Form 8879-TE	IR	S e-file Signa for a Tax E	ture Authorizatio	on	C	DMB No. 1545-0047
			, 2021, and ending		0	0004
Department of the Treasury Internal Revenue Service		Do not send to the	IRS. Keep for your records. 3879TE for the latest information		_	2021
Name of filer	, , , , , , , , , , , , , , , , , , ,	jjjj			EIN or SSN	
KIND C	AMPAIGN				**-***5	882
Name and title of officer or pe		AUREN STURTEN	/ እ ለ ም			
	,	RESIDENT				
Part I Type of	Return and Retur					
Form 5330 filers may ente or 10a below, and the amo	r dollars and cents. For bunt on that line for the ank (do not enter -0-). I	r all other forms, enter wh e return being filed with th But, if you entered -0- on t	nd enter the applicable amoun lole dollars only. If you check t his form was blank, then leave the return, then enter -0- on the	the box on line line 1b, 2b, 3 e applicable li	e 1a, 2a, 3a, 4 3b, 4b, 5b, 6b, ine below. Do	a, 5a, 6a, 7a, 8a, 9a, 7b, 8b, 9b, or 10b, not complete more
1a Form 990 check h			Form 990, Part VIII, column (A)			371,209.
2a Form 990-EZ che	ck here 🕨 📃 🛛 b	Total revenue, if any (I	Form 990-EZ, line 9)		2b	
3a Form 1120-POL			POL, line 22)			
4a Form 990-PF che			ent income (Form 990-PF, Pa			
5a Form 8868 check			68, line 3c)			
6a Form 990-T chec			Part III, line 4)			
7a Form 4720 check			Part III, line 1)			
8a Form 5227 check			of tax year (Form 5227, Item			
9a Form 5330 check		Tax due (Form 5330, F	•	_,		
10a Form 8038-CP ch			ment requested (Form 8038-0	CP Part III lin		
			Officer or Person Subje			
Under penalties of periury.	I declare that X I a	m an officer of the above	entity or I am a person	subject to tax	with respect to	o (name
			, (EIN)	-		-
entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv	ution account indicated t the entry to this acco prior to the payment (se confidential informat	d in the tax preparation so unt. To revoke a paymen settlement) date. I also au ion necessary to answer	d Financial Agent tó initiáte a oftware for payment of the fed t, I must contact the U.S. Trea uthorize the financial institutior inquiries and resolve issues re urn and, if applicable, the cons	leral taxes owe asury Financia ns involved in elated to the p	ed on this retur al Agent at 1-88 the processing ayment. I have	n, and the 8-353-4537 no of the electronic selected a
X I authorize TH	E COLONY GRO	OUP, LLC		to e	enter my PIN	65882
		ERO firm nam	e			iter five numbers, but
			-			o not enter all zeros
with a state age on the return's c As an officer or return. If I have i	ncy(ies) regulating chan lisclosure consent scre person subject to tax w ndicated within this ref	rities as part of the IRS For een. vith respect to the entity, sum that a copy of the ref	If I have indicated within this re ed/State program, I also autho I will enter my PIN as my sign urn is being filed with a state a	prize the afore ature on the ta	mentioned ERC ax year 2021 el	to enter my PIN ectronically filed
IRS Fed/State p	rogram, I will enter my	PIN on the return's disclo	osure consent screen.			
Signature of officer or person subje					Date 🕨	
Part III Certifica	tion and Authent	ication				
ERO's EFIN/PIN. Enter you number (EFIN) followed by	-	-		088907 ter all zeros		
-	• •		the 2021 electronically filed re Modernized e-File (MeF) Inforr			
ERO's signature THE	COLONY GROU	JP, LLC	Date			
	ER	O Must Retain This	Form - See Instruction	ns		
	Do Not Subr	nit This Form to th	e IRS Unless Requeste	d To Do So	0	
LHA For Privacy act and						m 8879-TE (2021)
102521 01-11-22						

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions. Ta		Taxpayer identification number (TIN)				
print	KIND CAMPAIGN				**-***588	2	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. C/O TCG, 11766 WILSHIRE BLVD, 500						
instructions.	City, town or post office, state, and ZIP code. For a for LOS ANGELES, CA 90025	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return)			01	
Applicat	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990) or Form 990-EZ	01	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990)-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990)-T (trust other than above)	06	Form 8870			12	
Form 990	D-T (corporation) C/O TCG	07					
Telepl If the 	books are in the care of \blacktriangleright <u>11766 WILSHIRE</u> none No. \blacktriangleright <u>310-229-5035</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Uni Group Exe	Fax No. ►	f this is fo	r the whole group, c		
the ► ►	quest an automatic 6-month extension of time until organization named above. The extension is for the org X calendar year 2021 or tax year beginning ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	janization's	return for: EGU d ending	The exem	npt organization retu	Irn for	
an	nis application is for Forms 990-PF, 990-T, 4720, or 6069 / nonrefundable credits. See instructions. nis application is for Forms 990-PF, 990-T, 4720, or 6069		·	3a	\$	0.	
	imated tax payments made. Include any prior year overp			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pang EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
	If you are going to make an electronic funds withdrawal						
	or Privacy Act and Paperwork Reduction Act Notice, MAIL TO: DEPARTMEN	T OF I REVENU	HE TREASURY JE SERVICE CENTER		Form 8868 (Re	əv. 1-2022)	

123841 01-12-22

Form	990
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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

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

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

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



AF	or the	e 2021 calendar year, or tax year beginning and	ending		
B c	heck if pplicabl	e: C Name of organization		D Employer identific	cation number
	Addre				
	 	e Doing business as		**-***588	32
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		500	310-229-5	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	371,209.
	Amen	LOS ANGELES, CA 90025		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: LAOKEN SIOKIEVANI		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3) = 501(c) () $ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. See instructions
		te: WWW.KINDCAMPAIGN.COM		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year (of formation: 2009 N	State of legal domicile: CA
Pa	art I	Summary	(1)(D)		
ø	1	Briefly describe the organization's mission or most significant activities: KIND		IGN IS AN	
anc		INTERNATIONAL ANTI-BULLYING SCHOOL ASSEMB			
Governance	1	Check this box if the organization discontinued its operations or disposed in the second			ets. 2
Š	3				2
		Number of independent voting members of the governing body (Part VI, line 1b)			3
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			<u></u> 0
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		49,409.	371,209.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
svel	-	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ž		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		49,409.	371,209.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		248,639.	206,765.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 29,4	34.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		165,309.	70,066.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		413,948.	276,831.
	19	Revenue less expenses. Subtract line 18 from line 12		-364,539.	94,378.
OL SEC			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		269,692.	317,810.
Net Assets	21	Total liabilities (Part X, line 26)		46,260.	0.
Re	22	Net assets or fund balances. Subtract line 21 from line 20		223,432.	317,810.
Pa	art II	Signature Block			

