November 14, 2024

Kind Campaign C/O GRF 1880 Century Park E 1600 Los Angeles, CA 90067

Kind Campaign:

Enclosed are the original and one copy of the 2023 Exempt Organization returns, as follows...

2023 Form 990

2023 California Form 199

2023 California Form RRF-1

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Sharon R. Rowe

### **Filing Instructions**

# Prepared for: Kind Campaign C/O GRF 1880 Century Park E 1600 Los Angeles, CA 90067 Prepared by: GELFAND RENNERT & FELDMAN 1880 CENTURY PARK EAST #1600 LOS ANGELES, CA 90067-1661

2023 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024

#### 2023 CALIFORNIA FORM 199

No payment is required.

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

## **Filing Instructions**

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Prepared for:	Prepared by:
Kind Campaign C/O GRF 1880 Century Park E 1600 Los Angeles, CA 90067	GELFAND RENNERT & FELDMAN 1880 CENTURY PARK EAST #1600 LOS ANGELES, CA 90067-1661
2023 CALIFORNIA FORM RRF-1	
You have a balance due of	75.00
Enclose a check or money order for Justice.	\$75.00, payable to Department of
The report should be signed and dat	ted by the authorized individual(s).
Please mail on or before November 1	15, 2024.
Mail to - Registry of Charitie P.O. Box 903447 Sacramento, CA 94203	

## Form 8879-TF

# THIS IS NOT A FILEABLE COPY \*\*\*\*\*

E-file Signature Authorization	OMB No. 1545-0047
for a Tax Exempt Entity	

For calendar year 2023, or fiscal year beginning

Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN \*\*-\*\*\*5882 KIND CAMPAIGN MOLLY THOMPSON Name and title of officer or person subject to tax VICE-PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here ..... 5a Form 990-T check here ..... 6a **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here ..... Form 5330 check here ..... 9a **b Tax due** (Form 5330, Part II, line 19) Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name \_ , (EIN)\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize GELFAND RENNERT & FELDMAN 65882 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 95705788907 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. GELFAND RENNERT & FELDMAN ERO's signature Date **ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

#### Form **8868**

(Rev. January 2024)

Department of the Treasury

Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** \*\*-\*\*5882 KIND CAMPAIGN File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour C/O GRF 1880 CENTURY PARK E 1600 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOS ANGELES, CA 90067 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of C/O GRF AIIIIF F 1880 CENTURY PARK E 1600 - LOS ANGELES, CA 90067 Telephone No. 310-229-5035 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2023 calendar year, or tax year beginning and e	ending					
	heck if oplicable	C Name of organization		D Employer identific	cation number			
X	Addres	KIND CAMPAIGN						
	Name change			**-***58	82			
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address)  C/O GRF 1880 CENTURY PARK E 1600	E Telephone numbe 310-229-					
	√return termin ated		G Gross receipts \$	218,899.				
	Ameno	LOS ANGELES, CA 90067	H(a) Is this a group return					
	Applic tion	F Name and address of principal officer: MOLLY THOMPSON		for subordinates	? Yes X No			
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No			
<u> </u>	ax-exe	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c)( ) (insert no.) $\overline{}$ 4947(a)(1) o	or 527	If "No," attach a	list. See instructions			
	Vebsit			H(c) Group exemptio				
	orm of I <b>rt I</b>	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2009 N	M State of legal domicile; CA			
Pa		Summary	CAMDA	TON TO AN				
e		Briefly describe the organization's mission or most significant activities: <u>KIND</u> INTERNATIONAL ANTI-BULLYING SCHOOL ASSEMB			ENTARY AND			
Governance		Check this box if the organization discontinued its operations or dispose						
ver				3	2			
		Number of independent voting members of the governing body (Part VI, line 1b)			0			
Š		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			3			
/itie		Total number of volunteers (estimate if necessary)			40			
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.			
				Prior Year	Current Year			
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		150,692.	218,899.			
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.			
3ev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
-		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)		150,692.	218,899.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		227,985.	219,529.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	219,529.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  22,97		<u> </u>	0.			
Exp		Total fundraising expenses (Part IX, column (D), line 25) 22,97  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		79,097.	74,295.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		307,082.	293,824.			
		Revenue less expenses. Subtract line 18 from line 12		-156,390.	-74,925.			
or es		Tovolido loco expenidos. Cubitada into 10 Herri into 12	Ве	ginning of Current Year	End of Year			
ets (	20	Total assets (Part X, line 16)		161,420.	86,495.			
Ass J Ba	21	Total liabilities (Part X, line 26)		0.	0.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		161,420.	86,495.			
	rt II	Signature Block						
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
		Cignature of officer		Doto				
Sigr		Signature of officer		Date				
Here	е	MOLLY THOMPSON, VICE-PRESIDENT  Type or print name and title						
			Т	Date Check	PTIN			
Paid		Print/Type preparer's name  SHARON R • ROWE  Preparer's signature	['	if self-employ	<b>─</b> │			
Prep		Firm's name GELFAND RENNERT & FELDMAN			*-***8260			
Use		Firm's address 1880 CENTURY PARK EAST #1600		TIIII 3 LIIV	<u> </u>			
	,	LOS ANGELES, CA 90067-1661		Phone no. (3	10) 553-1707			
— Mav	the IF	RS discuss this return with the preparer shown above? See instructions		1 Hollo Ho. ( 5	X Yes No			
		Property and the proper			- OOO (2222)			

