Form	990
Departn	nent of the Treasury

## **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.

8 Open to Public

6

OMB No. 1545-0047

Inc posti op
nspection

Interr	nal Reve	enue Servi	ce		Information	n about For	m 990 and its	instruction	s is at www.i	irs.gov/i	form990.			Inspect	tion
AF	or th	e 2018	3 cale	ndar year, or	tax year beg	jinning		, 2018	3, and endir	ng			,	20	
_			C Nam	e of organization							D Employer	identifi	cation n	umber	
<b>B</b> c	heck if ap	oplicable:	KII	ND, INC.											
	Addre		Doing	g Business As							26-27	6303	8		
	1	e change	Num	ber and street (o	r P.O. box if mail	is not delivered	to street addre	ss)	Room/suite		E Telephon	e numbe	ər		
	-	return	12	01 L STREI	ET, NW, F	LOOR 2					(202) 8	324-8	8683		
	-	inated	City	or town, state or	province, country	, and ZIP or fo	reign postal cod	e							
	Amer	nded	WA	SHINGTON,	DC 20005						G Gross rec	eipts \$	2	8,007	,878.
		cation	F Nam	e and address of	principal officer:	WEND	Y YOUNG				H(a) Is this a		urn for	Yes	XN
	_ pendi	ing	SAI	ME AS "C"	ABOVE						subordina H(b) Are all sub		included?	Yes	
1	Tax-ex	empt sta	atus:	X 501(c)(3)	501(c) (	) 🖌 (i	insert no.)	4947(a)(1)	or 52	7			st. (see ins		
				SUPPORTKI				1017(0)(1)	01 02	.,	H(c) Group ex	emption	number		
				X Corporation		Association	Other	•	I Year o	of formati	on: 2008			-	: DC
_	art I	-	nmary			riocolution	o ulor p	-		, ionnau			Jonroga	donnollo	
				be the organiza	ation's mission	or most sign	ificant activitie	SEE S	CHEDULE	0.					
ø	•	Drieny	06301	be the organiza		or most sign									
anc															
Activities & Governance	2	Check	this ho	yx ▶ if th	e organization	discontinue	d its operatio	ns or dispos	ed of more th	 an 25%	of its net as	ets			
Š	3			oting members	0		•	•				1			17.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Numb	or of in	dependent voti	na members o	f the govern	ing body (Part	V/L line 1b)				4			17.
ies	-			of individuals											204.
izit															850.
Act	72	Total	innolati	of volunteers ( ed business rev	estimate il fiece	VIII column	(C) line 12					- 0 7a			0000
				d business taxa										3	6,679
	U D	inet ur	related			II FOIII 990-	1, III e 34 🔒			<u> </u>	Prior Year		- C	urrent )	
		0 +!!		and manta (Da							17,437,				9,950
ne	8	Contri	tributions and grants (Part VIII, line 1h) Gram service revenue (Part VIII, line 2g)								0.			57,05	0.22,2
Revenue								PUBLIC I	NSPECTION		17	503.		12	8,107
Re	10			ncome (Part VII				、 			-195,				3,024
	11			e (Part VIII, co							17,260,				5,024
	12			e - add lines 8	- ·					-			· ·		0,310
	13			imilar amounts							226,	000.	-	40	0,310
	14			to or for memb							10,206,		· .	10 66	
ses	15			er compensatio							10,200,	<u>189.</u> 0.	·	12,00	9,266 0
Expenses				fundraising fees								0.			0
Ă				sing expenses (				528,876			0 077	064		2 40	<u> </u>
	17	Other	expens	es (Part IX, col	lumn (A), lines '	11a-11d, 11f-	-24e)				2,277,				$\frac{6,793}{6,260}$
				es. Add lines 1							12,709,				6,369
- s	19	Reven	ue less	s expenses. Su	btract line 18 fro	om line 12					4,551,			-	8,664
Net Assets or Fund Balances										-	ning of Curre			End of Ye	
sse Bala	20			Part X, line 16)							13,635,				6,368
et A Ind I	21			s (Part X, line 2							1,250,		<u> </u>		1,841
				fund balances	s. Subtract line	21 from line 2	20				12,385,	203.	<u> </u>	23,40	4,527
	rt II			e Block		this actions in							los soda a		- 11 - 6 - 14 - 1-
true	aer pei e, corre	ect, and o	complet	/, I declare that I e. Declaration of	preparer (other th	an officer) is b	based on all info	rmation of wh	ich preparer ha	ments, a as any kn	nd to the besi owledge.	tormy	Knowled	ige and b	eller, it is
			2	rland	44	$\sim$	>				11/1	1/2019		-	
Sig	n		Signatu	re of officer							Date				
He		'	5					DDDGT			Dale				
	-	I .		YOUNG	tlo			PRESI	DEN.I.						
				print name and tr	ne	Preparer's	Rignaturo	$\rightarrow$	Date				PTIN		
Paic	1			•		Fiehaiele		K			Check	if		) 7 1 F C C	۰ ۲
	parer	MARC		RGER	<b>N T T N</b>	_////	<u> Jaic IK j</u>	2ly-	11/11/19	, 	self-emp	- 1 -		371563	5
	Only	Firm's		► BDO US					A 00100		Firm's EIN		-5381		
		1		▶ 8401 G					A 22102		Phone no.	703		-0600	
May	the I	KS disc	cuss th	is return with t	ne preparer sho	wn above? (s	see instruction	s)						Yes	No

For Paperwork Reduction Act Notice, see the separate instructions.

	KIND, INC. 26-2763038
Fo	rm 990 (2018) Page 2
Ρ	art III 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:
	ATTACHMENT 1
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 b
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
_	
4a	(Code:) (Expenses \$ 12,238,966. including grants of \$) (Revenue \$)
	KIND PARTNERS WITH LAW FIRMS AND CORPORATIONS TO MATCH
	UNACCOMPANIED CHILDREN WITH PRO BONO ATTORNEYS TO ENSURE NO CHILD
	APPEARS IN IMMIGRATION COURT WITHOUT HIGH QUALITY REPRESENTATION.
	THE COMPASSION AND DEDICATION OF KIND'S VOLUNTEER ATTORNEYS MAKE
	OUR WORK POSSIBLE AND OUR COLLECTIVE EFFORTS HAVE CHANGED THE
	LIVES OF MORE THAN 9,476 AT-RISK CHILDREN. TOGETHER WITH OUR
	PARTNERS, WE HAVE HELPED THOSE CHILDREN FIND SAFETY AND FREEDOM
	FROM VIOLENCE, ABUSE, AND PERSECUTION. MOST OF KIND'S CLIENTS ARE
	FLEEING SOME OF THE MOST DANGEROUS COUNTRIES AND CONDITIONS IN THE
	WORLD. AS OF DECEMBER 2018, KIND HAS SERVED MORE THAN 18,594
	UNACCOMPANIED CHILDREN. IT HAS ALSO TRAINED OVER 29,996 ATTORNEYS.
4b	(Code: ) (Expenses \$ 968,574. including grants of \$ ) (Revenue \$ )
	ATTACHMENT 2
40	: (Code: ) (Expenses \$ 1,156,635. including grants of \$ 480,310. ) (Revenue \$ )
40	
	ATTACHMENT 3
_	
4c	I Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	• Total program service expenses ► 14,364,175.
JSA	
0	

Form 990 (2018)

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,"		x	
•	complete Schedule A	1 2	A X	<u> </u>
2		<b></b>		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	x	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			<u> </u>
Ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	x	
h	Schedule D, Parts XI and XII.	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	126		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b 13		X
-	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		<u> </u>
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts Land II	21		X

Form 9	90 (2018)		F	-age <b>4</b>
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<b></b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
~~	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
• •	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		v
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV and Part IV line 1	24		х
25 0	or IV, and Part V, line 1	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
U	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part		00		
- T anu	Check if Schedule O contains a response or note to any line in this Part V.			
		•••	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			-
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
5	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2018)

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Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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 204			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		Х
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?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
vu	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ŭ	required to file Form 8282?	7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 9	90 (2018) KIND, INC. 26-2763	3038	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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 1a 17			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	37	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	37
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		x
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
•	stockholders, or persons other than the governing body?	70		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	8a	х	
a L	The governing body?	8b		x
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	.)	L
			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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>
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?	45.	v	
	The organization's CEO, Executive Director, or top management official	15a	Х	x
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
	with a taxable entity during the year?	Tua		
a	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		
Secti	on C. Disclosure			<u>.</u>
17	List the states with which a copy of this Form 990 is required to be filed ► CA, CT, DC, GA, MD, MA, NJ, NY, PA	,TX,	/A,W	íA,
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.         X       Own website    Another's website X Upon request Other (explain in Schedule O)	1000		01(0)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	/, and

financial statements available to the public during the tax year.
 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 wendy young 1201 L STREET, NW, FLOOR 2 WASHINGTON, DC 20005 202-824-8683

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	s pe	ition more rson	e than c is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)BRADFORD SMITH	2.00									
CO-CHAIR	0.	x		Х				0.	0.	0.
(2) PAMELA PASSMAN	2.00									
TREASURER	0.	х		Х				0.	0.	0.
(3)RACHEL BRASS	1.00									
DIRECTOR	0.	х						0.	0.	0.
(4)BETH HENDERSON	1.00									
DIRECTOR	0.	х						0.	0.	0.
(5)SONIA NAZARIO	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)KATHLEEN NEWLAND	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7) <sup>AURORA</sup> CASSIRER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8) RONALD A. SCHECHTER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(9)MAYA AJMERA	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(10)CAROL GEITHNER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(11)KURT HANSSON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12)MARK SRULOWITZ	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13) GARY WINGENS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(14)RAFAEL BORRAS	1.00									
DIRECTOR	0.	Х						0.	0.	0.

