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Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

©pen to Rüblic Inspection:

A	For the	2010 calenda	i ending		, 20				
В	B Check if applicable		C Name of organization		D Emplo	yer ide	ntification number		
X	Address change		KINDNESS FOUNDATION	64			-0890800		
	Name cha	nge	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Teleph	one nu	mber		
	initial retur	m							
	Terminated	d	4 WILLOW BEND	1C	(60	01) 54	5-9090		
X	Amended i	return	City or town, state or country, and ZIP + 4		F Group	Exemp	tion		
	Application	n pending	HATTIESBURG, MS 39402		Numbe	r 🕨			
G	Accoun	iting Method	Cash X Accrual Other (specify) ▶		Check ▶	ıf th	ne organization is not		
I	Websit	te: KIND	NESSFOUNDATIONINTERNATIONAL.ORG		required to	attach	Schedule B		
<u>J</u>	Tax-exe	mpt status (check only one) - X 501(c) (3) 501(c)() ◀ (insert no) 4947(a)(1) c	r527	(Form 990,	990-E	Z, or 990-PF)		
K	Check	■ If the or	rganization is not a section 509(a)(3) supporting organization and its gross	s receipts are	normally no	t more	than \$50,000 A		
	Form 99	0-EZ or Form	990 return is not required though Form 990-N (e-postcard) may be required.	red (see instru	uctions) But	ıf the o	rganization chooses		
	to file a r	return, be sur	e to file a complete return						
Ļ	Add lines	s 5b, 6c, and	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 o	r more, or if to	otal assets (I	Part II,			
	line 25, d	column (B) be	elow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			· ▶\$	156,415		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balan	ces (see ti	he instructio	ns for P	Part I)		
			e organization used Schedule O to respond to any question in this Part I						
	1	Contribution	s, gifts, grants, and similar amounts received			1	156,406		
	2	Program ser	vice revenue including government fees and contracts			2	• •		
	3	Membership	dues and assessments $\cdots \cdots \cdots$			3			
	4	Investment i	ncome			4	9		
	5a	Gross amou	nt from sale of assets other than inventory • • • • • • • • 5a	1					
	b	Less cost of							
	С	Gain or (loss	5c						
	6	Gaming and							
R e	a	Gross incom							
v e	1			1					
n	Ь	Gross incom	e from fundraising events (not including \$	of contribution	ns				
u e		from fundrais							
			sum of such gross income and contributions exceeds \$15,000) · · · · · · · 6b						
	C	Less. direct							
		Net income							
		line 6c) · ·	6d						
	₽ 7a	Gross sales	of inventory, less returns and allowances			FAX			
	₽ h		goods sold · · · · · · · · · · · · · · · · · · ·		-				
	Ž c	Gross profit	or (loss) from sales of inventory (Subtract line 75 from like 7a) · · · ·			7c			
	₹ 8	Other reveni	or (loss) from sales of inventory (Subtract line April he a)			8			
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7d, and 8		• • • •	9	156,415		
	10		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7d, and 8			10			
	11					11			
	12	Salaries, oth	Salaries, other compensation, and employee benefits			12	14,997		
	13	Professional fees and other payments to independent contractors				13			
	14	Occupancy, rent, utilities, and maintenance			14	7,574			
	15		lications, postage, and shipping			15			
	16					16	127,804		
	17		Total expenses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·				150,375		
NS e e t	18		eficit) for the year (Subtract line 17 from line 9) · · · · · · · · · ·		17	6,040			
	i I	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with				<u> </u>			
			figure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·			19	4,023		
	20	-	es in net assets or fund balances (explain in Schedule O) · · · · ·			20			
S	21	_			•	21	10,063		
_			A . A . A . A				E 000 E7 (2010)		

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form **990-EZ** (2010)



