 3a, 4a, or 5a	ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicab	then leave li	ine 1h 2h 3h 4h or 5h
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1h	5.173.628
2a Form 990-EZ check her	b Total revenue, if any (Form 990-EZ, line 9)	2b	0,2,0,020
3a Form 1120-POL check	nere b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check her	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b	
Part II Declarati	on and Signature Authorization of Officer		
	I declare that I am an officer of the above organization and that I have examined a copy	of the avea	ningtionic 0017
debit) entry to the financial return, and the financial ins 1-888-353-4537 no later that processing of the electronic	receipt or reason for rejection of the transmission, (b) the reason for any delay in proceplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an institution account indicated in the tax preparation software for payment of the organizatiution to debit the entry to this account. To revoke a payment, I must contact the U.S in 2 business days prior to the payment (settlement) date. I also authorize the financial payment of taxes to receive confidential information necessary to answer inquiries an personal identification number (PIN) as my signature for the organization's electronic relectronic funds withdrawal.	electronic fu cation's feder . Treasury Fi institutions in directive iss	unds withdrawal (direct ral taxes owed on this nancial Agent at nvolved in the
Officer's PIN: check one b	ox only		
X I authorize RSN	US LLP	to enter my	PIN 10513
	ERO firm name	,	Enter five numbers, I
enter my PIN on t	on the organization's tax year 2017 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's tax year 2017.	thorize the a	at a copy of the return forementioned ERO to
indicated within the	nis return that a copy of the return is being filed with a state agency(ies) regulating char er my PIN on the ret u rn's disclosure consent screen.	rities as part	of the IRS Fed/State
Officer's signature	myth Lun (CFO+Treasurer Date > 3	-1-2	2019
Part III Certificat	ion and Authentication		
ERO's EFIN/PIN. Enter you	r six-digit electronic filing identification		
	your five-digit self-selected PIN. 94539810513 Do not enter all zeros		
certify that the above num confirm that I am submitting e-file Providers for Business	eric entry is my PIN, which is my signature on the 2017 electronically filed return for the this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeFis Returns.	organization Information	n indicated above. I n for Authorized IRS
RO's signature	Date ▶		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

EXTENDED TO MAY 15, 2019

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

Open to Public Inspection

AF	or the	2017 calendar year, or tax year beginning 000 1, 2017 and e	ending U	ON 30, 2010	
B c	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres	KICKSTART INTERNATIONAL, INC			54.2025
	Name change	Doing business as		06-1	613235
	Initial return Final return/	1385 MISSION ST SILTER 300	Room/suite	E Telephone numbe (415	346-4820
	termin- ated			G Gross receipts \$	5,173,628.
	Amend			H(a) Is this a group re	
\vdash	⊒return ∏Applic			for subordinates	
	_tion pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
			or 527		
		empt status: X 501(c)(3)	01 327		list. (see instructions)
		te: WWW.KICKSTART.ORG	1	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: ZUUI	N State of legal domicile: CA
Pa	rt I	Summary	~====	G 1/7/2/27/27 T	C TO 1177 D
e	1	Briefly describe the organization's mission or most significant activities:	START	S MISSION I	S TO HELP
Activities & Governance		MILLIONS OF PEOPLE OUT OF POVERTY QUICKLY			
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
ò	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
S	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
es		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			10
viti		Total number of volunteers (estimate if necessary)			9
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,787,980.	
		Program service revenue (Part VIII, line 2g)		1,697,896.	2,077,881.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		83,389.	109,884.
				4,569,265.	5,173,628.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,654,971.	2,162,068.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 247,0		0.	0.
dx				2 5 4 2 2 2 5	2 400 505
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,742,387.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,397,358.	
- 10		Revenue less expenses. Subtract line 18 from line 12		-1,828,093.	-416,945.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		4,196,888.	4,760,032.
Id B	21	Total liabilities (Part X, line 26)		2,273,539.	3,253,058.
		Net assets or fund balances. Subtract line 21 from line 20		1,923,349.	1,506,974.
Pa	art II	Signature Block			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true,	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi	nich preparei	has any knowledge.	
		and ho trul		3/1	12019
Sigi	n	Signature of officer		Date	
Her		SAMUEL A. HARTWELL, CFO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	d	FRANK LUCAS		if self-employ	P00995244
	parer	Firm's name RSM US LLP		Firm's EIN	42-0714325
	Only	Firm's address 44 MONTGOMERY ST STE 3900		. Amount	
	AMERICA	SAN FRANCISCO, CA 94104		Phone no (4	15)848-5300
Mar	the II	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110. (2	Yes No
ivia\	y trie li	no discuss this return with the preparer shown above? (see instructions)			tes INO