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	KIND CAMPAIGN IS AN INTERNATIONALLY RECOGNIZED NON-PROFIT ORGANIZATION
	THAT BRINGS AWARENESS AND HEALING TO THE NEGATIVE AND LASTING EFFECTS
	OF GIRL-AGAINST-GIRL BULLYING THROUGH IN-SCHOOL ASSEMBLIES,
	EDUCATIONAL CURRICULUM, DOCUMENTARY FILM, VOLUNTEER OPPORTUNITIES,
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$240 , 977 . including grants of \$) (Revenue \$218 , 899 . )
Tu	KIND CAMPAIGN FOUNDERS ASSEMBLIES: THE KIND CAMPAIGN ASSEMBLY IS KIND
	CAMPAIGN'S FLAGSHIP PROGRAM. KIND CAMPAIGN FOUNDERS ASSEMBLIES ARE LED
	AND FACILITATED BY THE TWO CO-FOUNDERS OF THE ORGANIZATION. THEY
	PERSONALLY SPEAK IN SCHOOLS ACROSS NORTH AMERICA ON TWO TRAVELING TOURS
	A YEAR TO FACILITATE THE PROGRAM. DURING THE FOUNDERS ASSEMBLY, THEY
	SHARE THEIR PERSONAL TESTIMONIES IN DETAIL, SCREEN THE KIND CAMPAIGN
	DOCUMENTARY FILM, FINDING KIND, AND LEAD STUDENTS THROUGH LIFE-CHANGING
	INTERACTIVE ACTIVITIES AND DISCUSSIONS. THE ASSEMBLY PROVIDES STUDENTS
	WITH TOOLS TO HELP COMBAT BULLYING WHILE EMPOWERING STUDENTS TO FOSTER
	KINDNESS AND RESPECT TOWARD THEMSELVES , THEIR PEERS AND WITHIN THEIR
	COMMUNITY. ACTIVITIES SUCH AS THE KIND APOLOGY CARD TRANSFORMS
	RELATIONSHIPS AS IT GIVES STUDENTS THE OPPORTUNITY TO WRITE AND GIVE A
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	KIND CAMPAIGN SCHOOL ASSEMBLIES: KIND CAMPAIGN ASSEMBLIES ARE
	FACILITATED BY FACULTY, SCHOOL COUNSELORS AND KIND CAMPAIGN VOLUNTEERS THROUGHOUT THE SCHOOL YEAR IN COMMUNITIES ACROSS THE GLOBE. KIND
	CAMPAIGN PROVIDES EACH SCHOOL WITH AN ASSEMBLY DASHBOARD LINK THAT
	FEATURES A VIRTUAL MENU THAT WALKS THE FACILITATOR THROUGH THE ASSEMBLY
	PROCESS STEP BY STEP. THE ASSEMBLY DASHBOARD CONTAINS A USER-FRIENDLY
	AND COMPREHENSIVE ASSEMBLY GUIDE WITH A DETAILED SCRIPT OF THE
	FACILITATOR, THE DOCUMENTARY, FINDING KIND, AND KIND CAMPAIGN'S
	INTERACTIVE ACTIVITIES, THE KIND PLEDGE, KIND APOLOGY, AND KIND CARD.
	KIND CAMPAIGN OFFERS AN ELEMENTARY SCHOOL VERSION OF THE PROGRAM
	SUITABLE FOR STUDENTS AS YOUNG AS 3RD GRADE. THEY ALSO OFFER A
	MIDDLE/HIGH SCHOOL VERSION OF THE ASSEMBLY. KIND CAMPAIGN ASSEMBLIES
	(Code:) (Expenses \$
	KIND CLUB CURRICULUM: THE KIND CLUB CURRICULUM OFFERS A SAFE AND
	SUPPORTIVE SPACE FOR STUDENTS TO COME TOGETHER FROM ALL WALKS OF LIFE,
	TO HAVE DEEP AND MEANINGFUL DISCUSSIONS, AND TO CREATE STRONGER AND
	HEALTHIER RELATIONSHIPS WITH THEMSELVES AND THEIR PEERS. THIS
	YEAR-LONG CURRICULUM ENCOURAGES STUDENTS TO COME TOGETHER TO CREATE KINDER, SAFER, AND MORE INCLUSIVE SCHOOL HALLWAYS AND COMMUNITIES.
	ORIGINAL INTROSPECTIVE EXERCISES AND TEAM-BUILDING ACTIVITIES ALONG
	WITH COMMUNITY SERVICE INITIATIVES THROUGHOUT THE CURRICULUM PROVIDE
	STUDENTS WITH LIFE-CHANGING EXPERIENCES AND TOOLS. THE KIND CLUB IS
	LED BY AN ADULT KIND CLUB MENTOR, OFTEN A SCHOOL FACULTY MEMBER, SCHOOL
	COUNSELOR, OR A LEADER IN THE COMMUNITY. MANY SCHOOLS WHICH HAVE KIND
	CAMPAIGN ASSEMBLIES, THEN ADOPT THE KIND CLUB CURRICULUM TO INSURE THE
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4</u> e	Total program service expenses 240,977.
	Form <b>990</b> (2023)

12521114 165788 KIND

\*\*-\*\*\*5882 Page **3** 

## Form 990 (2023) 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		17
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	<del>                                     </del>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	44-1		v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
<b>L</b>	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			
	, 30 0	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדי		
.5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del></del>
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ' '		
13		18		х
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	,	19		х
202	complete Schedule G, Part III	20a		X
		20a		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV	Checklist of Required Schedules	(continuea	)

			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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>                                     </del>
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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,			<del></del> -
	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>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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		<u> X</u>
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		<u> </u>
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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>	_ 22	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	140
	Elici di chambel chi oma viza molacca chi mo ta. Enter ci mot approable			
J	(gambling) winnings to prize winners?	1c	Х	
22200	1 12 21 22			(2023)

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Form 990 (2023) KIND CAMPAIGN

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) \*\*-\*\*\*5882

					Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	3								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х						
За	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	Ο.		3b							
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X					
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		X					
	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										
	any contributions that were not tax deductible as charitable contributions?			6a		X					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions and the distribution of the state of the										
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			6b							
7		avione i	provided to the payor?	70		Х					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 7b							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		uirod	10							
·	to file Form 8282?			7c		x					
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g							
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained										
	sponsoring organization have excess business holdings at any time during the year?										
9	9 Sponsoring organizations maintaining donor advised funds.										
а	a Did the sponsoring organization make any taxable distributions under section 4966?										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:		1								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4							
11	Section 501(c)(12) organizations. Enter:		İ								
	Gross income from members or shareholders	11a		-							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b	•	-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a							
	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.  Is the organization licensed to issue qualified health plans in more than one state?			120							
а	Note: See the instructions for additional information the organization must report on Schedule O.			13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the										
b	organization is licensed to issue qualified health plans	13b									
c	Enter the amount of reserves on hand	13c	1								
				14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
	excess parachute payment(s) during the year?			15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incoi	ne?	16		Х					
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17							
	If "Yes," complete Form 6069.										

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X									
Sec	tion A. Governing Body and Management												
			Yes	No									
1a	Enter the number of voting members of the governing body at the end of the tax year												
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 0												
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?												
3													
	of officers, directors, trustees, or key employees to a management company or other person?												
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?												
5													
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		Х									
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	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)												
	(This decitor b requests information about policies not required by the internal hereinde dede.)		Yes	No									
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х									
	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										
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х										
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe												
	on Schedule O how this was done	12c		x									
13	Did the organization have a written whistleblower policy?	13	Х										
14	Did the organization have a written document retention and destruction policy?	14	Х										
15	Did the process for determining compensation of the following persons include a review and approval by independent												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official	15a		х									
b	Other officers or key employees of the organization	15b		х									
_	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												
	taxable entity during the year?	16a		х									
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation												
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's												
	exempt status with respect to such arrangements?	16b											
Sec	tion C. Disclosure	100											
17	List the states with which a copy of this Form 990 is required to be filed CA												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole									
.0	for public inspection. Indicate how you made these available. Check all that apply.	J. 11 y /	uiidk										
	X Own website Another's website X Upon request Other (explain on Schedule O)												
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	rial										
19	statements available to the public during the tax year.	miail	Jai										
20	State the name, address, and telephone number of the person who possesses the organization's books and records												
20	C/O GRF - 310-229-5035												
	1880 CENTURY PARK E 1600, LOS ANGELES, CA 90067												

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do	not c	Pos heck	more	than o	one	(D) Reportable	<b>(E)</b> Reportable compensation	(F) Estimated
	hours per week (list any hours for related organizations below line)	tee or director	, unle cer ar	ss pe nd a d	Key employee	Highest compensated employee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	amount of other compensation from the organization and related organizations
(1) LAUREN PAUL	40.00							00.000		
PRESIDENT	10.00	Х		Х	_			93,333.	0.	0
(2) MOLLY THOMPSON VICE-PRESIDENT	40.00	х		x				93,333.	0.	0
								23,333		
		-								
		-								
		1								
		_								