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

Sign	Signature of officer		I	Date			
Here	LAUREN STURTEVANT, PRE						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	SHARON R. ROWE			if self-employed P00088907			
Preparer	Firm's name FITE COLONY GROUE	, LLC	1	Firm's EIN 🕨 **-***1149			
Use Only	Firm's address 🖌 11766 WILSHIRE E						
	LOS ANGELES, CA	90025	1	Phone no. 310 - 229 - 5001			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-0	LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Dar	990 (2021) KIND CAMPAIGN **-**5882 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	KIND CAMPAIGN IS AN INTERNATIONALLY RECOGNIZED NON-PROFIT ORGANIZATION
	THAT BRINGS AWARENESS AND HEALING TO THE NEGATIVE EFFECTS OF
	GIRL-AGAINST-GIRL BULLYING WITH THEIR GLOBAL MOVEMENT, DOCUMENTARY
	FILM, IN-SCHOOL ASSEMBLIES AND EDUCATIONAL CURRICULUMS. WE BELIEVE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code:) (Expenses \$214,747. including grants of \$) (Revenue \$278,566.
	KIND CAMPAIGN CO-FOUNDERS CURTAILED TRAVEL DUE TO COVID-19. THEY HAVE
	USED A WEB PLATFORM TO PROVIDE ASSEMBLIES, FREE OF CHARGE, SPEAKING TO
	STUDENTS DURING SCHOOL ASSEMBLIES ABOUT THEIR ANTI-BULLYING PROGRAM.
	EACH FOUNDERS' ASSEMBLY IS A TWO HOUR PRESENTATION TO GROUPS OF
	CONSISTS OF PERSONAL TESTIMONIES, A SCREENING OF THE DOCUMENTARY FILM
	AND AN INTERACTIVE DISCUSSION WITH ACTIVITIES. ACTIVITIES PERFORMED
	DURING THE ASSEMBLY INCLUDE THE KIND PLEDGE, THE KIND APOLOGY AND THE
	KIND CARD. THE KIND PLEDGE GIVES EACH STUDENT AN OPPORTUNITY TO PLEDGE
	AN ACTION STEP TO HELP BRING AN END TO BULLYING. A GROUP OF STUDENTS
	ARE CALLED ON TO STAND IN FRONT OF THEIR PEERS AND SHARE THEIR KIND
	PLEDGE. THE KIND APOLOGY ENCOURAGES STUDENTS TO WRITE AN APOLOGY TO
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	KIND CAMPAIGN HAS DEVELOPED AN INTERACTIVE WEBSITE THAT PROVIDES
	EDUCATIONAL RESOURCES, KIND CLUB PROGRAMMING AND CURRICULUM AND
	INTERACTIVE ACTIVITIES TO HELP WITH THE HEALING AND RECONCILIATION
	PROCESS. THE WEBSITE FEATURES A SPACE FOR PEOPLE TO APOLOGIZE, TO
	SHARE THEIR OWN STORIES AND TO SHARE KIND WORDS ABOUT OTHERS. GIRLS
	NEEDING ADDITONAL SUPPORT ARE REFERRED TO KIND CAMPAIGN'S ON-CALL
	LICENSED THERAPIST FREE OF CHARGE. KIND CAMPAIGN OFTEN RECEIVES
	EMAILS FROM GIRLS DISCLOSING SUICIDAL THOUGHTS AND OF WANTING TO
	INFLICT SELF-HARM AND FROM HOPELESS PARENTS WITH NOWHERE TO TURN. KIND
	CAMPAIGN HAS THE THERAPIST CONNECT WITH THE INDIVIDUALS AND PROVIDE
	GUIDANCE. THE KIND CAMPAIGN WEBSITE FEATURES VIRTUAL MAGAZINES WITH
	STORIES SUBMITTED BY GIRLS FROM AROUND THE WORLD, ALLOWING PEOPLE TO
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	KIND CAMPAIGN HAS PREPARED A 19 WEEK CURRICULUM TO BE USED IN KIND
	CLUBS. KIND CLUBS WERE DESIGNED TO BE LED BY A MENTOR (A FACULTY
	MEMBER, PARENT OR OTHER LOCAL COMMUNITY MEMBER) WHO WOULD ENCOURAGE THE
	CONVERSATION AND CHANGE CREATED DURING ASSEMBLIES TO EXTEND THROUGH THE
	REST OF THE SCHOOL YEAR.
	Other program services (Describe on Schedule O.)
4d	
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses 214,747.
	Total program service expenses ► 214,747.
4e	Total program service expenses 214,747.

Earm	000	(2021)
FORM	990	(2021)

Form 990 (2021) KIND CAMPAIGN
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 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			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	• •		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10		10		х
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	x	
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		х
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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	000	X
32003	3 12-09-21	Form	330 ((2021)

132003 12-09-21

Form	990	(2021)
	000	(2021)

 Form 990 (2021)
 KIND
 CAMPAIGN

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
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			x
04-	Schedule J	23		<u> </u>
2 4a	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
h	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	210		
-	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b	х	- 23
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5		
20	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?	26		x
37	<i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 23
57		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	12-09-21	Form	990	(2021)

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Form	990 (2021) KIND CAMPAIGN **-**5 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	882	Pa	age 5
. ai			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		105	
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 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.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	30		
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_ <u>A</u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management		1	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a2	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent 1b C	긱		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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	Х	
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 on Schedule O	9		X
Sec	stion 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		
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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
-	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
.e 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	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
~	The organization's CEO, Executive Director, or top management official	15a		x
				X
D	Other officers or key employees of the organization	15b		
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		v
	taxable entity during the year?	16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
b				
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	exempt status with respect to such arrangements?	16b		
Sec	exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>CA</u>			1
Sec 17	exempt status with respect to such arrangements?		availal	ble
Sec 17	exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.		availal	ble
Sec 17	exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)		availal	ble
Sec 17 18	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	is only)		ble
	exempt status with respect to such arrangements?	is only)		ble
Sec 17 18	exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	is only)		ble
Sec 17 18 19	exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ C/O TCG - 310-229-5035	is only)		ble
Sec 17 18 19	exempt status with respect to such arrangements? Stion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	is only)		ble

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Form 990 (2021)	KIND CAMPAIGN	**-***5882	Page 7					
Part VII Com	pensation of Officers, Directors, Trustees, Key Employees, Hig	hest Compensated						
Employees, and Independent Contractors								
Check	if Schedule O contains a response or note to any line in this Part VII							
Section A. Office	ers, Directors, Trustees, Key Employees, and Highest Compensated Employee	es						
1a Complete this t	table for all persons required to be listed. Report compensation for the calendar year	ar ending with or within the organization's	tax year.					