Pa	Check if Schoolule O contains a response or note to any line in this Bort III	X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	. [21
•	KICKSTART'S MISSION IS TO HELP MILLIONS OF PEOPLE OUT OF POVERTY	
	QUICKLY AND COST EFFECTIVELY. KICKSTART PROMOTES EMPLOYMENT CREATION	[
	BY DEVELOPING AND PROMOTING TECHNOLOGIES THAT CAN BE USED BY DYNAMIC	
	ENTREPRENEURS TO ESTABLISH AND RUN PROFITABLE SMALL ENTERPRISES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ar	nd
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$5, 107, 127. including grants of \$) (Revenue \$) (Revenue \$)	65.)
	SEE SCHEDULE O	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5,107,127.	
	Form 99	0 (2017)

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?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,			ا ۔۔
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		Х
С	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	11c		Х
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
4-	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	45		X
46		15		
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	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	0		<u></u>
.5	complete Schedule G, Part III	19		X

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	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		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		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		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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
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	
			200	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				LX
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-				
	(gambling) winnings to prize winners?	 I I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.0			
	filed for the calendar year ending with or within the year covered by this return			37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				v
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•	4.	Х	
	financial account in a foreign country (such as a bank account, securities account, or other financial a lf "Yes," enter the name of the foreign country: ▶ SEE SCHEDULE O	account)?	4a	Λ	
D		accurate (FDAD)			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		50		Х
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X
b			5c		21
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		50		
6a	any contributions that were not tax deductible as charitable contributions?		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		- Oa		
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-12		
	to file Form 8282?	· · · · · · · · · · · · · · · · · · ·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	l I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	l I			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445			
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	40-		
		12b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
13	Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.		isa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
D	organization is licensed to issue qualified health plans	13b			
^	Enter the amount of reserves on hand	13c			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
	11 100, The Rimod at offit 120 to report these payments: If 110, provide an explanation in confedure			990	(2017)

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	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 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
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?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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			37
	taxable entity during the year?	16a		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			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA		1-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and the second state of the second stat	avallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply. Y Our we had a large with a large way and a large with a large way and a large way an			
40	X Own website Another's website X Upon request Other (explain in Schedule O)	J 45	-:-!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı tınan	ciai	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL MILLS - (415) 346-4820			
	1385 MISSION STREET, SUITE 300, SAN FRANCISCO, CA 94103			

Form **990** (2017)

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	(list any hours for related organizations	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) WILLIAM MAYER	2.00	, .		77					0	0
DIRECTOR - BOARD CHAIR	40.00	Х		Х				0.	0.	0.
(2) MARTIN FISHER	40.00	x		х				52,316.	0.	42,652.
CEO (3) CHARLES NICHOLAS MOON	2.00	^		Δ				32,310.	0.	42,032
DIRECTOR	2.00	X						0.	0.	0.
(4) ADRIENNE DREISS-ROPP	2.00								•	0.
DIRECTOR		x						0.	0.	0.
(5) ROBERT MEANEY	2.00									
DIRECTOR		Х						0.	0.	0.
(6) GUY COGAN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) SANDER PRUIJS	2.00									
DIRECTOR		Х						0.	0.	0.
(8) DAVID YOUNG	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) KRISTEN MANOS	2.00	l							•	
DIRECTOR		Х						0.	0.	0.
(10) JANE BOMBA	2.00	,,							0	•
DIRECTOR	2 00	Х						0.	0.	0.
(11) JESSICA TAUBMAN	2.00	1		х				0.	0.	0
SECRETARY (12) SAMUEL HARTWELL	2.00			Λ				0.	0.	0.
CFO	2.00	1		х				26,125.	0.	0.
<u> </u>				Λ				20,123.	0.	0.
		1								
		1								
							l			

Form **990** (2017)

Pal	Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	ompensated Employe	es (continued)				
	(A)	(B)			(C				(D)	(E)			(F)	
	Name and title	Average	(do		Posi		than	one	Reportable	Reportable)	Es	stimate	ed
		hours per	box	, unle	ss per	rson i	is bot	h an	compensation	compensation	on	ar	nount	of
		week	┢	Jer an	u a u	recio	or/trus	iee)	from	from related			other	
		(list any hours for	irecto						the	organization			pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		rom the janizati	
		organizations	Individual trustee or director	Institutional trustee		ee	mpen		(** 27 1033 141100)			_	d relat	
		below	dualt	utions	<u>.</u> .	key employee	est co	er					anizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			-											
			-											
			1											
			1											
			1											
			1											
1h	Sub-total	l		<u> </u>			<u> </u>		78,441.		0.	4	2,6	52.
	Sub-total Total from continuation sheets to Part V								0.		0.	_		0.
	Total (add lines 1b and 1c)								78,441.		0.	4	2,6	
2	Total number of individuals (including but r								-	000 of reportab				
_	compensation from the organization	iot iii iii ii ioo to ti	1000	11000	o u	5011	o, w.			,,ooo or reportate	,,,,			0
													Yes	No
3	Did the organization list any former officer,	, director, or tru	uste	e, ke	y en	nplo	yee.	or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s			-	•	•	•		•			3		Х
4	For any individual listed on line 1a, is the si													
	and related organizations greater than \$15	=		-					•			4		Х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services	3			
	rendered to the organization? If "Yes," com	nplete Schedul	e J f	or st	ıch į	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of cor	npens	ation '	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir	n the organization's tax	year.				
	(A)				_				(B)			()		_
	Name and business	address	N	ONI	5			_	Description of s	ervices		ompe	nsatio	n
								_						
								_						
								\dashv						
								\dashv						
								- 1						
	Total number of independent contractors (includina but n	ot li	mite	d to	tho	se li	sted	above) who received n	nore than				
2	Total number of independent contractors (\$100,000 of compensation from the organi		ot li	mite	d to		se lis 0	sted	d above) who received n	nore than				