JSA

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours per	· ·				than o		compensation	compensation from	amount of
	week (list any hours for					is both or/trus		from	related	other
	related organizations below dotted line)	or director	Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
5) ELIPEDIO VILARREAL	1.00									
DIRECTOR	0.	Х						0.	0.	(
5) ROBERT CUNDALL	1.00									
DIRECTOR	0.	X						0.	0.	(
7) CATALINA JOOS VERGARA	1.00									
DIRECTOR	0.	X						0.	0.	
3) LYDIA G. TAMEZ	1.00									
SECRETARY	0.	X						0.	0.	
)) RIMA ALAILY	1.00									
DIRECTOR	0.	X						0.	0.	
)) WENDY YOUNG	40.00									
PRESIDENT	0.			Х				332,601.	0.	16,62
L) MATTHEW KESSLER	40.00									
EXECUTIVE VICE PRESIDENT OF OF	0.			Х				229,971.	0.	5,74
2) MARIA ODOM	40.00									
VP FOR LEGAL SERVICES	0.				Х			202,268.	0.	11,64
3) ELLEN JORGENSEN	40.00									
VP OF PUB OUTREACH & STRAT DEV	0.				Х			178,491.	0.	12,87
1) CORY SMITH	40.00									
VP POLICY, ADVOCACY & COMM.	0.				Х			165,210.	0.	5,32
5) LISA FRYDMAN	40.00									
DIR. OF REG. POLICY & INITIAT.	0.				Х			162,377.	0.	5,68
b Sub-total							►	0.	0.	
c Total from continuation sheets to Part VII,							►	1,851,577.	0.	109,12

reportable compensation from the organization 🕨 11

			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х
6.	action P. Independent Contractors			

#### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 0.		

Form 990 (2018) Part VII Section A. Officers, Directors,	Trustoos Ko		nlov		and	lia	hest Compensat			ontinue		age
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	F not che unless er and	(C) Position eck mo perso		one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organization (W-2/1099-N	lle n from ons	Es am com fro orga and	(F) timated oount of oother pensatio om the anizatioo d related unizatior	on n 1
26) VIBHA BHATIA	40.00											
VP FOR FINANCE & OPERATIONS	0.			X			149,246.		0.		10,8	70
27) JULIANN BILDHAUER CO-DIRECTOR OF LEGAL SERVICE	40.00 S 0.	-			x		112,504.		0.		13,3	49
28) LAURIE CARAFONE	40.00						112,5011					
CO-DIRECTOR OF LEGAL SERVICE	+				x		109,659.		Ο.		9,4	.70
29) JENNIFER PODKUL	40.00											
SR. DIR OF ADVOCACY & POLICY					X		105,193.		0.		3,3	98
30) BENJAMIN ELEFANTE SR. DIR. TECH STRATEGIES	40.00	-			X		104,057.		0.		14,1	.34
		-										
		-										
		-										
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)												
2 Total number of individuals (including but reportable compensation from the organiz		hose 11		abov	e) who	o re	eceived more than	\$100,000 o	ſ			
3 Did the organization list any former	officar diracta	r or	truc	too	kov (	m	lovoo or highos	t componed	tod		Yes	N
3 Did the organization list any former employee on line 1a? If "Yes," complete Sc										3		2
4 For any individual listed on line 1a, is t organization and related organizations	greater than	\$15	50,00	0?	f "Yes	5,"	complete Schedu	ile J for s	uch			
individual 5 Did any person listed on line 1a receive										4	X	
for services rendered to the organization?										5		2
<ul> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highest compensation from the organization. Rep year.</li> </ul>												
(A) Name and busines:	saddress						(B) Description of se	ervices	C	(C) ompens	ation	
									5			
						+-						
						-						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Form	990 (2	KIND, INC.				26-2763	8038 Page <b>9</b>
Par	t VII						
		Check if Schedule O contains a respon	se or note to an	iy line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f g h	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f: \$		27,659,950.			
nue			Business Code				
Program Service Revenue	2a b c d						
graı	e f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		0.			
	3 4	Investment income (including dividen and other similar amounts) Income from investment of tax-exempt bond		146,262.			146,262
	5	Royalties	(ii) Personal	0.			
	6a b c	Gross rents					
	d 7a	Net rental income or (loss)         Gross amount from sales of assets other than inventory	(ii) Other	0.			
	b c	Less: cost or other basis and sales expenses Gain or (loss)	8,155.				
	d	Net gain or (loss)	<u></u> ▶	-8,155.			-8,155
Other Revenue	8a	Gross income from fundraising events (not including \$622,211. of contributions reported on line 1c). See Part IV, line 18	200,231.				
Ğ		Less: direct expenses <b>b</b>	284,690.	04.450			
	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a	0.	-84,459.			-84,459
		Less: direct expenses b	0.	0.			
	с 10а	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances <b>a</b>	0.	0.			
		Less: cost of goods sold b Net income or (loss) from sales of inventory	0.	0.			
		Miscellaneous Revenue	Business Code	0.			
	11a b	MISCELLANEOUS INCOME	900099	1,435.			1,435
	c d	All other revenue					
	e	Total. Add lines 11a-11d		1,435.			
	12	Total revenue. See instructions.		27,715,033.			55,083

Form **990** (2018)

Form 990 (2018) KIND, INC. Part IX Statement of Functional Expenses				763038 Page <b>1</b>
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	480,310.	480,310.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,488,941.	692,463.	574,814.	221,664
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	9,195,532.	8,549,979.	489,819.	155,734
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	144,731.	138,655.	5,806.	270
9 Other employee benefits	1,063,801.	1,065,264.	-34,676.	33,213
10 Payroll taxes	776,261.	683,089.	67,952.	25,220
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	74,647.		74,647.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	650,563.	523,052.	117,482.	10,029
12 Advertising and promotion	0.			
13 Office expenses	406,969.	344,833.	41,590.	20,540
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,079,200.	820,409.	253,791.	5,000
17 Travel	428,680.	378,694.	31,533.	18,453
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	129,102.	118,129.	7,745.	3,228
23 Insurance	85,608.	83,362.	1,585.	66
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aSTAFF DEV/RECRUITING	200,340.	190,636.	7,834.	1,87
bDUES & SUBSCRIPTIONS	121,001.	87,606.	2,134.	31,26
cBANK FEES	97,565.	16,763.	79,912.	89
d COMMUNICATIONS	25,999.	25,869.	130.	
e All other expenses	187,119.	165,062.	21,220.	83
<ul> <li>25 Total functional expenses. Add lines 1 through 24e</li> <li>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if</li> </ul>	16,636,369.	14,364,175.	1,743,318.	528,870
fundraising solicitation. Check here figure if	0.			

JSA 8E1052 1.000

following SOP 98-2 (ASC 958-720)

0.