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C) Position					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated				
	hours per			compensation	compensation	amount of				
	week		cer an	nd a d	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dir				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	uster			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ll trus	nal tr		loyee	d wo		1099-NEC)		and related
	below	Individual trustee or director	In stitutional trustee	cer	Key employee	hest o	Former			organizations
	line)	Indi	Inst	Officer	Key	Highest compensated employee	Fori			
(1) LAUREN STURTEVANT	40.00									
PRESIDENT		Х		Х				90,000.	0.	0.
(2) MOLLY THOMPSON	40.00									
VICE-PRESIDENT		х		x				90,000.	Ο.	0.
									• •	
						-				
	L									
100007 10 00 01										Form 990 (2021)

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	Form 990 (2021) KIND CAMPAIGN **-**5882 Page 8													
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) (B) Name and title Average hours per week (list appr		age Position R (do not check more than one box, unless person is both an officer and a director/trustee) con				than o s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa rom th anizat d relat anizati	e ion ed
			-											
			-											
			-											
	Quintantal		-						180,000.		0.			0.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 180,000		0.0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•	•	•		Ŭ	• • •		[3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual	-		4		x
	rendered to the organization? <i>If "Yes," corr</i> tion B. Independent Contractors											5		Х
1	Complete this table for your five highest co the organization. Report compensation for								the organization's tax y		ensat	ion fro		
	(A) (B) Name and business address NONE Description of services								C		nsatio	n		
2	Total number of independent contractors (in \$100,000 of compensation from the organia	•	ot lir	niteo	d to f	thos (ted	above) who received mo	ore than				
		•										Form	990 (;	2021)

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Contributions, Gifts, Grants and Other Similar Amounts tube			or note to any line	in this Part VIII (A)	(B)	**-***5	882 Page 9
ributions, Gifts, Grants Other Similar Amounts		Check if Schedule O contains a response	or note to any line		(B)	(2)	
ributions, Gifts, Grants Other Similar Amounts		Check in Schedule O Contains a response			(B)	(0)	
ributions, Gifts, Grants Other Similar Amounts						(C)	(D)
ributions, Gifts, Grants Other Similar Amounts				Total revenue	Related or exempt	Unrelated	Revenue excluded
ributions, Gifts, Grants Other Similar Amounts						business revenue	from tax under
ributions, Gifts, Grants Other Similar Amounts							sections 512 - 51
ributions, Gifts, Gran Other Similar Amount	1 a	Federated campaigns 1a					
ributions, Gifts, Gr <u>Other Similar Amo</u> i		Membership dues 1b					
ributions, Gifts, <u>Other Similar A</u> r							
ributions, Gif <u>Other Similar</u>		· · · · · · · · · · · · · · · · · · ·					
ributions, Other Simi	d	Related organizations 1d					
ribution <u>Other Si</u>	е	Government grants (contributions) 1e	92,642.				
Other	f	All other contributions, gifts, grants, and					
÷3		similar amounts not included above 1f	278,567.				
- - -	~	Noncash contributions included in lines 1a-1f					
u p	-			271 200			
<u> </u>	h	Total. Add lines 1a-1f		371,209.			
			Business Code				
e.	2 a						
Program Service Revenue	b						
iue Ser	c						
le la							
Tar Be	d						
<u>6</u>	е						
<u>7</u>	f	All other program service revenue					
	a	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
	5						
		other similar amounts)					
	4	Income from investment of tax-exempt bond p	roceeds 🕨 📘				
	5	Royalties	🕨				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
			<u> </u>				
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
Ð	D.						
venue		and sales expenses 7b					
ve	С	Gain or (loss) 7c					
Be	d	Net gain or (loss)	🕨				
Other Re	8 a	Gross income from fundraising events (not					
Æ		including \$ of					
Ŭ		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		Less: direct expenses 8b					
	с	Net income or (loss) from fundraising events	🕨				
		Gross income from gaming activities. See					
		Part IV, line 19					
	L						
		• • • • • • • • • • • • • • • • • •					
		Net income or (loss) from gaming activities	▶				
1	0 a	Gross sales of inventory, less returns					
		and allowances 10a	a				
	b	Less: cost of goods sold 10k					
		Net income or (loss) from sales of inventory					
\rightarrow	U		Business Code				
s			Business Code				
ក្តុ 🔒 1	1 a						
ane	b						
scellaneo <u>Bevenue</u>	с						
Miscellaneous Revenue L		All other revenue					
Σ							
		Total. Add lines 11a-11d		271 000	0	0.	<u>^</u>
1	2	Total revenue. See instructions	▶	371,209.	0.	U •	0 • Form 990 (2021

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KIND CAMPAIGN Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	180,000.	151,200.	10,800.	18,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	11,623.	11,623.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	15,142.	12,866.	854.	1,422
1	Fees for services (nonemployees):	,	,••••		_,
a	Management				
b		7,932.		3,966.	3,966
		13,200.		13,200.	5,500
	Accounting	15,200.		15,200.	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	10 540	10 540		
_	column (A), amount, list line 11g expenses on Sch 0.)	18,540.	18,540.	750	1 050
2	Advertising and promotion	3,000.	1,200.	750.	1,050
3	Office expenses	10,843.	4,911.	2,038.	3,894
4	Information technology	4,191.	4,191.		
5	Royalties				
6	Occupancy				
7	Travel	5.	5.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	4,819.	4,819.		
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MERCHANDISE SUPPLIES/PO	3,833.	3,833.		
b	MEALS	1,904.		952.	952
c	PAYROLL PROCESSING	1,504.	1,264.	90.	150
d	AUTO EXPENSE	295.	295.		
	All other expenses	2,5,	J J •		
	Total functional expenses. Add lines 1 through 24e	276,831.	214,747.	32,650.	29,434
5	Joint costs. Complete this line only if the organization	2,0,0310	<u> </u>	52,050.	<i>27</i> , 47
5					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2021)
Part X Balance Sheet