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII			
			· ·	,	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè éxcluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
र छ	1 2	Federated campaigns	1a					012 011
ru Gud		Membership dues			-			
اع تي					-			
ifts r A		Fundraising events			_			
nia Bia		Related organizations			-			
Sin		Government grants (contributions sittle grant	· · · · · · · · · · · · · · · · · · ·		-			
ig ig	т	All other contributions, gifts, grant		985,863.				
등		similar amounts not included abov			-			
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines			2,985,863.			
9	<u>n</u>	Total. Add lines 1a-1f						
	_	TOOLG GYLEG TO		Business Code	2,077,881.	2 077 991		
ice		TOOLS SALES TO	DENEFIC	423000	2,011,001.	2,0//,001•		
ne n	b							
n S	С							
Re	d							
Program Service Revenue	е							
-		All other program service reve			0 077 001			
\rightarrow		Total. Add lines 2a-2f			2,077,881.			
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<u></u>				
ne	8 a	Gross income from fundraising	g events (not					
		including \$	of					
ě		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	а					
¥	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	Iraising events					
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities	>				
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
Ī		Miscellaneous Revenue		Business Code				
ţ	11 a	SUNDRY INCOME		452000	109,884.	109,884.		
	b					-		
	c							
		All other revenue						
		Total. Add lines 11a-11d			109,884.			
	12	Total revenue. See instructions.					0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 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, 121,093. 121,093 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,691,204. 1,463,980. 87,659. 139,565. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 349,771.267,242. 34,371. 48,158. Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): a Management Legal Accounting Lobbying 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 Sch O.) 129,455. 134,534. 1,184. 3,895. Advertising and promotion 12 98,829. 75,403. 10,487. 12,939. 13 Office expenses 66,644. 64,264. 2,380. 14 Information technology 15 Royalties 141,851. 122,513. 10,675. 8,663. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 48,385. 45,779. 1,366. 1,240. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 1,513,692. 1,513,692. TOOLS FOR BENEFICIARIES AUDIT, LEGAL, & PROFESS 494,612. 412,255. 62,193. 20,164. TRAVEL & MEETINGS 404,872. 389,298. 7,362. 8,212. 206,367. 14,158. 189,573. OTHER BUSINESS EXPENSES 2,636. 4,533. 318,719. 312,580. 1,606. e All other expenses 5,590,573. 5,107,127. 236,368. 247,078. Total functional expenses. Add lines 1 through 24e 25 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)

Pa	πX	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			775,173.	1	1,324,463.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			2,112,640.	3	1,493,803.
	4	Accounts receivable, net	597,312.	4	1,295,194.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	c)(3)(B), and contributing				
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net		[172,724.	7	203,551.
Ä	8	Inventories for sale or use			405,732.	8	351,158.
	9			[9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,785,989.			
	b	Less: accumulated depreciation	10b	1,694,812.	133,132.	10c	91,177.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	175.	15	686.		
	16	Total assets. Add lines 1 through 15 (must equal			4,196,888.	16	4,760,032.
	17	Accounts payable and accrued expenses	523,539.	17	1,038,058.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
e S	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Ě		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			1,750,000.	25	2,215,000.
	26	Total liabilities. Add lines 17 through 25			2,273,539.	26	3,253,058.
		Organizations that follow SFAS 117 (ASC 958), chec	k here X and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			-659,548.	27	-482,581.
Fund Balances	28	Temporarily restricted net assets	2,582,897.	28	1,989,555.		
βE	29	Permanently restricted net assets		<u></u>		29	
표		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶Ш			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
Ass	31	Paid-in or capital surplus, or land, building, or ed	Juipme	nt fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in			4 444 444	32	
Z	33	Total net assets or fund balances			1,923,349.	33	1,506,974.
	34	Total liabilities and net assets/fund balances			4,196,888.	34	4,760,032.