Form 990 (2018)

Page **11** 

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 10,000,074. 20,357,835. Cash - non-interest-bearing 1 1 0 0. Savings and temporary cash investments 2 2 1,426,471. 1,998,383. 3 Pledges and grants receivable, net 3 1,608,189. 2,244,758. Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 0. 0. 5 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 0. organizations (see instructions). Complete Part II of Schedule L 6 Assets 0 Ο. Notes and loans receivable, net 7 7 0. 0. 8 Inventories for sale or use 8 204,402. 132,890. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or 525,016. 10a other basis. Complete Part VI of Schedule D 324,748. 195,806. 200,268. 10c **b** Less: accumulated depreciation **10b** Investments - publicly traded securities 0. 0. 11 11 24,706. Investments - other securities. See Part IV, line 11 13,370. 12 12 Investments - program-related. See Part IV, line 11 0. 0 13 13 0. 0. 14 Intangible assets 14 187,024. 337,528. Other assets. See Part IV, line 11 15 15 13,635,336. 25,296,368. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,041,781. 1,598,586. 17 Accounts payable and accrued expenses 17 0. 18 0. Grants payable 18 111,332. 45,000. 19 19 Deferred revenue 0. 0. Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 0. 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0. 0. 22 0. Secured mortgages and notes payable to unrelated third parties 0. 23 23 Unsecured notes and loans payable to unrelated third parties 0. 0. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 97,020. 188,255. 25 of Schedule D Total liabilities. Add lines 17 through 25 1,250,133. 1,831,841. 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 🕮 and complete lines 27 through 29, and lines 33 and 34. Fund Balances Unrestricted net assets 27 9,700,862. 27 19,251,471. Temporarily restricted net assets 2,684,341. 4,213,056. 28 28 Permanently restricted net assets 29 0. 0. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and P complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Net 12,385,203. 23,464,527. 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 13,635,336. 25,296,368. 34 34

Form 990 (2018)

Form 99	90 (2018)				Pag	ge <b>12</b>
Part						
	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			15,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			36,3	
3	Revenue less expenses. Subtract line 2 from line 1	3			78,6 85,2	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))					
5	Net unrealized gains (losses) on investments	5			6	60.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>33,</u> column (B))	10	4	23,4	64,5	27.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u></u>	
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in 🛛			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		I	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npilec	lor			
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na			
	separate basis, consolidated basis, or both:					
	X       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 o	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplai	n in 🛛			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortl	n in			
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				T	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

Form 990 (2018)

#### SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6

		nt of the Treasury evenue Service		Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	information.	Inspection
Name	e of ti	he organization						Employer identif	fication number
KIN	ID,	INC.						26-27630	
Par					organizations must o			· · ·	S.
The	orga		•		t is: (For lines 1 through			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-	-	rganization described				
4			-		conjunction with a hose	spital de	scribed i	n section 170(b)(1)(A	)(iii). Enter the
_		hospital's nam							
5		-	-	for the benefit of Complete Part II.)	a college or universit	y owne	d or ope	erated by a governme	ental unit described in
6		A federal, stat	te, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	tion 170(	b)(1)(A)(v).	
7	Х	An organization	on that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fr	om the general public
		described in s	ection 170(b)	)(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	ed in section 170(k	b)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultura	I research or	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	a land-grant college
		or university o	r a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state c	of the college or
		university:							
10		receipts from support from	activities rela gross investm	ited to its exempt f nent income and u	ore than 331/3 % of its functions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco	exception	is, and (2) no more that s section 511 tax) from	an 331/3 % of its
11		•	•	•	usively to test for publi				
12		-	-	-	-				carry out the purposes
				· · ·					See section 509(a)(3).
	_			-				-	ines 12e, 12f, and 12g.
а				-	, supervised, or contr	-			
			-		regularly appoint or e		ajority of	f the directors or truste	ees of the
			-	-	te Part IV, Sections A				
b					ed or controlled in co				
			-		organization vested in	the sam	e persor	ns that control or mai	nage the supported
		-		-	, Sections A and C.				
С			-		ng organization opera				illy integrated with,
			•	. , .	ns). You must comple				
d			-		porting organization o	-			- · ·
			-		nization generally mus cmplete Part IV, Sect	-			u an allentiveness
е				,	a written determinatio				
C					ionally integrated sup				п, туре п
f	En								
g				•	orted organization(s).				
		ame of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		our governing ment?	support (see instructions)	other support (see instructions)
						Yes	No		instructions)
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	1								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 8E1210 1.000

Schedule A (Form 990 or 990-EZ) 2018

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,998,255.	5,633,102.	13,623,202.	17,437,981.	27,659,950.	68,352,490.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,998,255.	5,633,102.	13,623,202.	17,437,981.	27,659,950.	68,352,490.
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)						3,673,895.
$\frac{6}{8}$	Public support. Subtract line 5 from line 4						64,678,595.
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	(4) 2017	(a) 2018	
_	, , , , , , ,	(a) 2014 3,998,255.	(b) 2015 5,633,102.	(c) 2016	(d) 2017 17,437,981.	(e) 2018 27,659,950.	(f) Total 68,352,490.
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,998,255.	987.	1,857.	17,437,981.	146,262.	166,994.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>				9,846.	1,435.	11,281.
11	Total support. Add lines 7 through 10						68,530,765.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (li	ne 6, column (f)	) divided by line	11, column (f)).		14	94.38%
15	Public support percentage from 2017					15	91.52 <b>%</b>
16a	33 1/3% support test - 2018. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	heck this
	box and stop here. The organization q						
b	331/3% support test - 2017. If the org	ganization did n	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or moi	re, check
	this box and stop here. The organization	on qualifies as a	a publicly suppor	ted organizatio	n		▶∟
17a	10%-facts-and-circumstances test - 2	-	-				
	10% or more, and if the organization					-	
	Part VI how the organization meets t			-	-		
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

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	tion A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						_
	Amounts included on lines 1, 2, and 3						
7 a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b. <b>Public support.</b> (Subtract line 7c from						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	Amounts from line 6.	(4) 2011	(,	(0) 2010	(,	(0) 2010	(1) 10101
9 10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	0	,	, ,			
	organization, check this box and stop here.						🕨 🔄
	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,	.,	-			. 15	<u>%</u>
16	Public support percentage from 2017 Sche					16	%
	tion D. Computation of Investment			40 1 (2)			
17	Investment income percentage for 2018 (lin					17	<u>%</u>
18	Investment income percentage from 2017 S					18	%
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2017. If the organ						
	line 18 is not more than 331/3%, check		•	•			. –
20	Private foundation. If the organization of	and not check	a box on line	14, 19a, or 19t	o, check this b	ox and see in	structions

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PAGE 17

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **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.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Sectio	on C. Type II Supporting Organizations	2		
<u></u>			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	103	
Section	on D. All Type III Supporting Organizations			
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	Yes	NO
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Sectio	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insomething 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.         The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustoes of each of the supported organizations? <i>Provide details in <b>Part VI</b></i>	30		
,	trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>	<u>3a</u>		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	Page
Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g trust o	n Nov. 20, 1970 (expla	
Section 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		
Section 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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 20	)18
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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.	5		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	,	<i>(</i> )	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
<u> </u>	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			
			Schedule	A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

		_			ATTACHMENT 1				
SCHEDULE A, PART II - OTHER INCOME									
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL			
MISCELLANEOUS				9,846.	1,435.	11,281.			
TOTALS				9,846.	1,435.	11,281.			

#### Schedule B

(FOIII 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

## Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

26-2763038

KIND, INC.

#### Organization type (check one):

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

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**

X 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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Part I	<b>Contributors</b> (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		\$9,850,670.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2		\$1,433,035.	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					
		\$1,510,000.	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					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of orgar	nization KIND, INC.		identification number 2763038
Part II N	oncash Property (see instructions). Use duplicate copies o	f Part II if additional space is r	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
·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)	Page 4
Name of organization KIND, INC.	Employer identification number
	26-2763038

Part III	Exclusively religious, charitable, etc.	, contributions to o	rganizations desc	ribed in section 501(c)(7), (8), or							
(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) thro											
	the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.										
	contributions of \$1,000 or less for th	e year. (Enter this ir	formation once. S	ee instructions.) ►\$							
	Use duplicate copies of Part III if addit	ed.									
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held							
		(e) Transfer of gift									
		(e) Trans	er or gift								
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee							
				•							
(-) N-		1									
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held							
	(e) Transfer of gift										
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee							
(a) No.											
`from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held							
	(e) Transfer of gift										
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee							
				•							
(-) N-		1									
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held							
		- <u></u>									
	(e) Transfer of gift										
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee							
			1								

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

lf the	<b>u</b> ,	on Form 990, Part IV, line 4, or Form	, ,	· · · · ·	
		that have filed Form 5768 (election un		•	•
		that have NOT filed Form 5768 (electi	• •	, ,	•
	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy า	Tax) (see separate in	istructions) or Form 990-i	EZ, Part V, line 35C (Proxy
•	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	e of organization			Employer ide	ntification number
KIN	D, INC.			26-276	3038
Par	t I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 organ	nization.
1		organization's direct and indirect	political campaign ad	ctivities in Part IV. (see ir	nstructions for
	definition of "political campa	ign activities")		Υ.	
2	Political campaign activity es	xpenditures (see instructions)		▶ \$	
3		campaign activities (see instruction			
Par		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 🕨 \$	
3		a section 4955 tax, did it file Form			
4a	-	· · · · · · · · · · · · · · · · · · ·	-		
	If "Yes," describe in Part IV.				••
		organization is exempt under	section 501(c), ex	cept section 501(c)(3	s).
1		expended by the filing organization	n for section 527 e	xempt function	
•	-			•	
2		ng organization's funds contributed			
-		es			
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL,	
		- Form 4400 POL (on this was r			
4 5		e Form 1120-POL for this year? and employer identification numb			
5		s. For each organization listed, en			
		tributions received that were prom			
		nd or a political action committee (			
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)			-		
(2)			-		
(2)					
(3)			-		
(4)			-		
(5)					
			-		
(6)					
For 5	anorwork Poduction Act Nation	e, see the Instructions for Form 990 o	r 990-E7	Oaka dud	0. C (Form 000 or 000 E7) 0010
LOL P	aperwork Reduction Act Notice	e, see the instructions for Form 990 0	1 330-EZ.	Schedul	e C (Form 990 or 990-EZ) 2018

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE C

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.