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A) (B) (C) (D) (E)  Name and title Average hours per week week week officer and a director/trustee) week from related												am	(F) timate	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	S	comp fro orga and	other pensate om the anizati d relate inizatio	e on ed
1b Subtotal  c Total from continuation d Total (add lines 1b and		II, Section A							186,666. 0. 186,666.		0. 0.			0. 0. 0.
2 Total number of individu compensation from the o	als (including but r							re		000 of reportable			Yes	0 No
3 Did the organization list line 1a? If "Yes," comple	te Schedule J for s	such individual										3		X
<ul><li>4 For any individual listed and related organization:</li><li>5 Did any person listed on</li></ul>	s greater than \$15 line 1a receive or	0,000? <i>If</i> "Yes, accrue comper	" <i>coi</i> isatio	<i>mple</i> on fr	ete S om a	chec any i	<i>dule</i> unrel	J fo	or such individualed organization or individ	lual for services		4		X
rendered to the organization Section B. Independent Con		nplete Schedule	e J fo	or su	ich p	ersc	on					5	l	X
Complete this table for y     the organization. Report	ŭ	•	•							•	ensa	tion fro	m	
	(A) lame and business	address	NC	NE	<u> </u>			+	(B) Description of s	ervices	C	(C Comper		1
								1						
2 Total number of indepen \$100,000 of compensati	,	ŭ	ot lim	nited	l to t	hose 0		ed	above) who received mo	ore than		Form	990 <i>(c</i>	2000)

Form 990 (2023) KIND CAMPAIGN
Part VIII Statement of Revenue

			Check if Schedule O contains	a response	or note to any lin	e in this Part VIII			
				•	•	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
υs	1	a	Federated campaigns	1a					
ant	·		Membership dues						
چ <u>و</u>			Fundraising events						
fts,			Related organizations						
is is			Government grants (contributions						
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts, grants, a						
		٠	similar amounts not included above		218,899.				
		_			210,000				
no Dd		_	Noncash contributions included in lines 1a-1f			218,899.			
OB		11	Total. Add lines 1a-1f		Business Code	210,000.			
	_	_			Busiliess Code				
ice	2	a							
er ue		b	_						
n S		С							
ıraı Re		d							
Program Service Revenue		е	<del></del>						
ъ.			All other program service revenue						
_	_		Total. Add lines 2a-2f						
	3		Investment income (including dividence)						
	4		Income from investment of tax-exe	-					
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i)	Securities	(ii) Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
ne			and sales expenses <b>7b</b>						
Ven		С	Gain or (loss) 7c						
Re			Net gain or (loss)	<u></u>					
ther Revenue	8	а	Gross income from fundraising events	· I					
Ò			including \$						
			contributions reported on line 1c).						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundrais	_	 I				
	9	а	Gross income from gaming activit						
			Part IV, line 19						
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming	activities					
	10	а	Gross sales of inventory, less retu						
			and allowances						
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of	inventory					
S					Business Code				
e jo	11	а							
ane		b							
Miscellaneous Revenue		С							
Ais.		d	All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			218,899.	0.	0.	0.

Form **990** (2023) 332009 12-21-23

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 186,666. 156,800. 11,200. 18,666. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 16,950. 16,950. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 15,913. 13,579. 875. 1,459. 10 Payroll taxes Fees for services (nonemployees): Management 446. 446. Legal 13,200. 13,200. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 950. 950. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 19,746. 14,216. 3,429. 2,101 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 27,040. 26,106. 701. 233. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 3,724. 3,724. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 8,133. 7,319. 407. 407. MEALS AUTO EXPENSE 1,056. 887. 63. 106. С d All other expenses 293,824. 240,977. 29,875. 22,972. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2023)

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KIND CAMPAIGN

Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
		errosia ir contagne e contagne a response er net	o to arry	,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			159,681.	1	86,495.
	2	Savings and temporary cash investments		2	00, 2001		
	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, subsi					
Assets		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
	"	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
	_					8	
Ass	8	Inventories for sale or use				9	
-			 I I			9	
	lua	Land, buildings, and equipment: cost or other	100	21 796			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	21,750.	0.	10c	0.
					<u></u>		<u></u>
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets Other assets. See Part IV, line 11			1,739.	14 15	0.
	15				161,420.	16	86,495.
	16 17	Total assets. Add lines 1 through 15 (must equ			101,420.	17	00,455.
		Accounts payable and accrued expenses Grants payable				18	
	18 19					19	
	20	Deferred revenue				20	
	21	Tax-exempt bond liabilities		. ( O - I I - I - D			
		Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subsi				22	
Lia	00	controlled entity or family member of any of the		: Г			
	23 24	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23 24	
	25	Unsecured notes and loans payable to unrelated				24	
	23	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
		•	,	·		25	
	26	of Schedule D  Total liabilities. Add lines 17 through 25			0.	26	0.
	20	Organizations that follow FASB ASC 958, che	ok boro		<u> </u>	20	
S		and complete lines 27, 28, 32, and 33.	CK HEIC	· 🗀			
ĕ	27					27	
Sala	28	Net assets with donor restrictions				28	
Ā	20	Organizations that do not follow FASB ASC 9				20	
필		and complete lines 29 through 33.	Jo, Cile	CK Here			
þ	29	Capital stock or trust principal, or current funds			0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or ed			0.	30	0.
1SS.	31	Retained earnings, endowment, accumulated in			161,420.	31	86,495.
Net Assets or Fund Balances	32	Total net assets or fund balances			161,420.	32	86,495.
Ž	33	Total liabilities and net assets/fund balances			161,420.	33	86,495.
		. Stall aprillios arra riot abboto/farra parafibbo			= ,		20,-200

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>99.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			24.
3	Revenue less expenses. Subtract line 2 from line 1	3			25.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	161	L,4	20.
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	86	5,4	<u>95.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			$ \bot $	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	Ο.			
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	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	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	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 School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** \*\*-\*\*\*5882 KIND CAMPAIGN Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

	IND CAMPA				**_***	5882 Page 2
Part II Support Schedule for C	_		=		170(b)(1)(A)(vi	
(Complete only if you checked fails to qualify under the tests		•	•	n failed to qualify u	ınder Part III. If the	organization
Section A. Public Support	isted below, pleas	se complete Part i	11.)			
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(4) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(a) 2019	( <b>b)</b> 2020	(C) 2021	(d) 2022	(e) 2023	(I) Total
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 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support			T	I	1 1	
alendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
9 Net income from unrelated business activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
2 Gross receipts from related activities,	etc. (see instructio	ns)			12	
3 First 5 years. If the Form 990 is for the	•	,				
organization, check this box and stop						
Section C. Computation of Public						
14 Public support percentage for 2023 (lir	ne 6, column (f), di	vided by line 11,	column (f))		14	(
15 Public support percentage from 2022					15	
<b>16a 33 1/3% support test - 2023.</b> If the o	rganization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and
stop here. The organization qualifies a	as a publicly suppo	orted organization				

13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 50	01(c)(3)				
	organization, check this box and stop here					
Sed	ction C. Computation of Public Support Percentage					
14	Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%			
15	Public support percentage from 2022 Schedule A, Part II, line 14	15	%			
16a	<b>33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or m <b>stop here.</b> The organization qualifies as a publicly supported organization	ore, check this bo	ox and			
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization					
17a	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization					
b	10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 1 more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	n Part VI how the	10% or			
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box are	nd see instruction	s			
		Schedule A	(Form 990) 2023			

332022 12-21-23

## Schedule A (Form 990) 2023 KIND CAMPAIGN Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	178,824.	49,409.	377,748.	150,164.	218,899.	975,044.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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	178,824.	49,409.	377,748.	150,164.	218,899.	975,044.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	92,701.		56,652.		1,400.	150,753.
t	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.		37,444.		158,957.	201,401.
C	Add lines 7a and 7b	97,701.		94,096.		160,357.	352,154.
8	Public support. (Subtract line 7c from line 6.)						622,890.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	178,824.	49,409.	377,748.	150,164.	218,899.	975,044.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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.)	178,824.	49,409.	377,748.	150,164.	218,899.	975,044.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), di	vided by line 13, c	olumn (f))		15	63.88 %
	Public support percentage from 2022					16	72.31 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	<b>2022</b> Schedule A, F	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2023. If the	organization did ne	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17	7 is not
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	-	-	•	•		X
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Schedule A (Form 990) 2023 KIND CAMPAIGN \*\*-\*\*5882 Page 4