Form **990** (2017)

Form 990 (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization KICKSTART INTERNATIONAL. INC 06-1613235 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	, ,	` '	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	3945315.	4011154.	4382747.	2787980.	2985863.	18113059.
2	Tax revenues levied for the organ-						
	ization'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	2045215	4011154	4200747	0707000	2005062	10112050
4	Total. Add lines 1 through 3	3945315.	4011154.	4382747.	2787980.	2985863.	18113059.
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,						007 072
	column (f)						927,873.
	Public support. Subtract line 5 from line 4.						17185186.
	etion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2013 3945315.	(b) 2014 4011154.	(c) 2015 4382747.	(d) 2016 2787980.	(e) 2017 2005 063	(f) Total 18113059.
	Amounts from line 4	3343313.	4011134.	4302/4/.	2707900.	2903003.	10113039.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1,196.					1,196.
_	and income from similar sources	1,190.					1,1900
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	176,750.	166,348.	79,088.	83,389.	109 884.	615,459.
11	Total support. Add lines 7 through 10	27077300	100/3101	7370000	0373031		18729714.
12	Gross receipts from related activities,	etc (see instruction	ons)				,379,012.
	First five years. If the Form 990 is for					L .	, , -
	organization, check this box and stop				•		
Sec	ction C. Computation of Publ						,
14	Public support percentage for 2017 (I	ine 6, column (f) d	ivided by line 11, c	column (f))		14	91.75 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	89.96 %
16a	33 1/3% support test - 2017. If the o	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2016. If the o	-					
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs ▶∟

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	. ,	, ,			, ,	,,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization	s first, second this	rd, fourth, or fifth t	ax vear as a section	n 501(c)(3) organi	zation.
•		-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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

- 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
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
 	- E	

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	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		
	tion B. Type I Supporting Organizations			
	uon 21 1 jpo 1 oupportung organizatione		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	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.	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		
Sec	tion C. Type II Supporting Organizations			
	r		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		
<u>Sec</u>	tion 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		
Sec	tion 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 yea(see instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions	3).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.			
а	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</i> Part VI.	3a		
b				
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

ı uı	1 v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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, Sec line 1; Part	tion A, li IV, Secti ines 5, 6	nes 1, 2 on D, line	, 3b, 3c, 4 es 2 and 3	b, 4c, 5a ; Part IV	a, 6, 9a, 9b , Section	o, 9c, 11a E, lines 1	a, 11b, c, 2a, 2	and 11 2b, 3a, a	c; Part IV, Sand 3b; Part	ection B, lines 1 and 2; Part V, line 1; Part V, Section B, for any additional information	IV, Section C, line 1e; Part V,
SCHE	DULE A,	PART	II,	LINE	10,	EXPL	ANATI	ON	FOR	OTHER	INCOME:	
MISC	ELLANEOU	S										
2013	AMOUNT:	\$	176	,750.								
2014	AMOUNT:	\$	166	,348.								
2015	AMOUNT:	\$	79,0	088.								
2016	AMOUNT:	\$	83,3	389.								
2017	AMOUNT:	\$	109	,884.								
-												

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

KICKSTART INTERNATIONAL, INC

06-1613235

Organiza	Organization type (check one):								
Filers of	:	Section:							
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 990)-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General	Rule								
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	Rules								
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.							
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.							
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \$\$							
but it mu	religious, charitable, etc., contributions totaling \$5,000 or more during the year **aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), at it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to rtify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KICKSTART INTERNATIONAL TNC **Employer identification number** 06-1613235

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2
	, ,	(a) Donor advised 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 advisors in		ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons-	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for
	conservation easements.	(4) 11: 1 : 17	
Pai			ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	· · · · · · · · · · · · · · · · · · ·	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	,	gain, provide
	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	.
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🏲 🐧

732051 10-09-17

Schedule D (Form 990) 2017

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

Pai	t III Organizations Maintaining C	collections of A	t, Histo	orical Tr	easures, c	r Other	Similar As	sets(continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following tha	t are a sigi	nificant use of	its collection	items
	(check all that apply):								
а	Public exhibition	d		oan or exc	hange progra	ıms			
b	Scholarly research	е	□ o	ther					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how the	y further t	he organization	on's exem	pt purpose in	Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or othe	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi	zation's co	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arran							IV, line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for c	ontributior	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fe						/?	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on	Part XIII .			
Pai									
		(a) Current year		or year	i) Three years b	ack (e) Four	ears back
1a	Beginning of year balance	,			, ,	,	, ,		
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
•	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1a	column (a)) held as:			I	
	Board designated or quasi-endowment	•	%	, σοιαιτιίτ (a)) 11010 00.				
	Permanent endowment	%							
	Temporarily restricted endowment								
·	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse		ation that	are held a	and administs	rad for the	organization		
ou	by:	331011 Of the organiza	ation that	arc ricia a	ina aaniinisto	red for the	organization	Г	res No
	(i) unrelated organizations								103 110
	(ii) related organizations								$\overline{}$
h	If "Yes" on line 3a(ii), are the related organiza								-
4	Describe in Part XIII the intended uses of the								
_	t VI Land, Buildings, and Equipm		WITIETT IC	iiius.					
	Complete if the organization answere) Part IV	line 11a 9	See Form 990	Part X lir	ne 10		
	Description of property	(a) Cost or o			1		umulated	(d) Pook	volue
	Description of property	basis (investn			or other (other)	` '	eciation	(d) Book	value
	Land	` `	10111)		6,608.	uepit	Joianon	1.6	,608.
	Land		-+		,			10	, , , , , , ,
	Buildings								
	Leasehold improvements		-+	1 76	9,381.	1 60	94,812.	7 /	,569.
	Equipment			±,/0	J, JUI •	Ι, Ο	, , , 0 ± 4 •	/ 4	, 509.
	Other		V och re	a /D) !ins 1	100)			0.1	,177.
ιoτa	. Add lines 1a through 1e. (Column (a) must e	yuai roiiii 990, Part	A. COIUMI	ı (b), iine i	UC.)			91	, 1 / / •