2018 **Open to Public** Inspection

26-2763038 Page 2

Sched	TILE C (Form 990 or 990-EZ) 2018 KIND,	INC.	20-2	
Par	t II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
ΑΟ		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group meml	per's name,
вС	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a <sup>-</sup>	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
		a legislative body (direct lobbying)		
		a and 1b)		
		,		
		d lines 1c and 1d)		
		e amount from the following table in both		
	columns.	<u> </u>		
Γ	If the amount on line1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Γ	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
(	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25	5% of line 1f)		
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
		ss, enter -0-		
		on either line 1h or line 1i, did the organiza	tion file Form 4720	
I	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)

## (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total		
2a Lobbying nontaxable amount							
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

PAGE 28

Schodulo (		(Eorm	000	or	000		201	0
Schedule (	0	(FUIII	990	UI	990	- ニニノ	201	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	cription of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		309,000	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i			309,000	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	
	501(c)(6)				

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.	2b	
	Total.		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

JSA 8E1266 1.000

Schedule C (Form 990 or 990-EZ) 2018

Part IV Supplemental Information (continued)

PART II-B, LINE 1:

DIRECT LOBBYING:

EDUCATING POLICY MAKERS ON LEGISLATION AND WHETHER OR NOT THEY SHOULD

VOTE FOR A PARTICULAR PIECE OF LEGISLATION.

GRASSROOTS LOBBYING:

ADVOCACY CALLS TO EDUCATE PARTNERS ON POLITICAL LANDSCAPE AND CURRENT

LEGISLATIONS.

SCHEDULE	ΞD
(Form 990	)

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

► Attach to Form 990.

**Open to Public** Inspection

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OMB No. 1545-0047

8

Dep	artment of the Treasury		Attach to Form 990.			Open to Public
Inte	rnal Revenue Service	► Go to www.irs.gov/	/Form990 for instructions ar	d the latest infor		Inspection
Nam	e of the organization				Employer identific	
_	ND, INC.				26-27630	138
Pa		tions Maintaining Donor Advi			or Accounts.	
	Complete	e if the organization answered				
			(a) Donor advised	funds	(b) Funds and	d other accounts
1	Total number at e	nd of year				
2	Aggregate value o	of contributions to (during year)				
3	Aggregate value o	of grants from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizati	ion inform all donors and donor	advisors in writing that	the assets held	d in donor advised	
	funds are the orga	inization's property, subject to the	e organization's exclusive l	egal control?		Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writ	ing that grant f	funds can be used	
	only for charitable	e purposes and not for the bene	fit of the donor or donor	advisor, or for	any other purpose	
_		issible private benefit?				Yes No
Pa		tion Easements.				
		e if the organization answered				
1		servation easements held by the		7		
		n of land for public use (e.g., rec	reation or education)		n of a historically in	-
		of natural habitat		] Preservation	n of a certified histo	oric structure
		n of open space				
2		through 2d if the organization he	eld a qualified conservatio	n contribution i		e End of the Tax Year
		ast day of the tax year.				
a		onservation easements			2a	
b	-	tricted by conservation easements			2b	
C L		vation easements on a certified		. ,	2c	
d		rvation easements included in (c			2d	
3		isted in the National Register			· · · · ·	nization during the
3	tax year ►	rvation easements modified, trar	isierieu, releaseu, exiiriyu	ished, or termi	inateu by the orga	mzation during the
4		where property subject to conse	nuction accoment is located	4 🕨		
<del>4</del> 5		ation have a written policy reg			tion bandling of	
5	•	orcement of the conservation ea		• •	· · ·	Yes No
6		hours devoted to monitoring, inspec				
v		nours devoted to monitoring, inspec	ang, nanuning or violations, a	and enforcing co		s during the year
7	Amount of expens	es incurred in monitoring, inspect	ting handling of violations	and enforcing (	conservation easer	nents during the year
•			ang, nananng of Holadono,			for the during the year
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the requi	rements of sect	tion 170(h)(4)(B)(i)	
-		)(4)(B)(ii)?				Yes No
9		be how the organization reports				
		d include, if applicable, the text of				
	organization's acc	ounting for conservation easeme	nts.			
Pa		tions Maintaining Collections			er Similar Assets	j.
	Complete	e if the organization answered	"Yes" on Form 990, Pa	rt IV, line 8.		
1a	If the organizatior	n elected, as permitted under SF	FAS 116 (ASC 958), not	to report in its	revenue stateme	nt and balance sheet
	works of art, hist	orical treasures, or other similar vide, in Part XIII, the text of the for	ar assets held for public	exhibition, edu	ucation, or resear	ch in furtherance of
b		n elected, as permitted under \$				
5		orical treasures, or other simila				
	public service, pro	vide the following amounts relati	ng to these items:			
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1			▶	S
	(ii) Assets include	d in Form 990, Part X			▶	S
2	If the organizatio	n received or held works of a	rt, historical treasures, or	other similar	assets for financi	al gain, provide the
		s required to be reported under S				
а		on Form 990, Part VIII, line 1				S
b	Assets included in	Form 990, Part X	<u></u>	<u>.</u>	<u> </u>	\$

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

Schedule D (Form 990) 2018

	KIND, I	INC.						26-276	53038		
Sche	dule D (Form 990) 2018									P	age <b>2</b>
-	rt III Organizations Maintaining C	ollections of	Art. Histo	rical Tre	asures, o	r Other	Similar /	Assets (	continu		ugo 🗖
3	Using the organization's acquisition, ac										f its
Ũ	collection items (check all that apply):				cally of th		ing that t	are a eigi	mount	000 0	1 110
а	Public exhibition		d		or exchange	o progra	me				
	Scholarly research		e	Other	-						
b		-	e								
c	Preservation for future generation			-:  ··· 4							D
4	Provide a description of the organization	on's collection	s and expla	ain now t	ney furthe	r the or	ganization	's exemp	t purpos	se in	Part
_	XIII.										
5	During the year, did the organization soli							_			1
	assets to be sold to raise funds rather that		ained as pa	art of the c	organizatio	n's colle	ction?		Yes		No
Pa	rt IV Escrow and Custodial Arrang										
	Complete if the organization a 990, Part X, line 21.	answered "Ye	es" on For	m 990, F	Part IV, line	e 9, or r	eported a	in amoui	nt on Fo	orm	
1a	Is the organization an agent, trustee, cu	stodian or oth	er intermed	liary for c	ontribution	s or othe	r assets no	ot			
iu	included on Form 990, Part X?			-					Yes		No
h	If "Yes," explain the arrangement in Part							•••• [			, 110
D.				nowing tac	ле. Г			Amount			
•	Paginning holonoo				4.			Amount			
لم لم	Beginning balance										
	Additions during the year										
e	Distributions during the year										
T	Ending balance								N		
	Did the organization include an amount								Yes		No
	If "Yes," explain the arrangement in Part	t XIII. Check h	iere if the e	xplanation	nas been p	provided	on Part XII		<u></u>	••	
Pa	rt V Endowment Funds.				Saut IV / Line	- 10					
	Complete if the organization a										
	(a)	Current year	<b>(b)</b> Pric	or year	(c) Two yea	ars back	(d) Three y	/ears back	<b>(e)</b> Fou	r years b	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the	ourrent vear	end halanc	e (line 1a	column (a)	) held as					
a	Board designated or quasi-endowment		%	e (inte rg,	column (a)		-				
b	Permanent endowment	%									
c	Temporarily restricted endowment	%									
•	The percentages on lines 2a, 2b, and 2c		100%								
3a	Are there endowment funds not in the pe			ation that	are held ar	nd admir	nistered for	. the			
ou	organization by:		no organiza			la danni		the	[	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h									3b		
	If "Yes" on line 3a(ii), are the related org		-						30		
4	Describe in Part XIII the intended uses of		ation's endo	wment für	IOS.						
Pa	rt VI Land, Buildings, and Equipme Complete if the organization	answered "Y	es" on Fo	rm 990. I	Part IV. lin	e 11a. S	See Form	990. Pa	art X. lin	ne 10.	
	Description of property	(a) Cost o	r other basis	(b) Cost of	or other basis	(c) Ac	cumulated		I) Book va		
		(inves	stment)		ther)	depr	eciation				
1a	Land										
b	Buildings										
С	Leasehold improvements	••									
d	Equipment.	••		4	48,626.	2	74,820.			73,8	
	Other				76,390.		49,928.			26,4	
Tota	I. Add lines 1a through 1e. (Column (d) n	nust equal For	m 990, Part	X, colum	n (B), line 1	0c.)	►		2	00,2	68.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018		Page
Part VII Investments - Other Securities.	Ves" on 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-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments - Program Related.		
Complete if the organization answered	"Yes" on 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-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX Other Assets. Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11d. See Form 990, Part X, line 15.
(a) De	scription	(b) Book value
(1)		
(2)		
(3)		
_ (4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)	· · · · · · · · · · · · · · · · · · •
Part X Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	), Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book valu	le
(1) Federal income taxes		· · · · · · · · · · · · · · · · · · ·
(2) DEFERRED RENT	135,	287.
(3) CAPITAL LEASE OBLIGATION		509.
(4) SECURITY DEPOSIT PAYABLE		459.
(5)		
(6)		