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

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Pai	TIV Supporting Organizations (continued)			
		$\rightarrow$	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?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$	<del>,</del>	
_			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 <b>Part VI</b> 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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	and organization maintained a close and commission many relationship man and capported organization (o).	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			
<u>Sac</u>	supported organizations played in this regard. Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	otion	-1	
2	Activities Test. Answer lines 2a and 2b below.	Juons	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
-	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			
		2a		
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			
		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	Ba		
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.	Bb		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 ( explain 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-function	ally integrate	d Type III supporting orga	unization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ed)	
Secti	ion 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	es of supported organizations	3	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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	<u> </u>	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
<u>b</u>	From 2019				
<u> </u>	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u> </u>	Carryover from 2018 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c. Breakdown of line 7:				
<u>8</u>	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

#### Schedule B

(Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

\*\*-\*\*\*5882

Department of the Treasury Internal Revenue Service

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

**Employer identification number** Name of the organization

KIND CAMPAIGN Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 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 \$ 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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DISCOVERY COMMUNICATIONS  230 PARK AVE SOUTH  NEW YORK CITY, NY 10001	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MAURICES, INC  425 WEST SUPERIOR ST  DULUTH, MN 55802	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE LOCAL LOVE  14200 E. ALAMEDA AVE  AURORA, CO 80012	\$13,128.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No4_	Name, address, and ZIP + 4  FOUR THROU CORP  C/O 1880 CENTURY PARK EAST #1600  LOS ANGELES, CA 90067	\$\$ 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
5	THE GEORGIAN HOTEL  1415 OCEAN AVENUE  SANTA MONICA, CA 90401	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

KIND CAMPAIGN

\*\*-\*\*\*5882

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		     \$				
(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			
		<u> </u>				
(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			
		     \$				
23453 12-26-	23		Schedule B (Form 990) (2023)			

Name of organization **Employer identification number** \*\*-\*\*\*5882 KIND CAMPAIGN Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization

	KIND CAMPAIGN		**-***5882
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
Ŭ	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of	· · ·	-
	impermissible private benefit?		
Par		ranization answered "Ves" on Form 990	
1			artiv, into 7.
'	Purpose(s) of conservation easements held by the organization of land for public use (for example, recreation of land for public use).	`	a historically important land area
	Protection of natural habitat	· —	a historically important land area
		Preservation of	a certified historic structure
•	Preservation of open space	ind concernation contribution in the form	of a concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	led conservation contribution in the form	Held at the End of the Tax Year
	<del>-</del>		
a			
b	-		
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acqui	• • •	
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
_	<del></del>		
8	Does each conservation easement reported on line 2d above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	· · · · · · · · · · · · · · · · · · ·	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	ents that describes the
Par	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Tracquires or Ot	har Similar Assats
Pai			ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	•
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			The state of the s
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023

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	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other :	Similaı	Assets	(contin		agc –
3	Using the organization's acquisition, accession	on, and other records	s, check a	any of the f	following that n	nake sigr	nificant ι	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d	L	oan or exc	hange progran	n					
b	Scholarly research	е	c	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	y further th	ne organization	's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hist	orical treas	sures, or other	similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang	gements Comple	te if the o	rganization	answered "Ye	es" on Fo	rm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for c	ontribution	s or other asse	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun <sup>-</sup>	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds Complete if	the organization ans	wered "Y	'es" on For	m 990, Part IV	, line 10.					
		(a) Current year	<b>(b)</b> Pri	ior year	(c) Two years	back (c	<b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a.	column (a)	)) held as:	•			•		
а	Board designated or quasi-endowment	,	%	,							
b	Permanent endowment	%	_								
С		<u></u> , ·									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administere	d for the					
	organization by:	Ü								Yes	No
									3a(i)		
	, , , , , , , , , , , , , , , , , , ,								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990, I	Part X, lir	ne 10.				
	Description of property	(a) Cost or o			or other (other)	` '	cumulate eciation	ed	(d) Boo	k valu	e
10	Land	<u> </u>		230,0	/						
	Land Buildings										
C	Buildings Leasehold improvements										
d											
	Equipment Other		796.				21,79	96.			0.
	. Add lines 1a through 1e. (Column (d) must e		•		/D\\						0.
ıoıdı	<u>. Add iiries Ta trirougit Te. (Column (a) must e</u>	<u>quai FOIIII 990, Part .</u>	^, <i>III</i> 10	c, column	(D))						

Schedule D (Form 990) 2023

	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		+	
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(2) 20011 141410	(c) meaned of renderent over or one	. o. youaor ruido
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Other Assets  Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) L	escription		(b) Book value
· · ·	escription		(b) Book value
(1)	escription		(b) Book value
· · · · · · · · · · · · · · · · · · ·	escription		(b) Book value
(1) (2) (3)	escription		(b) Book value
(1) (2) (3) (4)	lescription		(b) Book value
(1) (2) (3) (4) (5)	escription		(b) Book value
(1) (2) (3) (4) (5) (6)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	escription		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col.			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" o	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities  Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3) (4)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	(B))		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. eart X Other Liabilities Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	(B))		

332053 09-28-23

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

KIND\_\_\_1

Schedule D (Form 990) 2023

Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	s	1	
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		3	
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			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	ne 12.)	5	
Ра	rt XII Reconciliation of Expenses per Audited Financia		s per Return	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses	l l		
d	Other (Describe in Part XIII.)	•		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>		40	
с 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I.)			
Pa	rt XIII Supplemental Information	me 18.)		
	ide 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
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi		v, 1, 1 are x, 2, 1 are	. , ,
		,		

#### **SCHEDULE 0** (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.

Open to Public

**Employer identification number** 

\*\*-\*\*\*5882

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

KIND CAMPAIGN

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VIRAL COMMUNITY THAT OFFERS EDUCATION, SUPPORT, AND HEALING TO TEENS, AND ADULTS BY PROVIDING ONLINE AND IN-SCHOOL RESOURCES.

DESCRIPTION OF ORGANIZATION MISSION: PART III, LINE 1, VIRAL COMMUNITY AND THEIR GREATER GLOBAL MOVEMENT. KIND CAMPAIGN PROVIDES SCHOOLS WITH LIFE-CHANGING PROGRAMS AND TOOLS THAT OFFER EDUCATION, RESOURCES, SUPPORT, AND HEALING TO CHILDREN AND TEENS. THEY ARE THE LEADING ANTI-BULLYING MOVEMENT FOR GIRLS AND HAVE IMPACTED MILLIONS OF INDIVIDUALS ACROSS THE GLOBE. ALL KIND CAMPAIGN SCHOOL PROGRAMMING IS FREE OF CHARGE. KIND CAMPAIGN ENVISIONS AN EDUCATIONAL SYSTEM THAT PRIORITIZES STUDENTS MENTAL, SOCIAL, AND EMOTIONAL HEALTH AND WELL-BEING WHILE USING KIND CAMPAIGN'S SCHOOL PROGRAMS TO CREATE AND MORE INCLUSIVE SCHOOL HALLWAYS. SAFER, KINDER

LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PART III, HANDWRITTEN APOLOGY TO SOMEONE AT SCHOOL. THE CO-FOUNDERS HAVE SPOKEN THERE IN 726 SCHOOLS FROM THE FOUNDING OF KIND CAMPAIGN THROUGH 2023. WERE 50 KIND CAMPAIGN FOUNDERS ASSEMBLIES IN 2023 IMPACTING 6,140 KIND CAMPAIGN IS PROUD TO OFFER ALL FOUNDER ASSEMBLIES FREE OF CHARGE TO SCHOOLS.