Schedule D (Form 990) 2017

Part VII	Investments - Other Securities.

Part VII Investments	organization answered "Yes"	on Form 990 Part IV line	11h See Form 990	Part Y line 12	
(a) Description of security or ca		(b) Book value			d-of-year market value
(1) Financial derivatives					
(2) Closely-held equity interes					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form					
Part VIII Investments	_				
Complete if the	organization answered "Yes"		11c. See Form 990,	Part X, line 13.	
(a) Description	of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	000 Part V cal (D) line 10)				
Total. (Col. (b) must equal Form ! Part IX Other Assets					
	organization answered "Yes"	on Form 990 Part IV line	11d See Form 990	Part X line 15	
Complete ii the t		Description	114. 000 1 0111 000,	1 art X, 1110 10.	(b) Book value
(1)					, ,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal	Form 990, Part X, col. (B) lin	e 15.)		>	
Part X Other Liabili	ties.				
Complete if the	organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Forn	n 990, Part X, line 25	5.
1. (a)	Description of liability		(b) Book value		
(1) Federal income taxes					
(2) LINE OF CRE	DIT		2,215,000.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal	I Form 990, Part X, col. (B) lin	e 25.)	2,215,000.		

Schedule D (Form 990) 2017

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Sche	edule D (Form 990) 2017 KICKSTART INTERNATIONAL,	INC		06-3	1613235 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,523,628
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	350,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	350,000
3	Subtract line 2e from line 1			3	5,173,628
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0 .
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,173,628
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	5,940,573
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	350,000.		
b					
С					
d					
е	Add lines 2a through 2d			2e	350,000
3	Subtract line 2e from line 1			3	5,590,573
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0 .
5				5	5,590,573
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	art 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 a	dditional infor	mation.		
PAI	RT X, LINE 2:				
THI	E ORGANIZATION BELIEVES THAT IT HAS APPRO	PRIATE	SUPPORT FO	R Al	NY TAX
POS	SITIONS TAKEN, AND AS SUCH, DOES NOT HAVE	ANY UN	CERTAIN TA	X P	OSITIONS
THZ	AT ARE MATERIAL TO THE CONSOLIDATED FINAN	ICIAL ST	'ATEMENTS.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

WIOWGMADM INMED	NIA M T () NIA T	TNO			06 161222	_
KICKSTART INTER Part I General Info			tside the United States. Comple	ata if the argan	06-161323	
Form 990, Part IV		ictivities ou	tside the Officed States. Comple	ete ii trie organ	ization answered 1	es on
1 For grantmakers. Does	the organization		ds to substantiate the amount of its gr the selection criteria used to award the			Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
3 Activities per Region. (TI	he following Parl	I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA -						
ANGOLA, BENIN,						
BOTSWANA, BURKINA		F.0	DDOGDAM GEDULGEG	area c per	THE ODMENIE	F 207 F42
FASO,	4	59	PROGRAM SERVICES	SALES & DEV	ELOPMENT	5,387,543.
0 - 0 - 1 - 1 - 1		59				E 207 E42
3 a Sub-total b Total from continuation	4	59				5,387,543.
sheets to Part I	0	0				0.
c Totals (add lines 3a		,				· .
and 3b)	4	59				5,387,543.

 $\label{local-loc$

Schedule F (Form 990) 2017

			Outside the United States. Cated if additional space is ne		rganization answered	d "Yes" on Form	990, Part IV, line 15, for	r any
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
by the IRS, or for which	ch the grantee or cou	unsel has provided a sec	recognized as charities by the tion 501(c)(3) equivalency lett	er				•

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes'	on Form 990, Parl	t IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

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; don't 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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

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

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KICKSTART INTERNATIONAL, INC

Employer identification number 06-1613235

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

KICKSTART PROMOTES EMPLOYMENT CREATION BY DEVELOPING AND PROMOTING

TECHNOLOGIES THAT CAN BE USED BY DYNAMIC ENTREPRENEURS TO ESTABLISH AND

RUN PROFITABLE SMALL ENTERPRISES.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