KIND CAMPAIGN

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		Check if Schedule O contains a response or not	e to any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			269,692.	1	317,810.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial contr	ibutor, or 35%			
		controlled entity or family member of any of the	e persons			5	
	6	Loans and other receivables from other disquali	ied person:	s (as defined			
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,796.			
	ь	Less: accumulated depreciation	10b	<u>21,796.</u> 21,796.	0.	10c	0.
	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				15	
	16	Total assets. Add lines 1 through 15 (must equ			269,692.	16	317,810.
	17	Accounts payable and accrued expenses			/	17	· / · ·
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form					
ties		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela		arties		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pa		Г			
	20	parties, and other liabilities not included on lines					
		of Schedule D	,		46,260.	25	0.
	26	Total liabilities. Add lines 17 through 25			46,260.	26	0.
		Organizations that follow FASB ASC 958, che					• •
es		and complete lines 27, 28, 32, and 33.					
Ŭ	27					27	
3ale	28	Net assets with donor restrictions				28	
ЦШ	20	Organizations that do not follow FASB ASC 9			20		
Ъп		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current funds			0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or ec			0.	30	0.
SS	30	Retained earnings, endowment, accumulated in			223,432.	30	317,810.
Net Assets or Fund Balances	32				223,432.	32	317,810.
Ź	32	Total net assets or fund balances			269,692.	32	317,810.
	33	Total liabilities and net assets/fund balances .			207,072.	33	Form 990 (2021)

	990 (2021) KIND CAMPAIGN	**_***	5882	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	223	3,43	32.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	317	7,8:	10.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			<u> </u>
			_	aan	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Nar	me of	the organization					E		identification number		
	I		CAMPAIGN						*-**5882		
Pa	art I	Reason for Public (Sharity Status.	(All organizations must c	complete th	nis part.) S	see instructions.				
The	orgar	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b) (1	1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (0	Complete Part II.)								
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from the	general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a la	ind-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of th	ne college	or		
		university:									
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fr	om gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the orga	nization a	fter June 30, 1975.		
		See section 509(a)(2). (Co	mplete Part III.)								
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carr	y out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	or section	509(a)(2).	See section 50	9(a)(3). C	Check the box on		
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and 1	2g.			
a	a 🗌	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typ	ically by g	giving		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	ctors or trustees	of the su	pporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
k	ວ 🗌	Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ing		
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage	the supp	orted		
		organization(s). You mus	t complete Part IV,	Sections A and C.							
c	- C	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally	integrate	d with,		
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.				
c	d	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supporte	ed organiz	ation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and a	in attentiv	reness		
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .				
e	e 🗌	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II,	Type III			
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.					
1	f Ent	er the number of supported o	organizations								
		vide the following information			(iv) to the error	nization listed	1				
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ng document?	(v) Amount of n		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see inst	fuctions)	support (see instructions)		
Tot	al										
101	.ui										

Schedule A	(Form	990	202
Juncaale A		000	1202

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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
4	Total. Add lines 1 through 3						
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		(-)	(-) =- · · -	(-,		
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	l ans)			12	
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax			
10	organization, check this box and stop	0		,	,	()()	
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020		•			15	% %
						· · ·	
100	6a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
h	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
N	and stop here. The organization qual	-		-41			
17-	10% -facts-and-circumstances test				e 13, 162, or 16b		
170	and if the organization meets the fact	-					
	-			-	-	vi now the organiz	
L	meets the facts-and-circumstances te	-			•	17a and line 15 is	► 📖
D D	10% -facts-and-circumstances test more and if the organization meets the	-					
	more, and if the organization meets the organization meets the facts-and-circu						
19	Private foundation. If the organizatio		-				
10	- mate roundation. In the organizatio	an and hot offern a		a, 100, 17a, 01 17			(Form 990) 2021

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	422,461.	353,374.	178,824.	49,409.	377,748.	1381816.
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	422,461.	353,374.	178,824.	49,409.	377,748.	1381816.
7a Amounts included on lines 1, 2, and		-		•		
3 received from disqualified persons	337,086.	94,449.	92,701.		56,652.	580,888.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year	5,000.	21,000. 115,449.	5,000. 97,701.		37,444. 94,096.	68,444.
c Add lines 7a and 7b	342,086.	115,449.	97,701.		94,096.	649,332.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						732,484.
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	422,461.	353,374.	178,824.	49,409.	377,748.	1381816.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	243.					243.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975	(less section 511 taxes) from businesses					
c Add lines 10a and 10b	243.					243.
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	422,704.	353,374.	178,824.	49,409.	377,748.	1382059.
14 First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2021 (line 8, column (f), d	ivided by line 13, c	olumn (f))		15	<u>53.00 %</u>
16 Public support percentage from 2020) Schedule A, Part	III, line 15			16	<u>41.09 %</u>
Section D. Computation of Inves	stment Income	Percentage				
17 Investment income percentage for 20	021 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.02 %
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	.05 %
19a 33 1/3% support tests - 2021. If the	organization did n				3 1/3%, and line 17	' is not
more than 33 1/3%, check this box a						►X
b 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a,	and line 16 is mo	re than 33 1/3%, a	nd
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20 Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check thi	s box and see ins	tructions	
132023 01-04-22					Schedule A	(Form 990) 2021

12501110 165788 KIND

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

Yes No

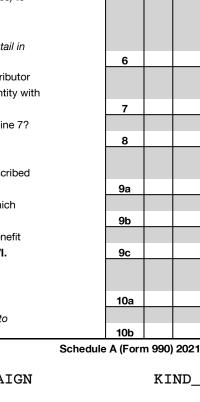
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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 line 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.)

132024 01-04-21



Part IV	Supporting O	rganizations (continued)
	(Form 990) 2021		CAMPAIG

2

1

Yes No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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	
	Dort VI have an indian and have stitle and indian the assumed and the assumed and any indian (a) that an anti-d	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization

|--|

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)*

Section D	. All Type II	I 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* line 3 *below*.

c 🗌] The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental e	entity (see instruction <u>s).</u>
-----	---	-------------------------	--------------------------------	------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No 2a 2a 2b 2b 3a 3a

Schedule A (Form 990) 2021

132025 01-04-22

Sche	dule A (Form 990) 2021 KIND CAMPAIGN			**-***5882 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	U
1	Check here if the organization satisfied the Integral Part Test as a qualify	ving trust on N	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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	1b		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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-functior	ally integrate	d Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021 KIND CAMPAIGN Part V Type III Non-Functionally Integrated 509(a)(3) Survival

		Current Ye	ar
upporting Organizations	(continued)		
	*	*-**5882	Page 7

Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
_ <u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	KIND CAMPAIGN	**-**5882 Page 8
Part IV, Section A, lines 1,	mation. Provide the explanations required by Part II, line 10; Part 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sect lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V,	ion B, lines 1 and 2; Part IV, Section C,
Section D, lines 5, 6, and (See instructions.)	Res 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part fo	ine 1; Part V, Section B, line 1e; Part V, r any additional information.
32028 01-04-22		Schedule A (Form 990) 202
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