"I WAS AT THE KIND CAMPAIGN ASSEMBLY AT DRAPER STUDENT TESTIMONY: YOU GUYS REALLY CHANGED MY POINT OF VIEW ON EVERYTHING. EVERY PARK. GIRL FRIEND I'VE HAD, I HAVE LOST. THIS MORNING WHEN I WOKE UP I WAS THINKING ABOUT COMMITTING SUICIDE. Ι TO SCHOOL TODAY ON THE

CAME

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

Schedule O (Form 990) 2023

1

Schedule O (Form 990) 2023 Page 2 **Employer identification number** Name of the organization \*\*-\*\*5882 KIND CAMPAIGN VERGE OF TEARS. I CAME UP AND SHARED MY KIND CARD. ONCE I GOT HOME, I REALIZED THAT EVEN THOUGH SOME STUDENTS CAN BE MEAN AND DON'S UNDERSTAND WHAT THEIR WORDS CAN DO, IT SHOULDN'T BE WORTH DYING OVER. YOUR ASSEMBLY TODAY? YEAH, IT SAVED MY LIFE." FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: AIM TO SIGNIFICANTLY REDUCE INSTANCES OF BULLYING, FOSTER A CULTURE OF KINDNESS AND SUPPORT AMONG STUDENTS, AND PROMOTE LONG-TERM HEALING FOR THOSE IMPACTED. THEY STRIVE TO CREATE OPPORTUNITY FOR STUDENTS TO WORK THROUGH AND MEND SOCIAL TRAUMA AND TO REACH OUT FOR HELP IF THEY NEED SUPPORT. SINCE ITS FOUNDING, KIND CAMPAIGN ASSEMBLIES HAVE BEEN HELD IN 2,247 SCHOOLS ACROSS THE WORLD THROUGH 2023. IN 2023, 27 KIND ASSEMBLIES WERE FACILITATED BY FACULTY AND VOLUNTEERS IN SCHOOLS. SINCE ITS FOUNDING KIND CAMPAIGN ASSEMBLIES HAVE IMPACTED 524,144 STUDENTS AROUND THE WORLD. KIND CAMPAIGN IS PROUD TO OFFER ALL KIND

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

CONVERSATION SPANS ACROSS THE REST OF THE SCHOOL YEAR. KIND CAMPAIGN

IS PROUD TO OFFER THEIR KIND CLUB CURRICULUM FREE OF CHARGE TO SCHOOLS.

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

CAMPAIGN ASSEMBLIES FREE OF CHARGE TO SCHOOLS.

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:

KIND\_\_\_1

TAXABLE YEAR **2023** 

California Exempt Organization Annual Information Return 328941 12-26-23 FORM

199

Enter date: (mm/ody/yyy)  Enter date: (mm/ody/yyy)  Enter date: (mm/ody/yyy)  Enter date: (mm/ody/yyy)  Enter the gross receipts from nonmembers sources \$  If "Yes," enter the gross receipts from nonmembers sources \$  If "Yes," enter the gross receipts from nonmembers sources \$  If "Yes," enter the gross receipts from nonmembers sources \$  If "Yes," enter the gross receipts from nonmembers sources \$  If "Yes," enter the gross receipts from nonmembers sources \$  If "Yes," enter the gross receipts from nonmembers sources \$  If "Yes," enter the gross receipts from nonmembers of which is the organization file Form 100 or Form 109 to report taxable income?  If "Yes," what is the parent's name?  Part I Complete Part I unless not required to file this form. See General Information B and C.  If Gross sales or receipts from other sources. From Side 2, Part II, line 8  If Gross sales or receipts for filing requirement test. Add line 1 through line 3.  If Gross sales or receipts for filing requirement test. Add line 1 through line 3.  If If I in must be completed. If the result is less than \$50,000, see General Information B  If I in must be completed. If the result is less than \$50,000, see General Information B  If I in must be completed. If the result is less than \$50,000, see General Information B  If I in the specific source species and line 6  If Total gross receipts for filing requirement test. Add line 1 through line 3.  If I is made to expenses and disbursements. From Side 2, Part II, line 18  If I is made to expenses and disbursements. Subtract line 1 from line 18  If I is made to expense and disbursements. Subtract line 1 from line 19  If I total payments  If I lotal payments  If I lotal payments balance. If line 11 is more than line 11, subtract line 11 from line 12  If I lotal payments  If I lotal payments balance. If line 12 is more than line 12, subtract line 11 from line 12  If I lotal payments  If I lotal payments balance. If line 12 is more than line 11, subtract line 11 from line 12  If I lotal payments	Calendar Year	2023 or fiscal year beginning (mm/dd/yyyy)	, and ending (	mm/dd/yyy	/y)	
State   Stat				Cali	fornia corporation	number
State   Stat						
Sheet authens liable or record	KIND C	AMPAIGN				5
Direct devices studies or receipts from other sources. From Side 2, Part II, line 8   1   1   1   1   1   1   1   1   1	Additional inforn	ation. See instructions.				
Comparison   Com						5882
Several   CA   Pooler   CA					PMB no.	
A First return		F 1880 CENTURY PARK E 1600		0	710	
Foreign rountly name	-	SET EG				
A First return			in /a a vinh i	CA		
B Amended return    Yes   No   No   OIRC Section 4947(a)(1) trust	Foreign country	name Foreign province/sta	e/county		Foreign postal d	code
B Amended return    Yes   No   No   OIRC Section 4947(a)(1) trust	A Eirot rotu	Voc. X No.	I Did the organization have	o any ohany	goe to ite guide	dinge
Section 4947(a)(1) thust						
Definition flormation return?  Described Surrendoed (Windraham) Mergoe/Reorganized Enter date: mind daylyy) Surrendoed (Windraham) Mergoe/Reorganized Enter date: mind daylyy) Page 12 No Dissolved Surrendoed (Windraham) Mergoe/Reorganized Enter date: mind daylyy) Page 12 No Dissolved Surrendoed (Windraham) Mergoe/Reorganized Enter date: mind daylyy) Page 12 No Dissolved Surrendoed (Windraham) Mergoe/Reorganized Dissolved Surrendoed		on 4947(a)(1) trust Yes X No				
Check accounting method: (1)   Check   Check accounting method: (1)   Check   Check accounting method: (1)   Check						
Find casts: (immidely/yyy)   Find casts and						······ = =
Federal return filed? (1) • secrit (2) • secrit (3) • sech H (990) (4) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
F Federal return filed? (1)	E Check ac	Counting method: (1) X Cash (2) Accrual (3) Other	L Is the organization a limit	ted liability	company?	• Yes X No
Is this a group filing? See instructions   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   Yes	<b>F</b> Federal r	turn filed? (1) • 990T (2) • 990PF (3) • Sch H (990)				
Is this a group filing? See instructions   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   If Yes, what is the parent's name?   Yes   X No   Yes			report taxable income?			• Yes <b>X</b> No
Part I Complete Part I unless not required to file this form. See General Information B and C.    1   Gross sales or receipts from other sources. From Side 2, Part II, line 8   1   00   2   000	<b>G</b> Is this a		<b>N</b> Is the organization unde	r audit by th	ne IRS or has t	he
Part	<b>H</b> Is this or	ganization in a group exemption $\qquad \qquad igsqcup Yes \ igsqcup X igsqcup Nc$				
Part I Complete Part I unless not required to file this form. See General Information B and C.    1 Gross alse or receipts from other sources. From Side 2, Part II, line 8	If "Yes," v	hat is the parent's name?				Yes X No
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			Date filed with IRS			
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	Dart I	omplete Dort Luplace not required to file this form. See Coneral In	formation B and C			
Receipts and Revenues	raiti (	•			<u> </u>	
Receipts and Revenues    A   Total gross receipts for filing requirement test. Add line 1 through line 3.						
Receipts and Revenues  A Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B  Cost of goods sold  Cost or other basis, and sales expenses of assets sold  Total costs. Add line 5 and line 6  Total costs. Add line 5 and line 6  Total gross income. Subtract line 7 from line 4  Expenses  Potal expenses and disbursements. From Side 2, Part II, line 18  Expenses  Total payments  Total payments  Luse tax. See General Information K  Total payments balance. If line 11 is more than line 12, subtract line 12 from line 11  Balance due. Add line 12 is more than line 12, subtract line 11 from line 12  Under penalties and interest. See General Information J  Balance due. Add line 12 and line 15. Then subtract line 11 from the result  Under penalties of per jury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is fue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Preparer's signature  Preparer's signature  Preparer's luse Only  A Total costs, Add line 5 and line 2. Add line 15. Then subtract line 11 from the result  Date  VICE-PRESIDENT  On the penalties of per jury, declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is fue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is feel-employed and address  Check if self-employed Firm's FEID MAN  Firm's name (or yours, it self.  Preparer's signature  On Date  On O			d	STMT	1 • 3	
This line must be completed. If the result is less than \$50,000, see General Information B						1 220,000
Society   Cost of goods sold   Society   Soc	•				• 4	218,899 00
Revenues   6   Cost or other basis, and sales expenses of assets sold   •   6   00     7   Total costs. Add line 5 and line 6   7   00     8   Total gross income. Subtract line 7 from line 4   • 8   218 ,899   00     Expenses   9   Total expenses and disbursements. From Side 2, Part II, line 18   • 9   293 ,824   00     10   Excess of receipts over expenses and disbursements. Subtract line 9 from line 8   10   -74 ,925   00     11   Total payments   11   10   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 line 11   • 13   00     14   Use tax balance. If line 12 is more than line 12, subtract line 11 from line 12   • 14   00     15   Penalties and interest. See General Information J   15   00     16   Balance due. Add line 12 and line 15. Then subtract line 11 from the result   15   00     16   Balance due. Add line 12 and line 15. Then subtract line 11 from the result   15   00     16   Group practices of payin, 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 taxpayer) is based on all information of which preparer has any knowledge.    Preparer's						
Total costs. Add line 5 and line 6   7   00	Revenues				00	
Expenses  9 Total expenses and disbursements. From Side 2, Part II, line 18  0 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  11 Total payments  12 Use tax. See General Information K  13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11  14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  15 Penalties and interest. See General Information J  16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result  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 taxpayer) is based on all information of which preparer has any knowledge.  Preparer's Signature  Firm's name (or yours, if self-employed) And address  Firm's name (or yours, if self-employed) And address  GELFAND RENNERT & FELDMAN  1880 CENTURY PARK EAST #1600  100  100  100  100  100  100  100		- T.I ALIE 5 III 0			7	
Expenses  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  11 Total payments  12 Use tax. See General Information K  13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11  14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  15 Penalties and interest. See General Information J  16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result  Under penalties of perjury, 1 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 taxpayer) is based on all information of which preparer has any knowledge.  Paid Preparer's Signature of officier officier of offic		8 Total gross income. Subtract line 7 from line 4			• 8	
Payments  Payments  It Use tax. See General Information K  It Use tax balance. If line 11 is more than line 12, subtract line 12 from line 11  It Use tax balance. If line 12 is more than line 12, subtract line 11 from line 12  It Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  It Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  It Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  It Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  It Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  It Use tax balance. If line 12 is more than line 12, subtract line 11 from line 12  It Use tax balance. If line 12 is more than line 12, subtract line 11 from line 12  It Use tax balance. If line 12 is more than line 12, subtract line 11 from line 12  It Use tax balance. If line 12 is more than line 12, subtract line 11 from line 12  It Use tax balance. If line 12 is more than line 12, subtract line 12 from line 11  It Use tax balance. If line 12 is more than line 12, subtract line 12 from line 11  It Use tax balance. If line 12 is more than line 12, subtract line 12 from line 11  It Use tax balance. If line 12 is more than line 12, subtract line 12 from line 11  It Use tax balance. If line 12 is more than line 12, subtract line 12 from line 11  It Use tax balance. If line 12 is more than line 12, subtract line 12 from line 11  It Use tax balance. If line 12 is more than line 12, subtract line 12 from line 11  It Use tax balance due. Add line 12 is more than line 12, subtract line 12 from line 11  It Use tax balance due to the line 12 is more than line 12, subtract line 12 from line 12  It Use tax balance due to the line 12 is more than line 12, subtract line 12 from line 12  It Use tax balance due to the line 12 is more than line 12, subtract line 11 from line 12  It Use tax balance due to the line 12 is does due to the line 12 is does due to the line 12 is does due to the li	Evnancae	9 Total expenses and disbursements. From Side 2, Part II, line 1	8		• <u>9</u>	293,824 00
Payments   12   Use tax. See General Information K   12   00		10 Excess of receipts over expenses and disbursements. Subtract	line 9 from line 8		····· • 10	-74,925 <sub>00</sub>
Payments  13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11  14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  15 Penalties and interest. See General Information J  16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result  16 Oo  17 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 taxpayer) is based on all information of which preparer has any knowledge.  Preparer's signature  Preparer's signature  Preparer's signature  Oate  Occurred, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Plate  Oate  Occurred, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Oate  Occurred, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Obate  Occurred, if yell the possible of the period of the best of my knowledge and belief, on the preparer of the possible of the possible of the period of the best of my knowledge and belief, on the preparer of the possible of the period						
Payments  14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12  15 Penalties and interest. See General Information J  16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result  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 taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer  Preparer's signature of officer  Preparer's signature of officer  Preparer's signature of officer  Preparer's life self-employed officer  Preparer's life self-employed officer  Preparer's life self-employed officer  A Signature of officer  Preparer's signature of officer  Preparer's life self-employed officer  Preparer's life self-employed officer  A Signature of officer  Preparer's life self-employed officer  Preparer's life self-employed officer  A Signature of officer  Preparer's life self-employed officer  Preparer's life self-employed officer  A Signature of officer  Preparer's life self-employed officer  Preparer's life self-employed officer  A Signature of officer  Preparer's life self-employed officer  Preparer's life self-employed officer  A Signature officer  Preparer's life self-employed officer  Preparer's life self-employed officer  A Signature officer  Preparer's life self-employed officer  Preparer's life self		12 Use tax. See General Information K			• 12	
15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result  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 taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer  Signature of officer  Preparer's signature of organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Preparer's signature of organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief,  Title VICE-PRESIDENT  Date  Check if self-employed P00088907  Pirm's name (or yours, if self-employed)  Firm's name (or yours, if self-employed)  And address  GELFAND RENNERT & FELDMAN  **-***8260  Telephone  1880 CENTURY PARK EAST #1600  LOS ANGELES, CA 90067-1661  (310) 553-1707						
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result  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 taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer  Signature of officer  Preparer's signature of organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Paid  Preparer's signature of organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Paid  Preparer's signature of officer  Preparer's signature of organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief,  Title VICE-PRESIDENT  Paid  Firm's name of organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief,  It is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief,  It is true, correct, and to the best of my knowledge and belief,  It is true, correct, and to the best of my knowledge and belief,  It is true, correct, and to the best of my knowledge and belief,  It is true, correct, and to the best of my knowledge and belief,  It is true, correct, and to the best of my knowledge and belief,  It is true, correct, and to the best of my knowledge and belief,  It is true, correct, and to the best of my knowledge and belief,  It is true, correct, and to the best of my knowledge and belief,  I the part of the best of my knowledge and belief,  I the part of the best of my knowledge and belief,  I the part of the penalties of the best of my knowledge and belief,  I the part of the penalties of the best of my knowledge.  I the part of the penalties of the penalties of the penalti	Payments	A. Danakina and interest One Operational Information I				
Here Signature of officer   Date   Date   Preparer's signature   Date   Prink    Preparer's signature   Preparer's   Prepa		***************************************				
Here Signature of officer   Date   Date   Preparer's signature   Date   Prink    Preparer's signature   Preparer's   Prepa		Under penalties of perjury, I declare that I have examined this return, including activities to perjury, I declare that I have examined this return, including activities to perform the penalties of perjury.	companying schedules and stateme	nts, and to the	e best of my know	vledge and belief,
Signature of officer officer of officer of officer of officer of officer of officer of o	Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is ba			knowledge.	
Preparer's signature  Preparer's signature  Firm's name (or yours, if self-employed)  Use Only  Paid  Firm's name (or yours, if self-employed)  And address  Use Only  Date  Check if self-employed P00088907  Pirm's FEIN  **-**8260  • Telephone  (310) 553-1707	Here	Signature				• releptione
Paid Preparer's signature  Firm's name (or yours, if self-employed) and address  Preparer's  Use Only  Preparer's signature  Firm's name (or yours, if self-employed) and address  GELFAND RENNERT & FELDMAN **-***8260  Telephone (310) 553-1707		of officer			if	PTIN
Paid Preparer's Use Only  Firm's name (or yours, if self-employed) and address  And address  Firm's name (or yours, if self-employed) And address  LOS ANGELES, CA 90067-1661  Firm's FEIN  **-***8260  Telephone (310) 553-1707		Preparer's signature				1 <b>P</b> 00088907
Preparer's Use Only Use Only Coryours, if self-employed and address Angeles, CA 90067-1661    Coryours, if self-employed and address and a	Paid					Firm's FEIN
Use Only Use Only I Self- employed) and address I Self- LOS ANGELES, CA 90067-1661  O Telephone (310) 553-1707	Preparer's	(or yours, CEI.FAND RENNERT & FEI.DMAN	Ī			**-***8260
LOS ANGELES, CA 90067-1661 (310) 553-1707	Use Only	employed) 1880 CENTURY PARK EAST #1				Telephone
May the FTB discuss this return with the preparer shown above? See instructions		LOS ANGELES, CA 90067-166	51			(310) 553-1707
may are the discuss this rotation with the property of the contractions of the contraction of the contractio		May the FTB discuss this return with the preparer shown above? Se	e instructions	· · · · · · · · · · · · · · · · · · ·	• X Yes	No 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.