Partill	Balance Sheets. (see the instructions for Pa					
	Check if the organization used Schedule O to res	pond to any question in this Pa				
22 Cash o	savings, and investments			nning of year 6,843	22 B) End of year
	nd buildings · · · · · · · · · · · · · · · · · · ·			0,843	23	2,563
	assets (describe in Schedule O) · · · · · · ·			20,758	24	5,401
25 Total a				27,601	25	7,964
26 Total li	abilities (describe in Schedule O)			23,578	26	96
27 Net as:	sets or fund balances (line 27 of column (B) must	agree with line 21) · · · · ·		4,023	27	7,868
Partill						Expenses
	Check if the organization used Schedule O to re-		art III • • • • • •	• • • • □		ured for section (3) and 501(c)(4)
	organization's primary exempt purpose? CHRISTA					nizations and section
	hat was achieved in carrying out the organization's of s provided, the number of persons benefited, and of			describe	1	(a)(1) trusts, optiona
28 YOUTH		ther relevant information for each	on program title		TOT OU	hers)
20 10011				 -		
	·····					
(Grants	s \$) If this amo	ount includes foreign grants, ch	eck here · · · ·	•••▶□	28a	16,105
29 MISSI	ON SUPPORT					,
(Grants) If this amo	ount includes foreign grants, ch	eck here · · · ·	•••▶	29a	91,868
30			_ 			
						
(Grants) If this ame	ount includes foreign grants, ab	ook horo		20-	
•	program services (describe in Schedule O) · · · ·	ount includes foreign grants, ch			30a	
(Grants	•	ount includes foreign grants, ch		_	31a	
<u></u>	program service expenses (add lines 28a through				32	107,973
Part IV						
	Check if the organization used Schedule O to re-		·	•		·
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution		(e) Expense account and
	·	devoted to position	enter -0)	deferred compen		other allowances
DR OLGA I		PRESIDENT			J	_
	2004, Canada	48			9	
FRED LUTS	2004, Canada	VICE PRESIDENT		1	٦	,
DELOIS SM		TREASURER		1		
	BEND, HATTIESBURG MS 39402	5	(,	d	(
PEGGY BRA		DIRECTOR	-			
38 BLUEBE	RRY LANE, PURVIS MS 39475	2	(d	d	(
HAL COX		DIRECTOR				
7546 US H	WY 49, HATTIESBURG MS 39402	2	(i	q	(
<u></u>						
		_				
		_			-	
						
				<u> </u>		

Check if the organization used Schedule O to respond to any question in this Part V 33 Od the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on From 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. 36 D the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on From 990-T. explain in Schedule O why the organization did not report the income on Form 990-T. 37 D the floor organization are unrelated business gross income of \$1,000 or more or was at a section 5010(4), 5010(4), 5010(4), or 5010(4), organization, subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 36 If "Yes," complete sorphic applicable parts of Schedule N 37 a Enter amount of policida expenditures, direct or indirect, a described in the instructions? 38 a bif "Yes," complete applicable parts of Schedule N 39 a bif the organization borrow from, or make any boars to, any officer, director, trustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the tax year covered by this return? 38 a bif "Yes," complete Schedule L, Part II and enter the total amount involved 39	Yes	$\cdot \Box$
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Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule (D (see Instructions). 34 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization do not report the income on Form 990-T and organization had uncome from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T as explain in Schedule O why the organization do report the income on Form 990-T and the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 If "Yes," the stifled a tax return on Form 990-T for this year (see instructions)? 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, furctor or indirect, as described in the instructions 37a Individual the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory ear and still outstanding at the end of the fax year covered by this return? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ★ section 4912 ★ section 4912 ★ section 4955 ★ section 501(c)(3) and 501(c)(4) organizations. Bither amount of tax imposed on reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organizatio	1	
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501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 5 b if "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 5 Enter amount of political expenditures, direct or indirect, as described in the instructions 5 Did the organization file Form 1120-POL for this year? 5 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 5 Section 501(c)(7) organizations Enter. 6 Initiation fees and capital contributions included on line 9 7 Section 501(c)(7) organizations Enter. 8 Initiation fees and capital contributions included on line 9 9 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part i 10 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 11 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rembursed by the organization 12 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c rembursed by the organization and file tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 12 Section 501(c)(35-327	لخفقا
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b Gross receipts, included on line 9, for public use of club facilities		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 · · · · · · · · · · · · · · · · · · ·	,	x
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	e de la companya de l	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		建闭
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
transaction? If "Yes," complete Form 8886-T		
List the states with which a copy of this return is filed MS, 42 a The organization's books are in care of DELOIS SMITH Located at 4 WILLOW BEND HATTIESBURG, MS 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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,	Х
Located at ▶ 4 WILLOW BEND HATTIESBURG, MS 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-	
Located at ▶ 4 WILLOW BEND HATTIESBURG, MS 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	9090	
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,	X
and Financial Accounts.		
and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the US?		
	;	<u> </u>
If "Yes," enter the name of the foreign country		_
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here · · · · · · · · · · · · · · · · · ·)	• <u> </u>
and enter the amount of tax-exempt interest received or accrued during the tax year • • • • • • • • • • • • • • • • • • •		
p.,	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		E Y
completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		
completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	+	X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		<u>Post</u>
explanation in Schedule O · · · · · · · · · · · · · · · · · ·		(004.0)