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 188, 255.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(7) (8)

Х

Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	118,390,537.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	90,390,814.
3	Subtract line 2e from line 1.	3	27,999,723.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	-284,690.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	27,715,033.
Part		Jrn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	107,311,213.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	90,674,844.
3	Subtract line 2e from line 1	3	16,636,369.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
c c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	16,636,369.
	XIII Supplemental Information.		
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	art V,	ine 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	mation	

SEE PAGE 5

Schedule D (Form 990) 2018	KIND, INC.	26-2763038	Page 5
Part XIII Supplemental Inf	formation (continued)		
PART XI, LINE 4B:			
FUNDRAISING EXPENSE	(284,690)		
PART XII, LINE 2D:			
FUNDRAISING EXPENSE	284,690		

#### PART X, LINE 2:

THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2018 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AT DECEMBER 31, 2018, THE STATUTE OF LIMITATIONS FOR TAX YEARS ENDED DECEMBER 31, 2015 THROUGH 2017 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE ORGANIZATION FILES TAX RETURNS. IT IS THE ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSES.

	IEDULE F	Stater	nent of A	ctivities	<b>Outside the Unit</b>	ted States	OMB No. 1545-0047
(Form 990) ► Comple			e if the organiza	tion answered	"Yes" on Form 990, Part IV,	line 14b, 15, or 16.	2018
	ment of the Treasury I Revenue Service	►G	Go to www.irs.go	► Attach v/Form990 for i	Open to Public Inspection		
	of the organization						entification number
Part	D, INC. General Ir	nformation o	on Activities	Outside the	United States. Comple		63038 ion answered "Yes" or
	Form 990, I	Part IV, line 14	b.				
	-	-			substantiate the amount of e, and the selection criteri	-	
							X Yes No
	For grantmakers outside the United		Part V the org	anization's pro	ocedures for monitoring t	the use of its grant	s and other assistance
3	Activities per Reg	ion. (The follow	ving Part I, line	3 table can b	e duplicated if additional sp	ace is needed.)	
	<b>(a)</b> Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in ( a program service, describe specific type service(s) in the region	expenditures for and investments
(1)	CENTRAL AMERICA/C	זאקסדסגי	0.	0.	GRANTMAKING		188,870.
	CENTIAL AMERICA/C		0.		GRANIMARING		100,070.
_(2)	EUROPE		0.	0.	GRANTMAKING		291,440.
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
(15)							
(16)							
(17)							
3a	Subtotal						480,310.
b	Total from sheets to Part I	continuation					

c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

480,310.

(i) Method of

valuation (book, FMV, appraisal, other)

CHECK

WIRE

WIRE

WIRE

WIRE

WIRE

WIRE

WIRE

	(Form 990) 2018							
Part II			ations or Entities Outsi eived more than \$5,000. F					red "Yes" on
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance
(1)			EUROPE/ICELAND/GREENLAND	SEE PART V	291,460.			
(2)		_	CENT. AMERICA/CARIBBEAN	SEE PART V	17,900.			
(3)			CENT. AMERICA/CARIBBEAN	SEE PART V	47,900.			
(4)			CENT. AMERICA/CARIBBEAN	SEE PART V	27,250.			
(5)			CENT. AMERICA/CARIBBEAN	SEE PART V	17,900.			
(6)			CENT. AMERICA/CARIBBEAN	SEE PART V	17,900.			
(7)			CENT. AMERICA/CARIBBEAN	SEE PART V	30,000.			
(8)			CENT. AMERICA/CARIBBEAN	SEE PART V	30,000.			
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								

"Yes" on Form 990,

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 

3 Enter total number of other organizations or entities

8. Schedule F (Form 990) 2018

►

(15)

(16)

#### Schedule F (Form 990) 2018

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17) 18)							

Schedule F (Form 990) 2018

KIND, INC.

Page 4

Schedu	le F (Form 990) 2018	Page <b>4</b>
Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990).	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes	X No

Schedule F (Form 990) 2018

## Part V Supplemental Information

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

PART I, LINE 2:

GRANTEES AGREE TO SUBMIT INTERIM REPORTS TO THE ORGANIZATION DETAILING THE SERVICES PROVIDED UNDER THE SCOPE OF SERVICES AND ALSO SUBMIT A FINAL REPORT AT THE END OF THE GRANT TERM HIGHLIGHTING SERVICES PROVIDED AND A BRIEF FINANICAL REPORT ON EXPENDITURES.

PART II, LINE 1, (1)-(8), COLUMN D:

ADVICE AND TECHNICAL ASSISTANCE TO ESTABLISH A PRO BONO REPRESENTATION PROJECT MODELLED ON THE EXPERIENCE OF KIND, INC. IS US AND THE AMERICAS. KIND, INC. ALSO PROVIDES INTRODUCTIONS AND FACILITATION FOR KINDS IN NEED OF DEFENSE UK TO AVAIL ITSELF OF THE GOODWILL AND REPUTATION ENJOYED BY KIND, INC. WITH TRANSNATIONAL LAW FIRMS AND CORPORATIONS. KIND, INC.'S BRAND, SYMBOLS, LOGOS, SLOGANS AND SIMILAR INDICIA OF PUBLIC PRESENCE AND RECOGNITION WILL BE AVAILABLE TO THE OTHER PARTIES WHEN ENGAGED IN KIDS IN NEED OF DEFENCE UK ACTIVITIES SUBJECT TO CONDITIONS SET BY KIND, INC. AND IN A FORM TO BE AGREED BY THE PARTIES.

SCHEDULE	G	Supplemental	Information Reg	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(Form 990 or		Complete if the	ne organization answer organization entered m	nore than \$1	Form 990, F 5,000 on For or Form 990	rm 990-EZ, line 6a.	9, or if the	2018
Department of the Internal Revenue		►G	o to www.irs.gov/Forms					Open to Public Inspection
Name of the orga							Employer identificat	ion number
KIND, INC							26-2763038	
		<b>ing Activities.</b> Com 0-EZ filers are not i				"Yes" on Form	990, Part IV, line	e 17.
		r the organization rais	· · ·			activities. Check a	all that apply.	
a 🗌 Ma	ail solicita	itions	e	Solic	itation of	non-government g	rants	
b Int	ernet and	d email solicitations	f	Solic	itation of	government grant	S	
	one solic person s	itations olicitations	g	Spec	cial fundra	ising events		
2a Did the	organiza	ation have a written or	r oral agreement w	ith any ind	dividual (in	cluding officers, d	lirectors, trustees,	
or key	employee	es listed in Form 990,	Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No
		10 highest paid indiv		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
compe	nsated at	least \$5,000 by the o	organization.					
(i) Nar	me and add or entity (fi	ress of individual undraiser)	<b>(ii)</b> Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
				Yes	No		col. (i)	
1				163				
2								
3								
4								
5								
6								
7								
8								
9								
10								+
Total	<u></u> .	<u></u>	<u></u>	<u></u> .	<b>&gt;</b>			
	states in ation or lie	which the organizat	ion is registered o	r licensed	to solicit	contributions or	has been notified	t it is exempt from