KICKSTART INTRODUCES AFRICA'S SMALL-SCALE FARMERS TO IRRIGATION

TECHNOLOGIES THAT ENABLE THEM TO MAKE MORE MONEY, YEAR-ROUND, AND

THEREBY TAKE A MAJOR STEP OUT OF POVERTY. SINCE 1998, KICKSTART HAS

BEEN DESIGNING AND MASS-MARKETING HIGH-QUALITY, LOW-COST, "MONEYMAKER"

BRANDED IRRIGATION PUMPS AND BUILDING FARMERS' CAPACITY TO LEVERAGE

THESE TECHNOLOGIES FOR GROWTH. IN FY18 (JULY 1 2017-JUNE 30 2018),

APPROXIMATELY 76,000 PEOPLE USED THE PUMPS TO TAKE A MAJOR STEP OUT OF

POVERTY, BRINGING THE NUMBER OF PEOPLE WHO HAVE CLIMBED INTO PROSPERITY

USING KICKSTART'S TECHNOLOGIES TO A CUMULATIVE TOTAL OF MORE THAN 1.2

MILLION.

SMALL-SCALE FARMERS WHO ACQUIRE AND USE MONEYMAKER PUMPS TURN THEIR

SUBSISTENCE FARMS INTO HIGHLY PROFITABLE YEAR-ROUND BUSINESSES. WITH

IRRIGATION, THEY GROW MULTIPLE CYCLES OF HIGH VALUE FRUITS AND

VEGETABLES THAT THEY HARVEST AND SELL YEAR-ROUND, AND ESPECIALLY IN THE

LONG DRY "HUNGRY SEASONS" WHEN FOOD IS SCARCE AND PRICES ARE HIGH. THEY

INCREASE THEIR YIELDS PER ACRE BY AN AVERAGE OF 2.5 TIMES AND THEIR NET

ANNUAL INCOME PER ACRE BY ON AVERAGE THREE TO FIVE TIMES. THIS ENABLES

THEM TO FURTHER EXPAND THEIR FARMS BY BUYING IMPROVED INPUTS, AND

INVESTING IN OTHER FARM ENTERPRISES SUCH AS DAIRY, POULTRY, PIGS, FISH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

KICKSTART INTERNATIONAL, INC

PONDS AND SHOPS TO SELL THEIR PRODUCE. IN FY18, A TOTAL OF 15,200

THRIVING FARMING BUSINESSES WERE CREATED WITH KICKSTART'S MONEYMAKER

PUMPS. THEY ARE NOW GENERATING \$13M/YEAR IN NEW PROFITS AND WAGES.

THESE BUSINESSES ARE CONTRIBUTING SIGNIFICANTLY TO LOCAL FOOD SECURITY

PRODUCING ENOUGH FRUITS AND VEGETABLES TO FEED 760,000 PEOPLE EACH

YEAR.

IN 2015 KICKSTART LAUNCHED A STRATEGIC PLAN TO 1) LIFT ANOTHER MILLION

PEOPLE OUT OF POVERTY OVER AN EIGHT YEAR PERIOD; AND, 2) TO DEVELOP NEW

IRRIGATION SOLUTIONS AND CATALYZE BROAD-SCALE IRRIGATION INTERVENTIONS

THAT BENEFIT MILLIONS MORE. THE PLAN ENTAILED A MAJOR PIVOT FROM

SELLING PUMPS VIA RETAIL SALES TO PARTNERSHIPS SALES THROUGH

LIKE-MINDED ORGANIZATIONS WORKING WITH LARGE COMMUNITIES OF SMALL-SCALE

FARMERS, INCLUDING NON-GOVERNMENTAL ORGANIZATIONS (NGOS), UN AGENCIES,

GOVERNMENTS, AND MICROFINANCE INSTITUTIONS. KICKSTART RECRUITS

PRIVATE-SECTOR DISTRIBUTORS TO BUY AND ON-SELL PUMPS TO THESE PARTNERS;

AND TO SCALE PUMP PROMOTION AND SALES IN 16 PRIORITY COUNTRIES ACROSS

EAST, WEST, AND SOUTHERN AFRICA.

THE COST-EFFECTIVENESS OF THIS STRATEGIC SHIFT HAS BEEN EVIDENCED BY

THE SIGNIFICANT REDUCTION IN OUR TOTAL DONOR-COST PER

PERSON-MOVED-OUT-OF-POVERTY. THIS INDICATOR IS DRAWN FROM KICKSTART'S

TOTAL ORGANIZATION EXPENDITURES, INCLUDING THE COST OF IMPLEMENTING

OUTREACH AND MARKET DEVELOPMENT AMONG FARMERS AND PARTNERS, AS WELL AS

OUR COSTS FOR PRODUCT AND MARKETING R&D, IMPACT MONITORING, ADVOCACY,

MANAGEMENT AND FUNDRAISING, FINANCE, IT AND ADMINISTRATION. IT EXCLUDES

THE INCOME EARNED FROM PUMP SALES. AT THE END OF FY18, THE AVERAGE

DONOR COST TO LIFT ONE PERSON OUT OF POVERTY WAS \$50, REPRESENTING A

Name of the organization

KICKSTART INTERNATIONAL, INC

Bemployer identification number 06-1613235

37% DECREASE FROM \$80 IN FY15 - THE LAST FISCAL YEAR PRIOR TO OUR

PIVOT.