329051	12 26 22

		1	Gross sales or receipts from all busi	iness activities. See instru	ctions		•	_1			00
		2	Interest				•	2			00
		3	Dividends				•	3	1		00
Recei	pts	4	Gross rents					4	,		00
from		5	Gross royalties					5	)		00
Other		6	Gross amount received from sale of					6	;		00
Sourc	es	7	Out :	, , , , , , , , , , , , , , , , , , ,			_	7			00
		8	Total gross sales or receipts from o					8			00
		9	Contributions, gifts, grants, and sim		-			9	_		00
		10	Disbursements to or for members					10	_		00
		11	Compensation of officers, directors,	and tructoes		SEE STA	TEMENT 2 •	11		186,666	_
		12	Other salaries and wages	una trastoco				12		16,950	
Exper		13						13			00
-	1969		Interest					14		15,913	
and		14	Taxes								$\overline{}$
Disbu		15	Rents					15			00
ments	8	16	Depreciation and depletion (See inst	tructions)		CDD CD3		16	_	74 205	00
		17	Other expenses and disbursements			SEE SIA	TEMENT 3 •	17		74,295	
Cala	- d		Total expenses and disbursements.					18		293,824	<u>:   00</u>
	edul	e L	Balance Sheet	Beginning of	taxable ye			or ta	xable y		
Asset	_			(a)		(b)	(c)			(d)	
						159,681			•	86,4	<u> 195</u>
			receivable						•		
			ceivable						•		
									•		
			state government obligations						•		
			in other bonds						•		
7 li	nvestn	nents	in stock						•		
	/lortga	-							•		
<b>9</b> 0	)ther ii	nvesti	ments						•		
10 a	Depr	eciab	le assets	21,796			21,7				
b	Less	accu	mulated depreciation	21,796			21,79	6	<u> </u>		
11 L	and								•		
<b>12</b> 0	)ther a	ssets	STMT 4			1,739			•		
						161,420			$ldsymbol{le}}}}}}}}}$	86,4	<u> 195</u>
Liabil	ities a	nd ne	et worth								
<b>14</b> A	ccoun	its pa	yable						•		
<b>15</b> 0	ontrib	ution	s, gifts, or grants payable						•		
<b>16</b> B	onds	and n	otes payable						•		
<b>17</b> N	/lortga	ges p	ayable						•		
<b>18</b> 0	ther li	abiliti	es								
<b>19</b> 0	apital	stock	or principal fund						•		
<b>20</b> P	aid-in c	r capit	tal surplus. Attach reconciliation						•		
<b>21</b> R	Retaine	d ear	nings or income fund			161,420			•	86,4	
22 T	otal li	abilit	ies and net worth			161,420				86,4	195
Sch	edul	e M	I-1 Reconciliation of income per	books with income per re	turn						
			Do not complete this schedule	if the amount on Schedul	e L, line 13	, column (d), is less	s than \$50,000.				
1 N	let inc	ome p	per books	• -74,	925 7	Income recorded	on books this year				
			ne tax				is return. Attach schedul	le	. [•		
			pital losses over capital gains		8		s return not charged				
			ecorded on books this year.			against book inco	•				
			lule	•					•		
			corded on books this year not		9		and line 8				
			this return. Attach schedule	•	10						
			ne 1 through line 5			Subtract line 9 fro				-74,9	25
			<u> </u>	•		3 11			_	,-	

KIND CAMPAIGN \*\*-\*\*\*5882

CA 199		NTRIBUTIONS PART I, LINE 3	s	TATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'	S ADDRESS	DATE OF GIFT	AMOUNT
DISCOVERY COMMUNICATIONS	230 PARK AVE CITY, NY 1000		07/21/23	100,000.
MAURICES, INC	425 WEST SUPI MN 55802	ERIOR ST DULUTH,	09/11/24	23,957.
THE LOCAL LOVE	14200 E. ALAN CO 80012	MEDA AVE AURORA,	06/26/23	13,128.
FOUR THROU CORP	-	TURY PARK EAST GELES, CA 90067	08/16/23	25,000.
THE GEORGIAN HOTEL	1415 OCEAN AV MONICA, CA 90		03/24/23	30,000.
TOTAL INCLUDED ON LINE 3				192,085.
CA 199 COMPENSATION	OF OFFICERS,	DIRECTORS AND TR	USTEES S	TATEMENT 2
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORK	ED/WK	COMPENSATION
LAUREN PAUL		PRESIDENT		93,333.