# Schedule G (Form 990 or 990-EZ) 2018 Part II Fundraising Even

		more than \$15,000 of fundra events with gross receipts gre				
			(a) Event #1 ANNUAL GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
е			(event type)	(event type)	(total number)	col. <b>(c)</b> )
anuavav	1	Gross receipts	711,911.		110,531.	822,442
۲	2	Less: Contributions	622,211.			622,211
	3	Gross income (line 1 minus line 2)			110,531.	200,233
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	25,106.			25,106
חוופתו בעהפוופפס	7	Food and beverages	95,220.			95,220
בומ	8	Entertainment				
	9	Other direct expenses	99,503.		64,861.	164,364
	rt l	<b>Gaming.</b> Complete if the org \$15,000 on Form 990-EZ, lin		res" on Form 990, 1	Part IV, line 19, or	reported more that
- ∣			(a) Bingo	<b>(b)</b> Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
5			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
		Gross revenue			(c) Other gaming	
	2	Cash prizes			(c) Other gaming	
ect Expenses Revenue	2 3	Cash prizes			(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	2 3 4	Cash prizes Noncash prizes			(c) Other gaming	
Lapeilada	2 3 4	Cash prizes		bingo/progressive bingo		col. (a) through col. (c))
	2 3 4 5	Cash prizes Noncash prizes		bingo/progressive bingo		còl. (a) through col. (c)
	2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	Yes% No	còl. (a) through col. (c)
	2 3 4 5 6 7	Cash prizes	Yes %     No es 2 through 5 in colu	Yes% No mn (d)	Yes% No	còl. (a) through col. (c)
LAPGIISGS	2 3 4 5 6 7 8	Cash prizes	Yes %  Yes %  No es 2 through 5 in colui ibtract line 7 from line anization conducts gai	Yes% No 1, column (d) ming activities: in each of these state	Yes% No ⊷	còl. (a) through col. (c)

Schedule G (Form 990 or 990-EZ) 2018

	KIND, INC.	26-276	3038	
Sched	lule G (Form 990 or 990-EZ) 2018		F	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent	-		٦
4.0	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	120		0/
a b	The organization's facilityAn outside facility			<u>%</u> %
14	Enter the name and address of the person who prepares the organization's gaming/special events boo			
	records:			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$	and the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pr	oceeds to		_
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org	anizations		
	or spent in the organization's own exempt activities during the tax year <b>s</b>	(")	()	
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
	(see instructions)		nauon	

SCHEDULE J (Form 990)		For certain Officers, Dire Con ► Complete if the organizatio ►	Astion Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line Attach to Form 990. 990 for instructions and the latest information	23.	VB No. 20 pen to Insp	<b>18</b> Puk	olic
	of the organization			Employer identificatior			
KINI	D, INC.			26-2763038			
Part	•	s Regarding Compensation					
r ar c						Yes	No
1a	990, Part VII, First-cla Travel fo		provided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of perso Health or social club dues or initiation	g these items. personal use nal residence			
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b 2	or reimburse explain	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," con to reimbursing or allowing expenses	nplete Part III to	1b		
-	•		D/Executive Director, regarding the items	•			
		-			2		
3	1a?         Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.         X       Compensation committee         X       Independent compensation consultant						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the ye organization of	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing			X
d h			ayment?		4a 4b	x	
a			ental nonqualified retirement plan?				X
С	If "Yes" to an	y of lines 4a-c, list the persons and p	ased compensation arrangement?		4c		Λ
5	For persons I		rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue	any			
а					5a		Х
b	If "Yes" on lin	e 5a or 5b, describe in Part III.			5b		X
6	compensation	n contingent on the net earnings of:	, line 1a, did the organization pay or accrue				
а					6a		Х
b					6b		X
		e 6a or 6b, describe in Part III.					
7	payments not	described on lines 5 and 6? If "Yes," d	on A, line 1a, did the organization provession estimation provession and the second state of the second st		7		Х
8			paid or accrued pursuant to a contract th Regulations section 53.4958-4(a)(3)? I				
		-			8		х
9			low the rebuttable presumption proced				
	Regulations s	ection 53.4958-6(c)?			9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

#### Page **2**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
WENDY YOUNG	(i)	295,251.	37,350.	0.	10,808.	5,818.	349,227.	0.
1 <sup>PRESIDENT</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
MATTHEW KESSLER	(i)	221,950.	8,021.	0.	0.	5,748.	235,719.	0.
2 EXECUTIVE VICE PRESIDENT OF OP	(ii)	0.	0.	0.	0.	0.	0.	0.
MARIA ODOM	(i)	202,268.	0.	0.	0.	11,641.	213,909.	0.
3 VP FOR LEGAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
ELLEN JORGENSEN	(i)	171,241.	7,250.	0.	4,876.	8,002.	191,369.	0.
4 VP OF PUB OUTREACH & STRAT DEV	(ii)	0.	0.	0.	0.	0.	0.	0.
CORY SMITH	(i)	158,860.	6,350.	0.	4,492.	837.	170,539.	0.
5 <sup>VP POLICY, ADVOCACY &amp; COMM.</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA FRYDMAN	(i)	156,233.	6,144.	0.	5,686.	0.	168,063.	0.
DIR. OF REG. POLICY & INITIAT.	(ii)	0.	0.	0.	0.	0.	0.	0.
VIBHA BHATIA	(i)	143,046.	6,200.	0.	5,122.	5,748.	160,116.	0.
7 <sup>VP FOR FINANCE &amp; OPERATIONS</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

#### Page 3

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

THE PRESIDENT, WENDY YOUNG, RECEIVED A SUPPLEMENTAL NONQUALIFIED

RETIREMENT PLAN BENEFIT OF \$10,808.

## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

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



Department of the Treasury Internal Revenue Service Name of the organization

KIND, INC.

FORM 990, PART I, LINE 1:

KIND SERVES AS THE LEADING ORGANIZATION FOR THE PROTECTION OF UNACCOMPANIED CHILDREN WHO ENTER THE US IMMIGRATION SYSTEM ALONE AND STRIVES TO ENSURE THAT NO SUCH CHILD APPEARS IN IMMIGRATION COURT WITHOUT REPRESENTATION. WE ACHIEVE FUNDAMENTAL FAIRNESS THROUGH HIGH-QUALITY LEGAL REPRESENTATION AND BY ADVANCING THE CHILD'S BEST INTERESTS, SAFETY, AND WELL-BEING.

```
FORM 990, PART VI, SECTION A, LINE 4:
```

THE BYLAWS WERE AMENDED FOR THE NUMBER, COMPOSITION, QUALIFICATIONS, AUTHORITY, OR DUTIES OF THE GOVERNING BODY'S VOTING MEMBERS, OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DID NOT DOCUMENT ALL MEETINGS HELD BY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY DURING TAX YEAR.

FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS PROVIDED TO THE TREASURER FOR REVIEW AND QUESTIONS. THE FULL BOARD WILL RECEIVE A COPY BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: KIND REQUIRES MEMBERS, TRUSTEES, AND OFFICERS TO DISCLOSE THE EXISTENCE OF A FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATED TO THAT INTEREST. THE REMAINING BOARD OR COMMITTEE MEMBERS THEN DETERMINE IF A CONFLICT OF INTEREST EXISTS. IF A CONFLICT IS DETERMINED TO EXIST, THESE MEMBERS THEN DETERMINE WHETHER KIND CAN REASONABLY ENTER INTO A TRANSACTION OR ARRANGEMENT THAT DOES NOT GIVE RISE TO A CONFLICT, OR IF THAT IS NOT POSSIBLE, THAT THE TRANSACTION OR ARRANGEMENT THAT GIVES RISE TO THE CONFLICT IS IN KIND'S BEST INTERESTS, TO ITS BENEFIT, FAIR AND REASONABLE. IF A MEMBER FAILS TO DISCLOSE A POTENTIAL OR ACTUAL CONFLICT OF INTEREST, APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION MAY BE TAKEN. DIRECTORS, OFFICERS, AND MEMBERS ARE REQUIRED TO SIGN ANNUALLY A STATEMENT THAT THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAVE READ AND UNDERSTOOD IT, AND AGREE TO COMPLY WITH IT.

### FORM 990, PART VI, SECTION B, LINE 15A & 15B:

KIND ENGAGED AN INDEPENDENT BUSINESS MANAGEMENT FIRM TO ANALYZE COMPARABILITY MARKET DATA ON COMPENSATION IN CONJUNCTION WITH THE BOARD OF DIRECTORS. COMPENSATION ADJUSTMENTS WERE MADE INCLUDING BOTH CHANGES FOR THE PRESENT AND CHANGES FOR THE FUTURE.

# FORM 990, PART VI, SECTION B, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FROM KIND UPON WRITTEN OR TELEPHONE REQUEST AND IS AVAILABLE ON THE KIND WEBSITE.

