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Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning OCT 1, 2013

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

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

and ending DEC 31,

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

В	Check if applicabl	C Name of organization		D Employer identificati	ion number			
_	Addre							
<u> </u>	chang Name			26-276	3038			
늗	ichang initial	Number and street (or P O box if mail is not delivered to street address)	Room/suite	+	3030			
-	retum Termir	· · · · · · · · · · · · · · · · · · ·	1100		4-8683			
F	ated Amen		1100	G Gross receipts \$	536,324.			
F	retum Applic tion			H(a) Is this a group return				
	pendii			for subordinates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates includ				
T	Tax-ex	empt status: X 501(c)(3) 501(c) ()	or 527	7 ' '				
		e: NWW.SUPPORTKIND.ORG		H(c) Group exemption nu				
K	Form of	organization X Corporation	L Year	of formation 2008 M St	ate of legal domicile DC			
	art I	Summary						
•	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{KINI}}$	SERVE	ES AS THE LEAD				
Governance		ORGANIZATION FOR THE PROTECTION OF UNACC	COMPAN	ED CHILDREN W	HO ENTER			
ern	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispe	osed of mor	e than 25% of its net asset				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	15			
ಇ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15			
ies	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	43			
Activities &	1	Total number of volunteers (estimate if necessary)		6	156			
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	····	7b	0.			
			<u> </u>	Prior Year 4,962,790.	536,162.			
e e	1	Contributions and grants (Part VIII, line 1h)	-	102,500.	0.			
Revenue	1	Program service revenue (Part VIII, line 2g)	628.	162.				
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,065,918.	536,324.				
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		256,257.	14,988.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.			
(0	1	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	, 	2,283,052.	652,953.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	′ <u> </u>	0.	0.			
per		Total fundraising expenses (Part IX, column (D), time 25)	70.					
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>, </u>	801,886.	141,783.			
	1	Total expenses, Add lines 13-17 (must equal Part.IX, column (A), line 25)	<u> </u>	3,341,195.	809,724.			
		Revenue less expenses. Subtract line 18 from line 2 DFC 2 2 2014		1,724,723.	<273,400.>			
20 0				eginning of Current Year	End of Year			
Net Assets or Find Balances	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26) OGDEN, UT		3,236,418.	3,005,028.			
ASS	21	Total liabilities (Part X, line 26)		266,928.	322,438.			
3.5	22	Net assets or fund balances. Subtract line 21 from line 20		2,969,490.	2,682,590.			
P	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedul			owledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other then officer) is based on all information of v	vhich prepare	r has any knowledge	/I. I			
		1 Wayy		Jd/16/	14			
Sig	n	Signature of officer		Dåte				
He	re	WENDY YOUNG, PRESIDENT						
_		Type or print name and title	7 1	Date / Check	PTIN			
Da:		Print/Type preparer's name CHANDL M. HOLVADD. CDA			1			
Pai		SHAWN M. HOWARD, CPA			P01279828 4-1029635			
4005 555 55 55 50 50 50 50 50 50 50 50 50								
USE	Only	Firm's address 4035 RIDGE TOP RD, SUITE 700 FAIRFAX, VA 22030		Phono no 1703	3)385-8888			
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		T HONE HO (7 0 3	X Yes No			
	001 10-2		tions.		Form 990 (2013)			
J-02		EE SCHEDULE O FOR ORGANIZATION MISSION S		ENT CONTINUATI				

10-29-13

SEE SCHEDULE O FOR CONTINUATION(S)

Fo	orm 990 (2013) KIND, INC. 26-27	53038	3 F	age 3
F	Part IV Checklist of Required Schedules			
	•		Yes	No
1	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		İ	
	If "Yes," complete Schedule A	1	<u> X</u>	
2	2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
(3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection of the section 501(c) organizations.	ct		

- during the tax year? If "Yes," complete Schedule C, Part II

 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 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
- 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.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - **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
 - c 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
 - **d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part IX
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
 - **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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- 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
- 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
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Х 5 Х Х 7 X X 9 X 10 Х 11a Х 11b X 11c Х 11d X 11e 11f 12a 12b X 13 14a X 14b X 15 X 16 Х 17 Х 18 19 20a 20ь Form **990** (2013)