Form	990-EZ	(2010)	KINDNESS	FOUNDATION			64	-0890800		Page 4
A E	le arv -	plated access	tion a sessential s	onthe of the second	ition within the manner	a of cortion E49/b\/4	2)2		Yes	No
45 a		=		•	tion within the meaning any transaction with a	-	•	45		X
a					edule R may need to be					fig.
							• • • • • • • •	45	a	Y
46		•	•		campaign activities or	behalf of or in oppo	sition			
				= =	C, Part I			46		Х
Par	tiVI :	Section 501	(c)(3) organi	zations and sec	tion 4947(a)(1) no	nexempt charit	able trusts or	ily. All se	ction	
					i)(1) nonexempt ch	aritable trusts m	ust answer qu	estions 47-	49b	
			•	tables for lines 5						
		Check if the	organization i	<u>used Schedule O</u>	to respond to any	question in this	Part VI · · · ·		1	<u>-</u>
47	Did tho	organization o		- a-ti-ut2	aamalata Cabadula C	Dani II			Yes	No
47 48					complete Schedule C,)(A)(II)? If "Yes," comp					17
					haritable related organ			49		X
				•	ition?			49	+	+
50			-	•	ensated employees (otl				<u> </u>	
					pensation from the orga			-		
					(b) Title and average	(c) Compensation	(d) Contribution	s to (e) Expens	
	(a) Na		each employee paid i \$100,000	more	hours per week devoted to position		employee benefit pl deferred compens		eccount and a count and a count and a count a	
NONE	<u> </u>									
						1				
										
								\longrightarrow		
]				
f	Total nu	umber of other	employees paid	over \$100,000 · · ·	• • • •					
51	Comple	te this table for	r the organization	's five highest compe	ensated independent co	ontractors who each	received more that	an		
	\$100,00	00 of compensa	ation from the org	janization If there is	none, enter "None "		·····			
	_(a)	Name and address	s of each independent	t contractor paid more than	\$100,000	(b) Type of s	service	(c) Comp	ensation	
NONE	,									
HOME	<u> </u>						+			
								·		
						-				
		_								
				· · · · · ·						
d	Total nu	umber of other	independent con	tractors each receivir	ng over \$100,000 · ·	· •				
52		-	•		n 501(c)(3) organization			. 🖘		
					ule A · · · · · · ·			· • ▶ <u>X</u> Ye	es	No
					panying schedules and state I information of which prepare		ny knowledge and beli	≘f, it is		
		N DELOTS	s smith 2	The L.	$\lambda \leq$		i 08-	11-2011		
Sign	1	Signature of a		MONE C).	1/2		Date			
Here	•	7		EASURER						
			name and title							
-		Print/Type prepa		Preparer's se	gnature	Date	Check	r PTIN		
Paid		"''	mmings, Jr	potent	Cuns	12-13-2011	self-employe	"		
Prepa	arer	Firm's name		and Cummings	CPA PLLC	ير	Firm's EIN			
Use (Firm's address	▶ 1319 Hard	dy St						
			Hattiesbu	irg MS 39401			Phone no 60	1-544-755	52	
May t	he IRS o	iscuss this retu	urn with the prepa	arer shown above?	See Instructions · · ·			· ·▶ 💢 Ye	es 🗌	No
						EEA		Form	990-EZ	(2010)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

2010

inopenito Rublic

Inspection

Employer identification number

KINDNESS FOUNDATION 64-0890800 01. Description of other expenses (Part I, line 16) Description Amount FUND RAISING 4,628 OFFICE EXP 10,175 PAYROLL TAX 1,147 ACCOUNTING FEES 3,310 BANK FEES 571 PROGRAM SERVICES 107,973 02. Description of other assets (Part II, line 24) Beginning Category of Year End of Year EQUIP NET 5,401 5,401 DONATION REC 15,357 0 03. Description of total liabilities (Part II, line 26) Beginning Category of Year End of Year 22,500 0 DELOIS SMITH LOAN 96 PAYROLL TAX PAYABLE 985 0 93 CREDIT CARD BALANCE