-*5882

XIND CAMPAIGN

F

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

KIND CAMPAIGN

Page **2** Employer identification number

-*5882

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARITIES AID FOUNDATION AMERICA 1800 DIAGONAL RD ALEXANDRIA, VA 22314-2840	\$ <u>105,398.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARROW FINE 2033 SAN ELIJO AVE #410 CARDIFF, CA 92007	\$15,377.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARIN COMMUNITY FOUNDATION 5 HAMILTON LANDING #200 NOVATO, CA 94949	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ELECTRIC PICKS, INC 333 WEBSTER AVE 2 JERSEY CITY, NJ 07307	\$56,652.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DISCOVERY COMMUNICATIONS 230 PARK AVE SOUTH NEW YORK CITY, NY 10001	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ALLEN R BROWN C/O 1201 DEMONBREUN ST NASHVILLE , TN 37203	\$6,284.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Name of organization

KIND CAMPAIGN

Employer identification number

Page 2

-*5882

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 COSNOVA GMBH X Person Payroll AM LIMESPARK 2 5,783. Noncash \$ (Complete Part II for SULBACH, 65843, GERMANY noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 JOANNE AND LAUREN SMITH X Person Payroll 1644 MERTON RD NE 10,000. Noncash \$ (Complete Part II for ATLANTA, GA 30306 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 THE PATTERN APP X Person Payroll 1083 N COLLIER BLVD. #415 5,000. Noncash \$ (Complete Part II for MARCO ISLAND, FL 34145 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

KIND___1

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

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Schedule B (Form 990) (2021) Name of organization

Employer identification number

-*5882

KIND CAMPAIGN

Part II

(a)

lame of org	anization		Employer identification numbe			
KIND C.	AMPAIGN		**-**5882			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line en	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea try. For organizations			
	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	t			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	t			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif	t			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
23454 11-11-2	1		Schedule B (Form 990) (20			

SCHEDULE I	D
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90	HEDULE D	Supplementa	al Financial Statements	ON	MB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2021
	ment of the Treasury		Attach to Form 990.		Open to Public
	I Revenue Service		90 for instructions and the latest information.		Inspection
Nam	e of the organizati	KIND CAMPAIGN			tification number * * * 5882
Pa	rt I Organiza		d Funds or Other Similar Funds or Ac		
		on answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds and othe	er accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	t end of year			
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advised fund	ds	
			exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
			r donor advisor, or for any other purpose conferr	ing	
Pa	impermissible priv		· · · · · · · · · · · · · · · · · · ·		Yes No
			ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization of land for public use (for example, recrea			
		of natural habitat	tion or education) Preservation of a histo		
		n of open space			ule
2			fied conservation contribution in the form of a co	nservation easeme	ent on the last
2	day of the tax year	o o i			End of the Tax Year
а				2a	
b				2b	
c	e e	vation easements on a certified historic stru		2c	
			after 7/25/06, and not on a historic structure		
			·	2d	
3			eased, extinguished, or terminated by the organi	zation during the t	ax
	year 🕨				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enf	forcement of the conservation easements if	t holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easements durir	ng the year
	▶				
7		ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	sements during th	e year
-	►\$			(A)	
8			re satisfy the requirements of section 170(h)(4)(B)	"	
•			on easements in its revenue and expense statem		Yes No
9		e .	note to the organization's financial statements that		
		counting for conservation easements.		at describes the	
Pa			Art, Historical Treasures, or Other S	imilar Assets.	
		f the organization answered "Yes" on Form			
1a			8, not to report in its revenue statement and bala	ance sheet works	
	•	· •	blic exhibition, education, or research in furtherar		
		·	ncial statements that describes these items.	-	
b			i8, to report in its revenue statement and balance	e sheet works of	
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,	
	provide the followi	ing amounts relating to these items:			
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		▶ \$	
				► \$	
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial gain, _l	orovide	
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included	on Form 990, Part VIII, line 1		▶ \$	

a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X b

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 KIND CAI							**_**			age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Tre	asures, or Ot	her S	imilar	⁻ Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the f	ollowing that mal	ke signi	ificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🔄 Loar	n or excl	nange program						
b	Scholarly research	e	Othe	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how they fu	urther th	e organization's e	exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit of								-		-
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the org	anizatio	n answered "Yes	" on Fo	orm 990	, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for conti	ibutions	or other assets	not incl	uded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						lf		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escro	ow or cu	stodial account l	iability?	·	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete i							<u> </u>	() F		
		(a) Current year	(b) Prior	year	(c) Two years ba	CK (d)	Three y	ears back	(e) Four	years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g, co	iumn (a)) held as:						
a L	Board designated or quasi-endowment		_%								
b	Permanent endowment Term endowment	% %									
С	The percentages on lines 2a, 2b, and 2c sho	-									
30	Are there endowment funds not in the posses		tion that are	hold an	d administered fr	or the c	ragniza	tion			
Ja	by:	ssion of the organiza		neiu an	a administered it		nganiza		Г	Yes	No
	(i) Unrelated organizations								3a(i)	-	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line	e 11a. S	ee Form 990, Par	t X, line	e 10.				
	Description of property	(a) Cost or o basis (investn		b) Cost basis (umulate	ed	(d) Book	value	9
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
e	Other	21,'	796.			2	1,79	96.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part ,	X. column (B), line 1()c.)	<u></u>					0.

Schedule D (Form 990) 2021

132052 10-28-21

(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
	cial derivatives			,
-	y held equity interests			
 3) Other 				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
tal. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)			
	II Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
otal. (Col.	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.			
		on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
otal. (Col.	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (1) (2)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (3)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Co)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (2) (2) (2) (2) (3) (4) (3) (4) (5) (6) (7) (8) (9) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Fe	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description		5.
tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Co. Part X (1) Fe (2)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Fe	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (8) (9) (9) (1) Fe (2)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Fe (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (1) Fe (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Co. Part X (9) otal. (Co. (2) (3) (1) Fe (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.
tal. (Col. Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Co. Part X (9) (1) Fe (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		5.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 KIND CAMPAIGN		**-**5882 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

132054 10-28-21

Schedule D (Form 990) 2021

SCH	EDL	JLE	L

(Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.