Form	99Q (2013) KIND, INC. 26	5-2763038	P	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		l	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Par			.,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current of the organization of	rent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		U	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a	 -	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defea			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			Х
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		Х
00	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	255	-	
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	er		
	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):			
а	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 Schedule L, Pa	ert IV 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	n	ļ	
	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	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ــــــ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			١,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled en	í	1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.			v
	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		l	l

Form **990** (2013)

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Senior S	Par	Statements Regarding Other IRS Filings and Tax Compliance			
18 Enter the number reported in Box 3 of Form 1096. Enter -0'r in rict applicable Enter the number of Forms VSQ chickeder line in Enter of -1'n into applicable Different the number of Forms VSQ chickeder line in Enter of -1'n into applicable Different the number of Forms VSQ chickeder line in Enter of -1'n into applicable Different number of employees reported on Form WSQ. Transmittal of Wage and Tax Statements, field off or the calendar year ending with or within the year covered by this return If all seat on a seponder on line 2b, do the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file see instructions) B Different organization have unleaded business gross income of \$1,000 or more dump the year? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file see instructions) B Different organization have an enter organization have an interest in, or a signature or other authority over, a financial account, a country securities account, and the year? If Yes, 'ten the name of the foregin country, 'even a sabank account, securities account, or other financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See Was the organization apply to a prohibited tax sheller transaction? B Uf Yes, 'ten the name of the foregin account, year of the requirement of the same party to a prohibited tax sheller transaction? B Uf Yes, 'ten be a or 5b, did the organization that it was or in a party to a prohibited tax sheller transaction? B Uf Yes, 'ten be a or 5b, did the organization that was or in a party to a prohibited tax sheller transaction or gifts were not tax deductibles or heartable contributions or gift was not tax deductibles and prohibited tax sheller transaction or gifts were not tax deductibles and entraplication shell the organization necessary and the organization necessary and the comparity of the organization re	•	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
b Enter the number of Forms W2G enclused in line 1s. Enter 0-th not applicable Did he organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wannings to prize winners? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed of the calendary year ending with or within the year covered by this return If it least one is reported on line 2s, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2s agreater than 250, you may be required to e-fife (see instructions) To the organization have unrelated business gross income of \$1,000 or more during the year? A tary 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 except or other financial account)? B if Yes, and the true and the foreign country is the same and the foreign country is the same and the foreign country. See instructions for filing requirements for Form TD F 90/221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/221, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90/221, Report of Foreign Bank and Financial Accounts. If Yes, Yes, Yes, Yes, Yes, Yes, Yes, Yes,			1 5	Yes	No
to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3. If the calendar year ending with or within the year covered by this return. 3. If the calendar year ending with or within the year covered by this return. 3. If the calendar year ending with or within the year covered by this return. 3. If the calendar year ending with or within the year covered by this return. 3. If Yea, I has it filed a form 900-To this year? If Yilo, 'to large 3b, provide an explanation in Schedule O 3. If Yea, 'nas it filed a form 900-To this year? If Yilo, 'to large 3b, provide an explanation in Schedule O 3. If Yea, 'nas it filed a form 900-To the year? If Yilo, 'to large 3b, provide an explanation in Schedule O 3. If Yea, 'nas it filed a form 900-To the year? If Yilo, 'to large 3b, provide an explanation in Schedule O 3. If Yea, 'nas it filed a form 900-To the year? If Yilo, 'to large 3b, year and year. 3. If Yea, 'to line Sa or 5b, did the organization file Form 9898-17 3. If Yea, 'to line Sa or 5b, did the organization file Form 9898-17 3. If Yea, 'to line sa or 5b, did the organization file Form 9898-17 4. Yea, 'to line organization end year and year year and ye	1a	· · · · · · · · · · · · · · · · · · ·	그쉬		
gambling) winnings to prize winners? 2					
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 4.3	С			1	1