FORM 990, PART VI, SECTION C, LINE 17 OTHER STATES AS REQUIRED FOR MISCELLANEOUS FILINGS. Page 2

FORM 990, PART XII, LINE 2C:

NO CHANGE FROM PRIOR YEAR ON EITHER THE OVERSIGHT PROCESS OR SELECTION

#### PROCESS.

ATTACHMENT 1

## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO ASSIST AND PROTECT UNACCOMPANIED CHILDREN WHO ARE PARTIES TO JUDICIAL OR REGULATORY PROCEEDINGS ARISING FROM THE IMMIGRATION LAWS OF THE UNITED STATES, WHETHER IN THE CONTEXT OF REMOVAL PROCEEDINGS OR APPLICATIONS FROM ASYLUM OR OTHERWISE, BY PROVIDING PRO BONO LEGAL REPRESENTATION AND BY OTHER MEANS, TO EXAMINE PRACTICES BY WHICH CHILDREN'S RIGHTS AND INTERESTS CAN BE BEST PROTECTED BOTH WITHIN THE US IMMIGRATION PROCESS AND WITHIN THE PROCESS OF REPATRIATING CHILDREN TO THEIR COUNTRY OF ORIGIN, TO DEVELOP EDUCATIONAL MATERIALS RELATING TO SUCH PRACTICES, TO OPERATE AND MAINTAIN RELATED CHARITABLE, EDUCATIONAL AND BENEVOLENT PROGRAMS IN FUTHERANCE OF THE AFORESAID PURPOSES, EITHER BY ITSELF OR IN PARTNERSHIPS, JOINT VENTURES, OR CONSULTATION ARRANGEMENTS WITH OTHER ENTITIES.

ATTACHMENT 2

## FORM 990, PART III - PROGRAM SERVICE, LINE 4B

PUBLIC OUTREACH & EDUCATION-KIND CONTINUED ITS LEGISLATIVE AND ADMINISTRATION ADVOCACY WORK TO ENSURE THAT LAW, POLICY, AND PRACTICE ADVANCES THE PROTECTION OF UNACCOMPANIED CHILDREN IN THE UNITED STATES. KIND WORKED THROUGHOUT 2018 TO ENSURE THAT ALL UNACCOMPANIED CHILDREN ARRIVING AT THE U.S. BORDER WERE ABLE TO ACCESS TO HUMANITARIAN PROTECTION THROUGH TIMELY BUT FAIR IMMIGRATION PROCEEDINGS AND BY HELPING PROVIDE PRO BONO

Employer identification number 26-2763038

ATTACHMENT 2 (CONT'D)

Page 2

REPRESENTATION TO THE CHILDREN. KIND ALSO WORKED TO GAIN SUPPORT FOR A GREATER COMMMITMENT TO THE SAFE REPATRIATION AND REINTEGRATION OF CHILDREN RETURNING TO THEIR HOME COUNTRIES ALONE, TO EDUCATE STAKEHOLDERS ABOUT THE ROOT CAUSES OF THESE CHILDREN'S PLIGHT AND WAYS TO ADDRESS THEM, TO SECURE ACCESS TO COUNSEL AND

TO ENSURE ADEQUATE FUNDING FOR UNACCOMPANIED CHILDREN'S SERVICES.

ATTACHMENT 3

## FORM 990, PART III - PROGRAM SERVICE, LINE 4C

REGIONAL WORK-KIND'S "REGIONAL," CENTRAL AMERICA/MEXICO FOCUSES ON CHILD MIGRATION THROUGHOUT THE CENTRAL AMERICA - MEXICO REGION. KIND HAS FOUR REGIONAL INITIATIVES THAT AIM TO ADDRESS ROOT CAUSES OF MIGRATION, EDUCATE THE PUBLIC ABOUT CHILD MIGRATION IN THE REGION, AND ENSURE ACCESS TO PROTECTION FOR MIGRANT CHILDREN. KIND'S REGIONAL INITIATIVES INCLUDE (1) CENTRAL AMERICAN CHILD RETURN AND REINTEGRATION PROJECT - PROVIDING COMPREHENSIVE SUPPORT TO MIGRANT CHILDREN REPATRIATED TO GUATEMALA AND HONDURAS TO HELP THEM REINTEGRATE INTO THEIR COMMUNITIES, AND TO HELP THEM AND THEIR SIBLINGS ACCESS SUPPORT SERVICES AND EDUCATIONAL AND EMPLOYMENT OPPORTUNITIES THAT ALLOW THEM TO REMAIN IN THEIR COUNTRIES OF ORIGIN (2) GENDER AND MIGRATION INITIATIVE -PROVIDING SEXUAL AND GENDER BASED VIOLENCE PREVENTION PROGRAMMING FOR BOYS AND GIRLS, AND FOR SOME TEACHERS, IN GUTAEMALA AND HONDURAS, AND PROVIDING LEADERSHIP AND ECONOMIC EMPOWERMENT TRAINING AND OPPORTUNITIES FOR GIRLS; (3) CROSS BORDER FAMILY

Employer identification number 26-2763038

ATTACHMENT 3 (CONT'D)

REUNIFICATION AND PROTECTION INITIATIVE - PROVIDING ASSISTANCE TO CHILDREN SEPARATED FROM A PARENT WHO HAS BEEN DEPORTED PARENT AND ARE SEEKING REUNIFICATION WITH THEIR PARENT IN THE COUNTRY OF ORIGIN, OFFERING PSYCHOSOCIAL SUPPORT SERVICES TO REUNIFIED FAMILIES, AND IDENTIFYING POTENTIAL PROTECTION NEEDS AND OPTIONS FOR THESE FAMILIES; 4) MEXICO INITIATIVE - ENGAGING IN MONITORING OF CONDITIONS FOR CHILDREN AT THE U.S. MEXICO BORDER AND TRAINING MEXICAN GOVERNMENT OFFICIALS AND NGOS ON BEST PRACTICES FOR REPRESENTING CHILDREN AND U.S. LAW REGARDING UNACCOMPANIED IMMIGRANT CHILDREN. IN ADDITION KIND'S REGIONAL WORK AIMS TO ENSURE THAT U.S. POLICY TOWARD CENTRAL AMERICA IS BASED ON CURRENT UNDERSTANDING OF CONDITIONS IN CENTRAL AMERICA, AND FOCUSES ON ADDRESSING ROOT CAUSES OF CHILD MIGRATION WHILE ENSURING ACCESS TO INTERNATIONAL PROTECTION FOR MIGRANT CHILDREN, AND THAT POLICIES TOWARD MIGRANT CHILDREN THROUGHOUT THE REGION ARE PROTECTION FOCUSED. KIND PARTICIPATES IN FORUMS AND CONFERENCES THAT BRING TOGETHER GOVERNMENT AND CIVIL SOCIETY ACTORS FROM THE U.S., MEXICO, AND CENTRAL AMERICA TO ADDRESS CHILD MIGRATION AS A REGION, AND TRAINS CIVIL SOCIETY AND GOVERNMENT ACTORS ON A RANGE OF TOPICS BASED ON KINDS' EXPERTISE.

			NOTICE 201	18-1	00				
Form	990-T	Ex	cempt Organization (and proxy tax					rn	OMB No. 1545-0687
1 Onn		For colo	ndar year 2018 or other tax year begin			•	••		ର୍ଲ <b>ଏ</b> ପ
Depart	ment of the Treasury	FUI Cale	Go to www.irs.gov/Form990					···	
	I Revenue Service	► Do	not enter SSN numbers on this form a					c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization ( Check be	D Emplo	yer identification number yees' trust, see instructions.)				
B Exe	mpt under section		KIND, INC.						
X	501(C)(3)	Print	Number, street, and room or suite no.	26-2763038					
	408(e) 220(e)	or Type							ited business activity code
	408A 530(a)	Type	1201 L STREET, NW, 3	FLOO	R 2			(See ins	structions.)
	529(a)		City or town, state or province, countr	y, and Z	ZIP or foreign pos	tal code			
	ok value of all assets and of year		WASHINGTON, DC 2000	5					
ure			pup exemption number (See instruct	,		_			
			eck organization type 🕨 X 501	. ,	•	501(c)		_ 401(a) 1	
			anization's unrelated trades or busine	SSES.		16			(or first) unrelated
	ade or business her		e end of the previous sentence, co						than one, describe the
	ade or business, th		•	npiete	Parts Fartu II, i	complete a S			la
			corporation a subsidiary in an affil	iated a	roup or a paren	t-subsidiary o	controlled aroup?		► Yes No
			identifying number of the parent co	-		t ouboralary c	Sintellou group.		
	ne books are in care		, , , , , , , , , , , , , , , , , , , ,	1	-	Telephon	e number 🕨 20	2-824-	8683
Par	t Unrelated	Trade of	or Business Income		(A) Inc	ome	(B) Expen	ises	(C) Net
1a	Gross receipts or	sales							
b	Less returns and allowa	inces	c Balance	1c					
2	-		lule A, line 7)	2					
3			2 from line 1c	3					
4a			attach Schedule D)	4a					
b	• • • •		Part II, line 17) (attach Form 4797)	4b					
с 5			trusts or an S corporation (attach statement)	4c 5					
6				6					
7			ncome (Schedule E)	7					
8			ents from a controlled organization (Schedule F)	8					
9	Investment income of a	a section 50	01(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt	activity in	ncome (Schedule I)	10					
11	-		dule J)						
12			ctions; attach schedule)						
13			ough 12			0.			
Par			Taken Elsewhere (See inst t be directly connected with t				, ,	Except fo	or contributions,
14			directors, and trustees (Schedule K)					. 14	
15									
16									
17									
18			(see instructions)						
19									
20			See instructions for limitation rules)			I I		20	
21			4562)						
22			on Schedule A and elsewhere on re						
23			· · · · · · · · · · · · · · · · · · ·						
24 25			compensation plans						
25 26			sSchedule I)						
20 27			Schedule J)						
28			schedule)						
29			es 14 through 28						
30			ble income before net operating						
31	Deduction for net	operatin	ng loss arising in tax years beginnin	ng on (	or after January	1, 2018 (see	instructions)	31	
32	Unrelated busine	ss taxabl	e income. Subtract line 31 from line	30 .				32	