OMB No.	1545-0047
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2021	
Open To Public	

Department of the Treas Internal Revenue Service		► G	io to v	www.irs.gov/Fo			structions ar		ates	st information.				spect		lic
Name of the orgar	ization										Em	ployer	' ident	ificati	on nu	mber
		KIND CZ											*58	82		
				ONS (section 50												
Com	olete if the o	organizatior		vered "Yes" on I				or 25b,	or F	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of d	isqualified p	person	(b) F	Relationship bety person and or			ified	(c)) De	scription of tran	sactio	n			Corre	
				person and of	ganza									Y	es	No
														+		
														-		
2 Enter the am																
section 4958												► \$ ► \$				
3 Enter the am	ount of tax,	If any, on III	ne 2, a	above, reimburs	ea by	the or	ganization					• •				
Part II Loa	ns to and	d/or From	n Inte	erested Pers	sons.											
Com	olete if the o	organizatior	n ansv	vered "Yes" on I	Form §	990-EZ	, Part V, line 3	8a or Fo	orm	990, Part IV, lin	e 26; d	or if th	e orga	nizatio	n	
repo	ted an amo	unt on Forn	n 990	, Part X, line 5, 6	6, or 2	2.							-			
(a) Name		(b) Relatio		(c) Purpose		oan to or m the	(e) Origin		(f)	Balance due) In		proved ard or	(1) **	ritten
interested p	erson	with organi	zation	of loan		ization?	principal am	nount			commuce:				-	ment?
					To	From					Yes	No	Yes	No	Yes	No
Total								► \$				<u> </u>				<u> </u>
Total Part III Gra	nts or As	sistance	Ben	efiting Inter	este	d Per	sons.	φ								
				vered "Yes" on I												
(a) Name of	interested p	person		(b) Relationship			(c) Amou	unt of		(d) Type	of		(e) Purp	ose of	F
				interested pers the organiza	son an	d	assista	ince		assistan	се			assista	ance	
			_	the organiza	ation											
			_													
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			_													
							1									

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

Schedule L (Form 990) 2021

132131 11-02-21

KIND	CAMPAIGN
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		b between interested the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
PARSEKIAN LAW CORPORATION	PARENT O	F PRESIDENT	6,816.	LEGAL FEES		X

Part V Supplemental Information.

Schedule L (Form 990) 2021

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PARSEKIAN LAW CORPORATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PARENT OF PRESIDENT OF KIND CAMPAIGN

(D) DESCRIPTION OF TRANSACTION: LEGAL FEES PAID

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No. 1545-0047

KIND CAMPAIGN

-*5882

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

VIRAL COMMUNITY THAT OFFERS EDUCATION, SUPPORT, AND HEALING TO

CHILDREN, TEENS, AND ADULTS BY PROVIDING ONLINE AND IN-SCHOOL

RESOURCES.

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

THAT KIND CAMPAIGN ASSEMBLIES ARE MORE IMPORTANT THEN EVER BEFORE, AS

STUDENTS CRAVE CONNECTION AND NAVIGATE A REMOTE LEARNING EXPERIENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SOMEONE IN THEIR LIFE. THESE APOLOGIES ARE OFTEN DIRECTED TOWARDS

OTHER STUDENTS SITTING IN THE SAME ROOM. STUDENTS ARE INSTRUCTED TO

HAND THEIR APOLOGY TO THE PERSON THEY HAVE WRITTEN IT TO. THE APOLOGY

CREATES IMMENSE HEALING AND MENDS CONFLICT AMONGST STUDENTS. THE

APOLOGY CARD HAS CHANGED AND SAVED LIVES. DURING THE LAST ACTIVITY,

THE STUDENTS ARE ASKED TO WRITE SOMETHING KIND ABOUT SOMEONE ELSE. A

GROUP OF STUDENTS ARE CALLED ON TO STAND IN FRONT OF THEIR PEERS AND

SHARE THEIR KIND CARD. AFTER THE EVENT THE FOUNDERS WILL TALK WITH

STUDENTS WHO NEED GUIDANCE AND SUPPORT (REFERRING GIRLS WHO NEED

ADDITIONAL SUPPORT TO KIND CAMPAIGN'S ON-CALL LICENSED THERAPIST FREE

OF CHARGE). THE SCHOOL WILL KEEP A KIND WALL WHERE PLEDGES AND CARDS

ARE HUNG TO REMIND STUDENTS OF WHAT TOOK PLACE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

READ ABOUT OTHER EXPERIENCES, WHILE REMINDING THEMSELVES THAT THEY ARE

NOT ALONE. KIND CAMPAIGN HAS DEVELOPED A STRONG ONLINE COMMUNITY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

Name of the organization

KIND CAMPAIGN

Employer identification numl **-**5882

THROUGH SOCIAL MEDIA AND IS IN CONSTANT CONTACT WITH THEIR FOLLOWERS TO

HELP PROMOTE HEALING, CONVERSATION AND RECONCILIATION.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE ONLY TWO DIRECTORS, THERE ARE NO COMMITTEES.

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

BOTH THE PRESIDENT AND VICE-PRESIDENT REVIEW FORM 990.

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

UPON REQUEST AT ORGANIZATION'S OFFICE.

132212 11-11-21

12501110 165788 KIND

TAXABLE YEARCalifornia Exempt Organization2021Annual Information Return

202	Annual Information Return					199	
Calendar Yea	2021 or fiscal year beginning (mm/dd/yyyy)	, and ending	(mm/dd/yyy	y)			
Corporation/Org			Cali	fornia corpo	oration n	umber	
				2000			
	AMPAIGN nation. See instructions.		FE	3200	866		
Additional Inform				**_*	**5	882	
Street address (suite or room)			PMB no.		002	
C/O TC	G, 11766 WILSHIRE BLVD, NO. 500						
City			State	ZIP code			
LOS AN	GELES		CA	9002	5		
Foreign country	name Foreign province/state/coun	nty		Foreign p	ostal co	de	
A First retu B Amendeo	l return ∙ Yes X No r	Did the organization hav not reported to the FTB	? See instru	ctions		• Yes X	No
C IRC Sect		If exempt under R&TC					
		engaged in political acti					
						701g? ● Yes X	No
		If "Yes," enter the gross Is the organization a lim	-				No
		Did the organization file					NO
						• Yes X	No
G Is this a	group filing? See instructions ● Yes X No №	Is the organization unde	er audit by tl	ne IRS or	has the	9	
H Is this or		IRS audited in a prior y					
۱f "Yes," ۱		Is federal Form 1023/10					No
		Date filed with IRS					
Part I (Complete Part I unless not required to file this form. See General Informa	tion B and C					
	1 Gross sales or receipts from other sources. From Side 2, Part II, line			•	1		00
					2		00
	3 Gross contributions, gifts, grants, and similar amounts received				3	371,209	00
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through lir						
and	This line must be completed. If the result is less than \$50,000, see	General Information B			4	371,209	00
Revenues	5 Cost of goods sold			00			
	6 Cost or other basis, and sales expenses of assets sold			00			
	 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 			•	7	371,209	
					9	276,831	
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9			•	10	94,378	00
	11 Total payments			•	11	· ·	00
	12 Use tax. See General Information K				12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from	om line 11		•	13		00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from				14		00
					15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the Under penalties of perjury, I declare that I have examined this return, including accompar- it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on	e result nying schedules and statem	ents, and to th	e best of m	y knowle	edge and belief,	00
Sign				knowledge.		• Telephone	
Here	Signature of officer	ESIDENT	Date				
		Date	Check	if		PTIN	
	Preparer's signature			nployed	· 🗌	P00088907	
Paid	Firm's name					Firm's FEIN	
Preparer's	(or yours, if self-					**-**1149	
Use Only	employed) 11766 WILSHIRE BLVD., SUITE	500				• Telephone	
	LOS ANGELES, CA 90025			• X		310-229-5001	
	May the FTB discuss this return with the preparer shown above? See instr	UCLIONS		♥ 죠	I Yes	No	