filed for the calendary year endong with or within the year covered by this return 1	ο-		16		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 b Id the organization have unrelated business gross income of \$1,000 or more during the yeal required to e-rife (see instructions) 3 b Id the organization have unrelated business gross income of \$1,000 or more during the yeal required for e-rife (see instructions) 3 b If Yes, *has it field a Form 990-Tf or this year? If *No.* to his 3b, provide an explanation in Schedule O 4 At any time during the celeardary year, did the organization have an interest in, or a signature or other earthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 b If Yes, *to list the organization appart to a prohibited tax shelter transaction at any time during the tax year? 5 b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b If Yes, *to line \$a or \$b, did the organization file Form 8886-T? 6 b Dest the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes, *did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 c Did the organization neceve apyment in excess of \$75 made party as a contribution of party for goods and saruss provided to the payor? 7 b If Yes, *did the organization notify the donor of the value of the goods or services provided? 8 b If the organization receive a contribution of underectly, to pay premiums on a personal benefit contract? 9 c Did the organization receive a contribution of qualified intellectual property did which it was required? 1 to the organization received a contribution of qualified intellectual property, did the organization free form 890 as required? 1 to the organization received a contributio	2a		43		
Note. If the sum of hines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross income of \$1,1000 or more during the year? 40. 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, secretic income of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ► 50. If 'Yes,' either the name of the foreign country. ► 51. See instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 52. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 53. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 54. If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 55. Organizations that may receive deductible contributions under section 170(c). 56. If 'Yes,' did the organization norbity the donor of the value of the goods or services provided? 57. Organizations that may receive deductible accordination and partly for goods and services provided to the payor? 58. If 'Yes,' did the organization norbity the donor of the value of the goods or services provided? 58. If 'Yes,' indicate the number of Forms 3828 filed during the year 59. If 'Yes,' indicate the number of Forms 3828 filed during the year 59. If 'Yes,' indicate the number of Forms 3828 filed during the year 59. If Yes,' indicates the number of Forms 3828 filed during the year 59. If Yes,' indicates the number of Forms 3828 filed during the year 59. If Yes,' indicates the number of Forms 3828 filed during the year 59. If Yes,' indicates the number of Forms	_			x	İ
38 Did the organization have unrelisted business gross income of \$1,000 or more during the year? 49 If "Yes," has it field a Form 9907 for this year? If "No," to line 3b, provide an explication in Schedule O 40 At any time during the celendrar 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)? 50 Be instructions for filing requirements for Form TD F 900-22.1, Report of Foreign Bank and Financial Accounts. 51 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 52 Did any taxable party notify the organization file Form 8886-17? 53 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 54 If "Yes," to line 5 or 6 fb, did the organization file Form 8886-17? 55 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 55 Organizations that may receive deductible contributions under section 170(e). 56 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for gods and services provided to the payor? 56 Did the organization receive apayment in excess of \$75 made partly as a contribution and partly for gods and services provided to the payor? 57 Organizations and the strange, or otherwise dispose of financial property for which it was required to file Form 8282? 58 If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 8899 as required? 59 If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-07 to 100 the organization make any taxable distributions under section 4968? 50 Did the organization make any taxable distrib	D		- 20		
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)? 5b If "Yes," enter the name of the foreign country: Implementation from TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization in party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or as a party to a prohibited tax shelter transaction? 5c If "Yes," of line Sa or 5b, of the organization in file Form 8986-17? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization shall exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 If the organization received a contribution of a file goods or services provided? 9 If the organization received a contribution of a contribution of a file goods or services provided? 10 bit the organization received a contribution of a file goods or services provided? 10 bit the organization received a contribution of a file goods or services provided? 11 If the organization received a contribution of a file goods or services provided? 12 bit the organization received a contribution of a file goods o	32		3a		х
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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			\rightarrow		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_		140	[X
					