KICKSTART HAS DEVELOPED AN INNOVATIVE TRAINING PROGRAM THAT FOCUSES NOT

ONLY ON HOW TO USE AND MAINTAIN MONEYMAKER PUMPS, BUT ALSO ON BUSINESS

SKILLS AND AGRICULTURAL BEST PRACTICES-OR AGROPRENEURSHIP. KICKSTART

OFFERS AGROPRENEURSHIP TRAININGS ON BUSINESS SKILLS AND AGRICULTURAL

AND IRRIGATION BEST PRACTICES AS A COMPLEMENT TO OUR INNOVATIONS AND

PARTNERSHIP SALES. BY TRAINING LEAD FARMERS, FARMERS, AND PARTNERS'

STAFF/TRAINERS, WE BUILD THE CAPACITY OF FARMERS TO INCREASE CROP

YIELDS AND INCOME, AND WE INCREASE KICKSTART'S VALUE PROPOSITION TO OUR

PARTNERS. KICKSTART CONDUCTED TRAININGS IN SEVEN OUT OF OUR 16 FOCUS

COUNTRIES IN FY18, BUILDING THE CAPACITY OF MORE THAN 6,500 PEOPLE, THE

MAJORITY OF WHOM WERE WOMEN AND YOUTH.

IN FY18, KICKSTART INCREASED OUR FOCUS ON CATALYZING BROAD-SCALE

IRRIGATION INTERVENTIONS AND CHAMPIONING POLICIES AND INVESTMENTS TO

"IRRIGATE AFRICA". KICKSTART HAS BEEN ENGAGING THOUGHT LEADERS IN

SUSTAINABLE AGRICULTURE, CLIMATE CHANGE, AND FOOD SECURITY AND BUILDING

BROAD CONSENSUS AROUND THE PROMISE OF SMALL-SCALE IRRIGATION AND HOW IT

CAN BE REALIZED THROUGH EFFECTIVE POLICIES AND INVESTMENTS. AS A RESULT

OF EFFORTS INITIATED BY KICKSTART IN 2015, WITH THE WATER FOR FOOD

INSTITUTE AT THE UNIVERSITY OF NEBRASKA, THERE HAS BEEN MAJOR PROGRESS

IN FY18, AS EVIDENCED BY THE WORLD BANK'S FIRST EVER CONVENING

DEDICATED EXCLUSIVELY TO SMALL-SCALE IRRIGATION, WHICH TOOK PLACE IN

JANUARY 2018. KICKSTART CONTRIBUTED TO THE SESSIONS AS A PANELIST AND

ADVISOR. BUILDING ON THESE EFFORTS IN 2018, KICKSTART WORKED WITH

INTERNATIONAL THOUGHT LEADERS FROM THE STANFORD UNIVERSITY CENTER FOR

Name of the organization

Employer identification number

FOOD SECURITY & ENVIRONMENT AND THE CHICAGO COUNCIL ON GLOBAL AFFAIRS,

TO CHAMPION SMALL-SCALE IRRIGATION IN SSA. IN PART AS A RESULT OF THEIR

INFLUENCE, THE 2018 AGRF IN KIGALI, RWANDA FEATURED CONTENT ON

SMALL-SCALE IRRIGATION FOR THE FIRST TIME: AGRA, THE CHICAGO COUNCIL,

AND THE WORLD BANK HELD A SERIES OF CONFERENCE SESSIONS ON FARMER-LED

IRRIGATION. NATIONAL MINISTERS FROM 7 AFRICAN COUNTRIES PARTICIPATED

AND THE KEY PLAYERS STATED THEIR INTENTION TO DELIVER \$9B IN

TECHNOLOGIES, PUBLIC INVESTMENT, COMMERCIAL FINANCING, AND CAPACITY

BUILDING THAT WILL ENABLE INDIVIDUAL SMALLHOLDERS TO AFFORD, OWN,

OPERATE, AND BENEFIT FROM IRRIGATION SYSTEMS.