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
LAUREN PAUL C/O GRF 1880 CENTURY PARK E 1600 LOS ANGELES, CA 90067	PRESIDENT 40.00	93,333.
MOLLY THOMPSON C/O GRF 1880 CENTURY PARK E 1600 LOS ANGELES, CA 90067	VICE-PRESIDENT 40.00	93,333.
TOTAL TO FORM 199, PART II, LINE 11		186,666.

CA 199 OTHER EXPE	Inses	STATEMENT 3
DESCRIPTION		AMOUNT
MEALS AUTO EXPENSE LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEES OFFICE EXPENSES TRAVEL INSURANCE TOTAL TO FORM 199, PART II, LINE 17		8,133. 1,056. 446. 13,200. 950. 19,746. 27,040. 3,724.
CA 199 OTHER ASS	SETS	STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE FROM OFFICERS	1,739.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,739.	0.

022	
Date Accepted	

<u>TAXABLE YEAR</u> **2023** 

# California e-file Return Authorization for Exempt Organizations

FORM **8453-EO** 

		Exempt Organ	izations			3.65 _5
Exempt Org	ganization name					Identifying number
KIND	CAMPAI	GN				**-***5882
Part I	Electronic	Return Information (whole of	dollars only)			
		pts or unrelated business tax				
<b>2</b> Tot	al gross incor	me or total tax (Form 199, line	$\pm$ 8 or Form 109, line 14)			2 218,899
3 Tot	al expenses a	3 293,824				
	due (Form 1	, , , , , , , , , , , , , , , , , , , ,				
	erpayment (Fo	orm 109, line 24)	T			5
Part II	1	Account Electronically for				
6 <u> </u>	-	sit of refund (Form 109 only.)		<b>7</b> L \	(ith alvance) alata (casa /ala	6
Part III		unds withdrawal 7a Am  Estimated Tax Payments for Tax			Vithdrawal date (mm/dd ments for the current amo	unt the exempt organization owes.)
		First Payment	Second Payme		Third Payment	Fourth Payment
<b>8</b> Amo	ount	Thist aymone	Occord r ayrik	5110	Trind Laymont	roditiri ayment
	ndrawal Date					
Part IV		formation (Have you verified	the exempt organization's	banking informa	tion?)	-
<b>10</b> Rou	ting number					
<b>11</b> Acc	ount number			<b>12</b> Type of a	account: Checki	ng Savings
Part V	Declaration	of Officer				
l authoriz	e the exempt or	ganization's account to be settle	d as designated in Part II. If I on my return, If I check Part I	check Part II, box 6,	, I declare that the bank ac	count specified in Part IV for the rawal for the amount listed on line 7a
		ent amounts listed on Part III, lin			an orden orne range mina	
transmitte California a balance organizat statemen	er, or intermedi electronic retu due return, I u ion will remain ts be transmitte	ate service provider and the amo rn. To the best of my knowledge nderstand that if the Franchise Ta	unts in Part I above agree with and belief, the exempt organiz ix Board (FTB) does not receiv pplicable interest and penaltie itter, or intermediate service p	n the amounts on the attion's return is tru ye full and timely pa s. I authorize the ex rovider. If the proc	ne corresponding lines of t ue, correct, and complete. l nyment of the exempt orga kempt organization return a essing of the exempt orga	f the exempt organization is filing nization's tax liability, the exempt and accompanying schedules and anization's return or refund is
Sign				VICE DI	RESIDENT	
Here	Signature	of officer	Date	Title	KESIDENI	
Part VI		of Electronic Return Origin	nator (FRO) and Paid Pre	narer		
am only a accurately provided 1345, 202 the exem I declare	an intermediate y reflects the da the organization 23 Handbook fo pt organization that I have exar	service provider, I understand th ta on the return.) I have obtained n officer with a copy of all forms or Authorized e-file Providers. I w return is filed, whichever is later,	at I am not responsible for rev I the organization officer's sign and information that I will file vill keep form FTB 8453-EO on and I will make a copy availat tion's return and accompanyir	viewing the exempt nature on form FTB with the FTB, and I if lie for four years to the FTB upon schedules and st	organization's return. I de 8453-EO before transmitt have followed all other red from the due date of the re request. If I am also the p	quirements described in FTB Pub.
	ERO's			Date	Check if Check	
<b>ERO</b>	signature	GELFAND RENNER	T & FELDMAN		also paid if se emp	loyed P00525429
Must	Firm's name (or y		ENNERT & FELDI	MAN		Firm's FEIN ****8260
Sign	if self-employed) and address	1880 CENT	URY PARK EAST	#1600		
		LOS ANGEL	ES, CA			ZIP code 90067
		y, I declare that I have examined correct, and complete. I make th				nts, and to the best of my knowledge
Paid	Paid			Date	Check	Paid preparer's PTIN
Prepar	rer preparer's signature				if self- employed	P00088907
Must	Firm's nar	ne (or yours GELFAND				Firm's FEIN **-**8260
Sign	and addre	ss <b>V</b> 1880 CE	NTURY PARK EA	ST #1600		00065 4664
		LOS ANG	ELES, CA			ZIP code 90067-1661

FTB 8453-EO 2023

STATE OF CALIFORNIA

RRF-1 (Rev. 01/2024)

MAIL TO: Registry of Charities and Fundraisers P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

#### ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, and 310

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.

DEPARTMENT OF JUSTICE
PAGE 1 of 5 (For Registry Use Only)

		Check if:			
KIND CAMPAIGN		X Change of address			
Name of Organization		Amended report Organization requests email notifications			
List all DBAs and names the organization uses or has used					
C/O GRF 1880 CENTURY PARK E 1600 Address (Number and Street)		State Ch	arity Registration Number 0184728		
LOS ANGELES, CA 90067		Corporat	ion or Organization No. 3200866		
City or Town, State, and ZIP Code		Corporat	for or Organization No. 320000		
310-229-5035 LAURE	N@KINDCAMPAIGN.COM	Federal E	Employer ID No. **-**5882		
Telephone Number E-mail Address					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)  Make Check Payable to Department of Justice					
Total Revenue Fee	Total Revenue	Fee	Total Revenue	Fe	<u>е</u>
Less than \$50,000 \$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$80	
Between \$50,000 and \$100,000 \$50 Between \$100,001 and \$250,000 \$75	Between \$1,000,001 and \$5 million Between \$5,000,001 and \$20 millio		Between \$100,000,001 and \$500 million Greater than \$500 million		,000 ,200
PART A - ACTIVITIES	201110011 \$0,000,000 1 4114 \$20 1111110	π ψ.σσ	Ground Harry Coop Hillings	Ψ.,	
For your most recent full accounting period (beginning $01/01/2023$ ending $12/31/2023$ ) list:					
Total Revenue (including noncash contributions) \$ 218,899 Noncash Contributions \$ 0 Total Assets \$ 86,495 Program Expenses \$ 240,977 Total Expenses \$ 293,824					
(including noncash contributions) \$ 218,899   Noncash Contributions \$ 0   Total Assets \$ 86,495    Program Expenses \$ 240,977   Total Expenses \$ 293,824					
Program Expenses \$ 240,977 Total Expenses \$ 293,624					
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT					
Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.					
					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?			on emesi, an ester of tracted flag		x
2. 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, were any organization funds used to pay any penalty, 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, did the organization receive any governmental funding?					x
6. During this reporting period, did the organization hold a raffle for charitable purposes?					х
7. Does the organization conduct a vehicle donation program?					
·					X
Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?					х
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?					x
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.					
	LLY THOMPSON		/ICE-PRESIDENT		
Signature of Authorized Agent Printed Name Title Date					