	0	11 165, 1166 & 1 6 in 120 to report those payments: in 110, provide all explanation in defiedule of		990	(2013)

332005 10-29-13

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 15 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? Х 8b **b** Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? Х 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed DC, NY, NJ, CA, MA, TX, MD, WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website ___ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: WENDY YOUNG - 202-824-8683 1300 L ST, NW SUITE 1100, WASHINGTON, 20005 Form 990 (2013)

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

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

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

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

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

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

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	nless person is both an and a director/trustee)			h an	compensation	compensation	amount of
	week	-	cer an	dad	a girector/trustee)			from	from related	other
	(list any	actor						the	organizations	compensation
	hours for	5	ge I			ate		organization	(W-2/1099-MISC)	from the
	related	22 24 26	agg			Seus		(W-2/1099-MISC)		organization
	organizations	ᄩ	la la		l ge	§ 8				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRADFORD SMITH	2.00	-= -	ļ . —	۳	×	1 0	<u> </u>			
CO-CHAIR		X		Х				0.	0.	0.
(2) ANGELINA JOLIE	1.00									
CO-CHAIR		X		X				0.	0.	0.
(3) PAMELA PASSMAN	2.00									
TREASURER		X		X				0.	0.	0.
(4) LYDIA G. TAMEZ	1.00									
SECRETARY		X		X				0.	0.	0.
(5) WALLY CHRISTENSEN	1.00									
DIRECTOR		X						0.	0.	0.
(6) JOHN BUL DAU	1.00								_	_
DIRECTOR		X						0.	0.	0.
(7) SONIA NAZARIO	1.00							_		
DIRECTOR		X						0.	0.	0.
(8) KATHLEEN NEWLAND	1.00				ĺ			_		
DIRECTOR		X				Ш.	<u> </u>	0.	0.	0.
(9) AMB. ELLEN SAUBERRY	1.00									
DIRECTOR		X				<u>L</u> .		0.	0.	0.
(10) RONALD A. SCHECHTER	1.00							_	_	_
DIRECTOR		X				Ш.	L	0.	0.	0.
(11) JAIME BRODER	1.00						İ			
DIRECTOR		X				ļ		0.	0.	0.
(12) CAROL GEITHNER	1.00									
DIRECTOR		Х	_			_	ļ	0.	0.	0.
(13) MAYA AJMERA	1.00									
DIRECTOR	1 00	X		_		ļ		0.	0.	0.
(14) KAREN JONES	1.00	,,						_		_
DIRECTOR	1 00	X	_		L		<u> </u>	0.	0.	0.
(15) SHEPPIE ABRAMOWITZ	1.00	,,						10 000		
DIRECTOR	40.00	Х				-	_	10,000.	0.	0.
(16) WENDY YOUNG	40.00	1		١,,				100 070		14 620
PRESIDENT	40.00	<u> </u>	-	Х		ļ	├	199,870.	0.	14,630.
(17) ELLEN K. JORGENSEN	40.00	1	1			v		106 210	^	E 020
DIRECTOR		L	L	Щ.	l	X		106,218.	0.	5,038.
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•	T Y群 Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any	(do box offi	not c	Pos heck ss pe	tion more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estima amou oth	ated nt of er
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	IISC) fro orga and		the ation ated ations
											-		
								-					
	Sub-total							•	316,088.	().	19,	668.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						▶	0. 316,088.).	19,	0. 668.
2	Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	d al	bove	e) wh	no re	<u> </u>	,000 of reportable	•	·	2
3	Did the organization list any former officer	director, or tru	uste	e, ke	y er	nplo	yee,	or	highest compensated ei	mployee on		Ye	s No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s		le co	omp	ensa	ation	n and	d oth	her compensation from	the organization	;		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or			-						dual for services		ı X	
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e <i>J f</i>	or su	ıch	pers	son					5	<u> </u>
1	Complete this table for your five highest countries the organization. Report compensation for										ensatio	on from	
	(A) Name and business	address	NO	ONE	Ξ				(B) Description of s	ervices	Com	(C) pensa	lion
												<u>-</u>	
		<u>-</u>							. <u>-</u>				
2	Total number of independent contractors (ot lii	mite	d to		_	sted	l above) who received m	nore than			
	\$100,000 of compensation from the organ	zation -					<u> </u>			<u>. </u>	Fo	rm 99 ((2013)

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Pa	rt VI	Statement of Reve	nue					
	 .	Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
'0 '0	·					revenue	revenue	sections 512 - 514
ants ints	1 a		1a					
S S	b	•	1b					
Fts,	C	•	1c					
를렸	d	d Related organizations	1d	227 402				
Sin's,	e	9		327,493.				
er is	f		1 1	200 660				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	ove 1f	208,669.				
<u> </u>	_	Noncash contributions included in lines	s 1a-1f \$		526 162			
<u>O e</u>	h	Total. Add lines 1a-1f			536,162.		,,	
				Business Code		1		1
jc Si	2 a							
ie Ser	b			-				
Z S	٥							
Program Service Revenue	d	i				-		,
P.	e	All other management control			 			-
_	1	All other program service reve	enue					
	3	Total. Add lines 2a-2f Investment income (including	dividende inter					
	3	other similar amounts)	dividends, inter	est, and	162.			162.
	4	Income from investment of ta	v-exempt bond	proceeds				
	5	Royalties	ox exempt bond	proceeds •				
		Noyanios	(ı) Real	(ii) Personal			· ,,-	
	6 a	Gross rents	() 1 (0.01)	(// 5/5/5/1/4				
	b							
	٥	5						
		Net rental income or (loss)		>				
		Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory						
	ь	Less: cost or other basis	·					
		and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)		•				
ø		Gross income from fundraisin	g events (not					
Other Revenue		including \$						
ě		contributions reported on line						
E		Part IV, line 18	а					
Ĕ	b	Less: direct expenses	t	·				
0	c	Net income or (loss) from fund	draising events		***************************************			
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gan	ning activities	•			····-	
	10 a	 Gross sales of inventory, less 	returns					
		and allowances	а	·				
	b	Less. cost of goods sold	t	· L				
	C	Net income or (loss) from sale		•				
		Miscellaneous Revenu	Je	Business Code				
	11 a	·						ļ
	b	·						
	٥	·						_
	d	All other revenue						
	1	Total. Add lines 11a-11d			E26 224			1.00
	12	Total revenue. See instructions		▶ 1	536,324.	0.	0	162.