KIND CAMPAIGN

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

		1	Gross sales or receipts from all	busine	ss activities. See instru	ctions			•	1		00
		2	Interest							2		00
		3	Dividends							3		00
Recei	ipts	4	o .							1		00
from	.	5	Gross royalties						•	5		00
Other	.	6	Gross amount received from sal	e of as	sets (See instructions)				•	3		00
Sourc	es	7	0.1							7		00
		8	Total gross sales or receipts fro						1	3		00
		9	Contributions, gifts, grants, and	similar	amounts paid	•			•	9		00
		10	Disbursements to or for member	rs					• 1)		00
		11	Disbursements to or for member Compensation of officers, direct	ors, an	d trustees		SEE STA	TEMENT 2	• 1	1	180,000	
		12	Other salaries and wages						• 1	2	11,623	
Exper	ises	13	Interest						• 1;	3		00
and		14	Taxes						• 1	1	15,142	
Disbu	rse-	15	Rents						• 1	5		00
ments	s	16	Depreciation and depletion (See	instruc	tions)				• 10	3		00
		17	Other expenses and disburseme	nts	,		SEE STA	TEMENT 3	• 1	7	70,066	
		18	Total expenses and disburseme	nts. Ad	d line 9 through line 17	7. Enter	here and on Side 1, Pa	rt I, line 9	18	3	276,831	
Sch	edul				Beginning of			,	End of t			
Asset	S				(a)		(b)	(C)			(d)	
1 0	Cash						269,692			•	317,8	10
			s receivable				•			•		
			ceivable							•		
										•		
			state government obligations							•		
			in other bonds							•		
			in stock							•		
	/lortga									•		
)ther ir	-								•		
			le assets		21,796			21	,796			
b	Less	accu	mulated depreciation	(21,796)				796			
11 L										•		
12 C										•		
							269,692				317,83	10
			et worth									
14 A	Accoun	ts pa	yable							•		
			s, gifts, or grants payable							•		
			otes payable							•		
17 N	/lortga	ges p	ayable							•		
18 C)ther li	abiliti	es STMT 4				46,260					
19 C	Capital	stock	or principal fund							•		
			tal surplus. Attach reconciliation							•		
			nings or income fund				223,432			•	317,8:	10
			ies and net worth				269,692				317,8:	10
Sch	edul	e M	I-1 Reconciliation of income	per bo	oks with income per re	eturn						
			Do not complete this sche	dule if t	the amount on Schedu	le L, lin	e 13, column (d), is les	s than \$50,000.				
1 N	let inco	ome p	per books		• 94,	378	7 Income recorded	on books this year				
			me tax		•			is return. Attach sch	edule	. •		
			pital losses over capital gains		•		8 Deductions in thi	s return not charged				
			recorded on books this year.				against book inco	-				
			lule		•					•		
			corded on books this year not				9 Total. Add line 7					
			this return. Attach schedule		•		10 Net income per re					
			ne 1 through line 5		94,	378		om line 6			94,3	78

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CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1			
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT		
CHARITIES AID FOUNDATION AMERICA	1800 DIAGONAL RD ALEXANDRIA, VA 22314-2840	08/26/21	105,398.		
MARROW FINE	2033 SAN ELIJO AVE #410 CARDIFF, CA 92007	05/19/21	15,377.		
MARIN COMMUNITY FOUNDATION	5 HAMILTON LANDING #200 NOVATO, CA 94949	04/23/21	10,000.		
ELECTRIC PICKS, INC	333 WEBSTER AVE 2 JERSEY CITY, NJ 07307	06/15/21	56,652.		
DISCOVERY COMMUNICATIONS	230 PARK AVE SOUTH NEW YORK CITY, NY 10001	12/01/02	25,000.		
ALLEN R BROWN	C/O 1201 DEMONBREUN ST NASHVILLE , TN 37203	12/30/21	6,284.		
COSNOVA GMBH	AM LIMESPARK 2 SULBACH, 65843, GERMANY	01/29/21	5,783.		
JOANNE AND LAUREN SMITH	1644 MERTON RD NE ATLANTA, GA 30306	07/06/21	10,000.		
THE PATTERN APP	1083 N COLLIER BLVD. #415 MARCO ISLAND, FL 34145	07/12/21	5,000.		
TOTAL INCLUDED ON LINE 3		-	239,494.		

12501110 165788 KIND

CA 199 COMPENSATION OF OFFIC	ERS, DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
LAUREN STURTEVANT C/O TCG, 11766 WILSHIRE BLVD, 500 LOS ANGELES, CA 90025	PRESIDENT 40.00	90,000.
MOLLY THOMPSON C/O TCG, 11766 WILSHIRE BLVD, 500 LOS ANGELES, CA 90025	VICE-PRESIDENT 40.00	90,000.
TOTAL TO FORM 199, PART II, LINE 1	1	180,000.
CA 199 O	THER EXPENSES	STATEMENT 3
DESCRIPTION		AMOUNT
MERCHANDISE SUPPLIES/PO MEALS PAYROLL PROCESSING AUTO EXPENSE LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION OFFICE EXPENSES INFORMATION TECHNOLOGY TRAVEL INSURANCE TOTAL TO FORM 199, PART II, LINE 1	7	3,833. 1,904. 1,504. 295. 7,932. 13,200. 18,540. 3,000. 10,843. 4,191. 5. 4,819. 70,066.