26-2763038

Form	990-T (20	018)			Page <b>2</b>
Par	rt III	Total Unrelated Business Taxable Income			
33	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (see			
		ions)	33		
34	Amoun	ts paid for disallowed fringes	34		37,679.
35		ion for net operating loss arising in tax years beginning before January 1, 2018 (see			,
35		ions).	25		
			35		
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines	33 and 34			37,679.
37	Specific	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,000.
38		ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter th	ne smaller of zero or line 36	38		36,679.
Par	rt IV	Tax Computation			
39	Organi	zations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39		7,703.
40	Trusts	<b>Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on			
		ount on line 38 from: Tax rate schedule or Schedule D (Form 1041).	40		
41		ax. See instructions			
42		tive minimum tax (trusts only)	42		
43		Noncompliant Facility Income. See instructions			
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44		7,703.
Par	rt V	Tax and Payments			
45 a	Foreigr	tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
		redits (see instructions)			
		I business credit. Attach Form 3800 (see instructions) 45c			
		or prior year minimum tax (attach Form 8801 or 8827).	-		
			45e		
		redits. Add lines 45a through 45d			7,703.
46		ct line 45e from line 44	46		1,103.
47		xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)			
48	Total ta	ax. Add lines 46 and 47 (see instructions)	48		7,703.
49	2018 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
50 a	Payme	nts: A 2017 overpayment credited to 2018			
b	2018 e	stimated tax payments	-		
		bosited with Form 8868			
		organizations: Tax paid or withheld at source (see instructions) 50d			
		withholding (see instructions) • • • • • • • • • • • • • • • • • • •	-		
		or small employer health insurance premiums (attach Form 8941)	-		
			-		
g		redits, adjustments, and payments: Form 2439			
		form 4136 Other Total ► 50g		,	
51	•	ayments. Add lines 50a through 50g	51		21,491.
52	Estimat	ted tax penalty (see instructions). Check if Form 2220 is attached	52		
53	Tax due	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	-	13,788.
55	Enter th	e amount of line 54 you want: Credited to 2019 estimated tax >13,788. Refunded >	55		
Par	rt VI	Statements Regarding Certain Activities and Other Information (see instruction	ns)		
56		time during the 2018 calendar year, did the organization have an interest in or a signature o		authority	Yes No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	•		
			loreign	oountry	x
	here 🕨				X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust	?•••• -	A
		see instructions for other forms the organization may have to file.			
58		ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$			
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	best of my	knowledge ar	nd belief, it is
Sig	n  ⊾ ″		av the "	RS discuss	this return
Her				oreparer sho	
			ee instructio	·	
		Print/Type preparer's name Preparer's structure Date		PTIN	
Paic	ł	MARC BERGER ALL Che self-	ck └── if employed	P0187	1563
Prep	oarer	Firm's name BDO USA, LLP		13-5381	
Use	Only	Firm's name       ► BDO_USA, LLP       Firm         Firm's address       ► 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102       Phot		3-893-0	<u>600</u>
	-	Phone Internation Dates, #000, MCTREWS ► 0401 GUERNODORO DATAE, #000, MCTREWS ► 0401 GUERNODORO DATAE, #000, MCTREWS ► 0401 GUERNO Phone	ne no. 70		
ISA				⊦orm <b>99</b>	<b>0-T</b> (2018)

JSA 8X2741 1.000 KIND, INC.

Form 990-T (2018)								I	Page 3
Schedule A - Cost of G	oods Sold. Er	iter method	d of inventory	valuation	▶				
1 Inventory at beginning of y	year <b>1</b>		6	Inventory a	at end of yea	ar	6		
2 Purchases	2		7			ld. Subtract line			
3 Cost of labor				6 from I	ine 5. En	ter here and in			
4a Additional section 263A c	osts			Part I, line	2		7		
(attach schedule)	4a		8	8 Do the rules of section 263A (with respect to Yes					
<b>b</b> Other costs (attach schedu	ule) <b>4b</b>			property	produced	or acquired for	r resale) apply		
5 Total. Add lines 1 through	4b <b>5</b>			to the orga	nization?				Х
Schedule C - Rent Incom	e (From Real P	roperty a	nd Persona	I Property	Leased V	Vith Real Prope	rty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent recei	ved or accrue	ed						
for personal property is more than 10% but not percentage of rent for							rectly connected with the income a) and 2(b) (attach schedule)		ome
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of c here and on page 1, Part I, line 6	., .	,				(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,		
Schedule E - Unrelated D			e instruction	s)					
1. Description of de			2. Gross inc allocable to d	ome from or			ced property		
			prop			nt line depreciation ich schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)	1								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5. Average adjust of or alloca debt-financed (attach sche	ble to property	6. Co 4 div by colu	ided		income reportable n 2 x column 6)	8. Allocable dea (column 6 x total 3(a) and 3	of colum	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
	, 					re and on page 1, ne 7, column (A).	Enter here and o Part I, line 7, co		
Totals Total dividends-received deduct									

Form 990-T (2018)

Form 990-T (2018)	KIND, IN									763038	Page 4
Schedule F-Interest, Annu	uities, Royalties	s, and Rent	s Fro	om Contro	lled Or	ganiza	tions (see	e instructio	ons)		
1. Name of controlled organization	2. Employer identification numb	er 3. Ne	3. Net unrelated income (loss) (see instructions)		ganizations           4. Total of specified payments made		d included	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations					1					
7. Taxable Income	8. Net unrelated ir (loss) (see instruc		9. Total of specifi payments made		include		ded in the co	t of column 9 that is ed in the controlling ation's gross income		11. Deductions directly connected with income in column 10	
(1)											
(2)											
(3)											
(4)											
						Ente	columns 5 a here and on I, line 8, colu	page 1,	Ent	dd columns 6 an er here and on p rt I, line 8, colum	age 1,
Totals				(0) an (47			- ( '				
Schedule G-Investment Ir	icome of a Sec	ction 501(C	;)(7),	(9), Or (17 3. Deduc		nizatio				5. Total dedu	
1. Description of income	2. Amount of	income		directly cor	4. 3			t-asides schedule)		and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)	Enter here and	on nogo 1								Enter here and c	
Totals	Part I, line 9, c									Part I, line 9, co	
Schedule I-Exploited Exe	mpt Activity In	come, Oth	er Th	an Advert	ising Ir	ncome	(see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected production unrelated business inc	with i of d	<b>4.</b> Net incor from unrelat or business 2 minus co If a gain, c cols. 5 thro	ted trade (column lumn 3). ompute	from a is not	ess income ctivity that unrelated ess income	6. Expenses attributable to column 5		7. Excess of expens (column 6 column 5, more th column	ses minus but not han
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page 1, Pa	er here and on ge 1, Part I, 10, col. (B).		Enter here and on page 1, Part II, line 26.						
Schedule J- Advertising Ir	come (see instr	uctions)									
Part I Income From Per		,	onsol	idated Bas	sis						
										7 54000 10	
1. Name of periodical	2. Gross advertising income		3. Direct dvertising costs		tising ss) (col. ol. 3). If mpute ough 7.		rculation come			7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))		_	_		_		_		_		_

Form 990-T (2018)

Form 990-T (2018)	KIND, IN	JC.			26-27	63038 Page <b>5</b>	
Part II Income From Pe 2 through 7 on a			rate Basis (For o	each periodica	I listed in Part II	l, fill in columns	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)							
(2)							
(3)							
(4)							
Totals from Part I							
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)							
Schedule K - Compensation	on of Officers, D	Directors, and Tr	ustees (see instr	ructions)			
1. Name		2.	Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business		
(1)				%			
(2)				%			
(3)				%			

Total. Enter here and on page 1, Part II, line 14 ► . . . . . . . . . . .

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%

(4)