Form 990 (2013) KIND, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			<u> </u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		14 000		
	organizations in the United States See Part IV, line 21	14,988.	14,988.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	····
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	53,876.	45,175.	8,701.	
6	Compensation not included above, to disqualified	3370701	10,1100	- 7,020	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	483,524.	405,723.	77,801.	
8	Pension plan accruals and contributions (include	•			
•	section 401(k) and 403(b) employer contributions)	4,195.		4,195.	
9	Other employee benefits	4,195. 73,946.	48,077.	25,869.	
0	Payroll taxes	37,412.	31,369.	6,043.	
1	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	15,257.		15,257.	
d	Lobbying		,		
е	• •				
f	Investment management fees				
9	, ,	12 056	0 010	4 (20	
	column (A) amount, list line 11g expenses on Sch 0)	12,856.	8,218.	4,638.	
2	Advertising and promotion	14,731.	7,130.	7,601.	
3	Office expenses	21,840.	11,647.	10,193.	
4	Information technology	21,040.	11,047.	10,193.	
5	Royalties	44,107.		44,107.	
6	Occupancy	12,991.	7,841.	5,150.	
7 8	Travel Payments of travel or entertainment expenses	12/331.	,,011.	3,130.	
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				. . <u>-</u>
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,223.		2,223.	
3	Insurance	4,099.	3,123.	976.	
4	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 0)				
а	G&A ALLOCATION	0.	165,579.	<165,579.>	
b	FUNDRAISING	5,871.		5,871.	
c	STAFF DEV/RECRUITING	4,276.	3,913.	363.	
d	DUES AND SUBSCRIPTIONS	1,841.	1,841.		
е		1,691.	1,691.		
5	Total functional expenses. Add lines 1 through 24e	809,724.	756,315.	53,409.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