KICKSTART'S INNOVATIONS HUB IN KENYA PARTNERS WITH PRIVATE AND NON-PROFIT PLAYERS TO DEVELOP BRAND NEW IRRIGATION TECHNOLOGIES AND METHODS OF INCREASING IRRIGATION UP-TAKE BY SMALLHOLDER FARMERS. IN FY18, KICKSTART MADE SIGNIFICANT PROGRESS IN THE DEVELOPMENT, LAB, FIELD, AND MARKET TESTING OF OUR STARTER PUMP AND SOLAR PUMPS. THE INNOVATIONS TEAMS HAVE BEEN WORKING CLOSELY WITH FARMERS TO INCORPORATE THE FEEDBACK AND LESSONS LEARNED FROM LAB AND FIELD TESTS INTO THE FINAL DESIGN OF BOTH PRODUCTS. THE HUMAN-POWERED STARTER PUMP IS DESIGNED TO IRRIGATE UP TO ACRE AND IS EXPECTED TO BE AFRICA'S VERY LOWEST COST (HALF THE PRICE OF OUR EXISTING LOWEST COST OFFERING) IRRIGATION SOLUTION. MEANWHILE, KICKSTART HAS CONTINUED TO MAKE STRIDES IN DEVELOPING A MINIMUM VIABLE PRODUCT FOR A LOWEST-COST, SUBMERSIBLE SOLAR PUMP, IN PARTNERSHIP WITH PRIVATE SECTOR STAKEHOLDERS. IN CONTRAST TO OUR HUMAN-POWERED SUCTION/PRESSURE PUMPS, SUBMERSIBLE SOLAR PUMPS REQUIRE NO HUMAN EFFORT AND WILL ENABLE FARMERS TO ACCESS WATER FROM DEEPER WELLS. DESPITE A FEW TECHNICAL DELAYS, MUCH OF THE RESEARCH AND DESIGN ON THE SOLAR PUMP WAS COMPLETED IN FY18, AND THE PROJECT IS

Name of the organization KICKSTART INTERNATIONAL, INC Employer identification number 06-1613235

AT AN EXCITING JUNCTURE. A TREMENDOUS AMOUNT OF INTEREST HAS BEEN

GENERATED FROM A BROAD BASE OF NONPROFIT AND PRIVATE SECTOR LEADERS WHO

VALUE THE SOLAR PUMP'S GAME-CHANGING POTENTIAL. KICKSTART IS EXPLORING

NEW PARTNERSHIP OPPORTUNITIES TO MAXIMIZE THE REACH OF THIS AND OTHER

SMALLHOLDER IRRIGATION SOLUTIONS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

KENYA, TANZANIA, MALI, BURKINA FASO,

ZAMBIA, GHANA

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

LINE 11A EXPLANATION - BEFORE IT IS FILED, A DRAFT OF THE 990 IS PRESENTED FOR REVIEW TO THE AUDIT COMMITTEE AND THE BOARD OF DIRECTORS.

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

DIRECTORS, OFFICERS AND EMPLOYEES ARE OBLIGATED TO IMMEDIATELY DISCLOSE TO
THE BOARD ANY POSSIBLE OR ACTUAL CONFLICTS OF INTEREST. A MAJORITY VOTE OF
BOARD MEMBERS (EXCLUDING THE INTERESTED PERSON) IS REQUIRED TO DETERMINE IF
A CONFLICT EXISTS AND WHETHER ENTERING INTO THE TRANSACTION INVOLVING THE
CONFLICT IS IN THE BEST INTEREST OF THE ORGANIZATION. IF THE BOARD
DETERMINES THE INTERESTED PERSON HAS FAILED TO DISCLOSE A CONFLICT, IT MAY
NULLIFY THE TRANSACTION AND TAKE DISCIPLINARY ACTION AGAINST THE INTERESTED
PERSON, UP TO AND INCLUDING TERMINATION.

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

THE ORGANIZATION'S PROCESSES FOR ESTABLISHING COMPENSATION OF OFFICERS AND KEY EMPLOYEES INCLUDE:

1. COMPENSATION COMMITTEE REVIEW AND DELIBERATION

KICKSTART INTERNATIONAL, INC	Employer identification number 06-1613235
2. WHEN APPROPRIATE, EVALUATION OF COMPARABILITY DATA, CO	MPENSATION SURVEYS
OR STUDIES	
3. RECOMMENDATION FOR REVIEW AND APPPROVAL BY THE BOARD O	F DIRECTORS
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PU	BLIC AT THE
ORGANIZATION'S WEBSITE "WWW.KICKSTART.ORG" OR AT "GUIDEST	AR.COM" FOR THE
SAME PERIOD OF DISCLOSURE AS SET FORTH IN IRC SECTION 610	4(D). THE
GOVERNING DOCUMENTS AND POLICIES OF THE ORGANIZATION ARE	AVAILABLE FOR
PUBLIC INSPECTION AT THE ORGANIZATION'S WEBSITE "WWW.KICK	START.ORG" OR AT
THE OFFICE OF THE ORGANIZATION	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
DEFERRED TAX CHARGES	570.
FORM 990, PART XII, LINE 2C:	
FORM 990, PART XII, LINE 2C: THERE WAS NO CHANGE TO THE PROCESS FROM PRIOR YEAR.	