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PPP LOAN	46,260.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	46,260.	0.

TAXABLE 202			e-file Return Aut ganizations	horizatio	n for			FORM 8453-EO
Exempt Orga	anization name						Identif	ying number
KIND	CAMPAI	GN					**.	-***5882
Part I		Return Information	(whole dollars only)					0001
		pts (Form 199, line 4)	1					371,209
	0	me (Form 199, line 8)						371,209
	•	,	orm 199, line 9)					276,831
	•							
Part II	1		ally for Taxable Year 2021					
4		unds withdrawal	4a Amount verified the exempt organization		b Withdrawal (prmation?)	date (mm/dd/	уууу)	
	ing number		vermed the exempt organization	on s banking inic	ination ()			
	unt number				e of account:	Checkin	a [Savings
		n of Officer		71			3	
l authorize on line 4a.		rganization's account to	be settled as designated in Part II.	If I check Part II, t	oox 4, I authorize	an electronic fu	inds wit	hdrawal for the amount listed
transmitter California e a balance c organizatio statements	r, or intermédi electronic retu due return, l u on will remain s be transmitte	ate service provider and rn. To the best of my kn nderstand that if the Fra liable for the fee liability ed to the FTB by the ERC	officer of the above exempt organi the amounts in Part I above agree owledge and belief, the exempt org nchise Tax Board (FTB) does not re and all applicable interest and pen , transmitter, or intermediate servi ERO or intermediate service provi	with the amounts panization's return eceive full and time alties. I authorize t ce provider. If the	on the correspon is true, correct, a ly payment of the he exempt organi processing of the	ding lines of th nd complete. If e exempt organ zation return ar	e exem the exe ization's nd acco	ot organization's 2021 mpt organization is filing s fee liability, the exempt mpanying schedules and
Sign				PRES	IDENT			
Here	Signature	of officer	Date	Title				
	- · · ··			_				
am only an accurately provided th 1345, 202 ⁻¹ the exempt I declare th	hat I have revin n intermediate reflects the da he organizatio 1 Handbook fo t organization hat I have exar	ewed the above exempt service provider, I unde ata on the return.) I have n officer with a copy of a or Authorized e-file Provi return is filed, whicheve nined the above exempt	n Originator (ERO) and Paid I organization's return and that the e rstand that I am not responsible fo obtained the organization officer's Ill forms and information that I will ders. I will keep form FTB 8453-EC r is later, and I will make a copy av organization's return and accompa on based on all information of whic	ntries on form FTE r reviewing the exe signature on form file with the FTB, o on file for four y ailable to the FTB anying schedules a	empt organization FTB 8453-EO be and I have followe ears from the due upon request. If I nd statements, ar	's return. I decl fore transmittir ed all other requ date of the ret am also the pa	are, ho ng this r uiremen urn or f id prepa	wever, that form FTB 8453-E0 eturn to the FTB; I have ts described in FTB Pub. our years from the date arer, under penalties of perjury,
	ERO's signature			Date	Check if also paid	Check if self	. –	
LNU			NNERT & FELDMAN		preparer	emplo	· _	<u>P00525429</u>
Ciam ⁱ	Firm's name (or y if self-employed)		ND RENNERT & FEI CENTURY PARK EAS				Firm'	s FEIN *****8260
Sign	and address		CENTURY PARK EAS NGELES, CA	P.T. #TOOO				ode 90067
		ry, I declare that I have e	xamined the above organization's				_	
,	,	correct, and complete. I	make this declaration based on all			Ū.		
Paid Prepare	Paid preparer's signature			D	ate	Check if self-		Paid preparer's PTIN
Must		me (or yours				employed	 Firm'	s FEIN
Sign	if self-emp and addre	oloyed)						
U							ZIP c	ode
								FTB 8453-EO 2021

129021 12-29-21

STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916) 210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	DEPARTMENT ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312 Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.						JSTICE GE 1 of 5	
KIND CAMPAIGN Name of Organization List all DBAs and names the organization	uses or has used			ange of address nended report				
C/O TCG, 11766 M Address (Number and Street)	WILSHIRE	E BLVD, NO. 500	State Ch	arity Registration Nur	nber CT 0184728			
LOS ANGELES, CA City or Town, State, and ZIP Code	90025		Corporat	ion or Organization N	o. <u>3200866</u>			
<u>310-229-5035</u> Telephone Number	E-mail Addres	N@KINDCAMPAIGN.COM	Federal E	Employer ID No. 26	-4365882			
ANNUAL RE	GISTRATION	RENEWAL FEE SCHEDULE (11 Cal. (Make Check Payable to Departm			311, and 312)			
<u>Total Revenue</u> Less than \$50,000 Between \$50,000 and \$100,0 Between \$100,001 and \$250,	Total RevenueFeeTotal RevenueFeeTotal RevenueLess than \$50,000\$25Between \$250,001 and \$1 million\$100Between \$20,000,001 and \$100 millionBetween \$50,000 and \$100,000\$50Between \$1,000,001 and \$5 million\$200Between \$100,000,001 and \$500 million						Fee \$800 \$1,000 \$1,200	
PART A - ACTIVITIES						• •		
Total Revenue (including noncash contributions) \$ Program Expen	371, ses \$	period (beginning 01/01/202 209 Noncash Contributions \$ 214,747 GANIZATION DURING THE PERIOD O	Total Exp	0 Total Asse enses \$		7,8	<u>10</u>	
•		you answer "yes" to any of the quest Is for each "yes" response. Please re				Yes	No	
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? 							x	
 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? 							x	
3. During this reporting period	od, were any o	rganization funds used to pay any pena	alty, fine or	judgment?			x	
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?							x	
5. During this reporting period	od, did the org	anization receive any governmental fun	ding?	SEE ST	TATEMENT 5	х		
6. During this reporting period	od, did the org	anization hold a raffle for charitable pur	poses?				x	
7. Does the organization conduct a vehicle donation program?							x	
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?							x	
9. At the end of this reportin	g period, did t	he organization hold restricted net asse	ets, while re	eporting negative unre	estricted net assets?		x	
		ve examined this report, including acc complete, and I am authorized to sig		ng documents, and t	to the best of my know	vledg	e	
Signature of Authorized Agent		UREN STURTEVANT			Date			
Signature of Alithorized Adent	Pri							

CA RRF-1	INFORMATION	REGARDING	GOVERNMENTAL	FUNDING	STATEMENT	5
		PART B,	LINE 5			

PPP LOAN PROCEEDS FORGIVEN - \$92,642