<u> त्या</u>	t X		o to ==	v line in this Bort V			
		Check if Schedule O contains a response or not	e to ar	y inte in trils Part A	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			80,735.	1	204,417
	2	Savings and temporary cash investments		<u> </u>	818,744.	2	368,903
	3	Piedges and grants receivable, net		<u> </u>	2,253,883.	3	2,331,594
	4	Accounts receivable, net		}	2/200/000	4	2/0/02/000
	5	Loans and other receivables from current and fo	rmer o	fficers directors	, ,,, , ,, -,		An in in in in in in in in in
- 1	3	trustees, key employees, and highest compensations					
		Part II of Schedule L	atou oi	ipioyees. Complete		5	
	6	Loans and other receivables from other disquali	fied ne	rsons (as defined under		Ŭ	
	U	section 4958(f)(1)), persons described in section		į.			
ļ		employers and sponsoring organizations of section					
,		employers and sponsoring organizations of section employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net	Comp	lete Fait ii oi oon L		7	
AS	7	Inventories for sale or use		-		8	
	8 9	Prepaid expenses and deferred charges			53,307.	9	69,103
	10a	· · · · · · · · · · · · · · · · · · ·	1 1	ļ-			
	iva	basis. Complete Part VI of Schedule D	10a	100,642.			
	.		10a	84,443.	14,937.	10c	16,199
		·	TUD	01/1131	11/557.	11	10/133
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, line 1	4	-		12	
		·		-		13	
	13 14	Investments - program-related. See Part IV, line	11	-		14	
- 1	15	Intangible assets Other assets. See Part IV, line 11		-	14,812.	15	14,812
1	16	Total assets. Add lines 1 through 15 (must equal	al lina '	_{.4\}	3,236,418.	16	3,005,028
	17	Accounts payable and accrued expenses	ai iiiie c	17)	182,031.	17	239,332
	18	Grants payable			202/0020	18	200,002
	19	Deferred revenue		<u> </u>	0.	19	0.
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complete l	Dart IV	of Schedule D		21	
,,	22	Loans and other payables to current and former					
ţie	22	key employees, highest compensated employee		1			
Liabilities		Complete Part II of Schedule L	, and	disqualified persons.		22	
<u> </u>	02	•	stad the	rd portion		23	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa				24	
	23	parties, and other liabilities not included on lines	_	r			
		Schedule D	11 27	. Complete Fait X of	84,897.	25	83,106.
	26	Total liabilities. Add lines 17 through 25		=	266,928.	26	322,438.
	20	Organizations that follow SFAS 117 (ASC 958) chec	k here X and			
S		complete lines 27 through 29, and lines 33 an					
Ş	27	Unrestricted net assets			134,490.	27	582,590.
alar 	28	Temporarily restricted net assets		-	2,835,000.	28	2,100,000.
ğ	29	Permanently restricted net assets		-		29	
Ĕ	23	Organizations that do not follow SFAS 117 (A	SC 95	N check here			
Ē		and complete lines 30 through 34.	30 831), check here >			
ls c	30				30		
se	30	Capital stock or trust principal, or current funds		et fund		31	
•	31	Paid-in or capital surplus, or land, building, or ed				32	
Ž	20						ł
Net Assets or Fund Balances	32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances	come,		2,969,490.	33	2,682,590.

Form 990 (2013)

Form	990 (2013) KIND, INC.	26-27	63038	Pac	ge 12				
	rt XI Reconciliation of Net Assets								
•	Check if Schedule O contains a response or note to any line in this Part XI				X				
	SHOOK IT SOLLOWS SOLKMAND A POSPONIOS STREET OF MICE AND AND AND AND AND AND AND AND AND AND								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	530	6,3	24.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	809	9,7	24.				
3	Revenue less expenses. Subtract line 2 from line 1	3	<27	$\overline{3,4}$	00. >				
4									
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<1:	3,5	00.>				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		-						
	column (B))	10	2,682	2,5	<u>90.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				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," explain in Schedule	О.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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	<u>X</u>	***				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		.,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the St	ngle Audıt		1	v				
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

st. Open to Public

Department of the Treasury Internal Revenue Service

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

form990. Inspection
Employer identification number

OMB No 1545-0047

		KIND, I	NC.						2	<u>6-276:</u>	<u> 3038</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t.) See inst	ructions.				
The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	1bed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospita	al's nan	ne,
	city, and stat	:e:			· · · · · · · · · · · · · · · · · · ·		· · · · ·					
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲	A federal, sta	ate, or local governm	ent or governmental unit	t described	d ın sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public des	cribed	ın
	section 170((b)(1)(A)(vi). (Comple	ete Part II.)									
8 🗔	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9			eives: (1) more than 33 1									
	activities rela	ited to its exempt fui	nctions - subject to certa	an excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gros	s inves	tment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June	30, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10			perated exclusively to te									
11			perated exclusively for th									or
			ations described in section				2). See sec	tion 509(a)(3). Ch	eck the bo	x that	
	_		organization and comple									
_	a L Type		• •		nctionally i	_				n-functiona	•	_
e			at the organization is not									
		_	han one or more publicly						9(a)(1) or	section 50	9(a)(2).	
f			tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th							•			ш
g			organization accepted ar								V	T
			lirectly controls, either al	one or tog	ether with	persons c	iescribed i	n (II) and (iii) below		Yes	No
	•	• •	upported organization?							11g(i)		\vdash
	• •	•	n described in (i) above?		-0					11g(ii	T	<u> </u>
		·	person described in (i) o							11g(iii	<u> </u>	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(S).							
		(1) 5101	(III) T	(iv) is the c	rganization	(v) Did you	notify the	(vi) is	the	(ull) Amou		notoni
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col (i) lis		organizat		organizáti (i) organiz	on in col	(vli) Amoui	pport	Hetary
viya	amzauon		above or IRC section		document?		r support?	US	?	, ,,,	pport	
			(see instructions))	Yes	No	Yes	No	Yes	No			
												
						_						
						·= 						
									<u> </u>			
Total			<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>	<u></u>	<u> </u>	L		

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,750,730.	4,353,106.	1,290,719.	4,962,790.	536,162.	12,893,507.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					F 26 162	
4	Total. Add lines 1 through 3	1,750,730.	4,353,106.	1,290,719.	4,962,790.	536,162.	12,893,507.
5	The portion of total contributions		[
	by each person (other than a			1			
	governmental unit or publicly		-				
	supported organization) included		•				
	on line 1 that exceeds 2% of the		<u> </u>				
	amount shown on line 11,						
_	column (f)				 		6,509,743.
	Public support. Subtract line 5 from line 4					<u></u>	6,383,764.
		(-) 0000	(h) 2010	(*) 2011	(- 0.2012	(e) 2013	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2009 1,750,730.	(b) 2010 4,353,106.	(c) 2011 1,290,719.	(d) 2012 4,962,790.	536,162.	12,893,507.
	Gross income from interest,	1,750,750.	4,333,100.	1,230,113.	4,902,750.	330,102.	12,033,307.
8	•						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	7,311.	7,777.	2,114.	8,428.	162.	25,792.
^	Net income from unrelated business	7,311.	******	2/1110	- 0,1200	102.	23/1320
9			ľ				
	activities, whether or not the		86,118.	87,418.			173,536.
10	business is regularly carried on Other income. Do not include gain		00/1101	0,,110,	· · · -		2.0/000.
10	or loss from the sale of capital						
	assets (Explain in Part IV.)		3,658.	1			3,658.
11	Total support. Add lines 7 through 10		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				13,096,493.
	Gross receipts from related activities,	etc (see instruction	ons)			12	102,500.
	First five years. If the Form 990 is for	•		I. fourth, or fifth ta	k vear as a sectio	n 501(c)(3)	
	organization, check this box and stor				•	,,,,	▶□
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2013 (line 6, column (f) di	vided by line 11, co	olumn (f))		14	48.74 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	51.45 %
16a	33 1/3% support test - 2013. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
b	33 1/3% support test - 2012. If the c	organization did no	t check a box on li	ne 13 or 16a, and l	ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			▶∟_
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	ization
	meets the "facts-and-circumstances"						▶∟_
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
	organization meets the "facts-and-circ						>
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2013

332022

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Sur	oport						
Calendar year (or fiscal year b	eginning in) 🟲 📘	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributi	ons, and				•		
membership fees recei	ved. (Do not						
include any "unusual g	rants.")				_		
2 Gross receipts from ad merchandise sold or se formed, or facilities furr any activity that is relat organization's tax-exen	ervices per- nished in red to the						
3 Gross receipts from ac	tivities that					1	
are not an unrelated tra	ade or bus-						
iness under section 51	3						
4 Tax revenues levied for	the organ-						
ızatıon's benefit and eit	ther paid to						
or expended on its beh	ıalf						
5 The value of services o	r facilities						
furnished by a governm							
the organization withou	1						
6 Total. Add lines 1 throu	· · ·						
7a Amounts included on li	· –						
3 received from disqua							
b Amounts included on lines 2 are from other than disqualified peexceed the greater of \$5,000 or amount on line 13 for the year	nd 3 received						
c Add lines 7a and 7b							
8 Public support (Subtract In	ne 7c from line 6)						
Section B. Total Supp							
Calendar year (or fiscal year b	eginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6							
10a Gross income from inte dividends, payments re securities loans, rents, and income from simila	eceived on royalties						
b Unrelated business taxable	e income					İ	
(less section 511 taxes) fr	om businesses						
acquired after June 30, 19	75						
c Add lines 10a and 10b 11 Net income from unrela activities not included i whether or not the bus regularly carried on	n line 10b,						
12 Other income. Do not it or loss from the sale of	capital						
assets (Explain in Part		· · · · · · · · · · · · · · · · · · ·					
13 Total support. (Add lines 9,14 First five years. If the l		ne organization's	e firet second this	d fourth or fifth t	ay year se a cecti	on 501(c)(3) organia	eation
check this box and sto		ie organization s	a mat, according, trill	a, router, or men t	an year as a secti	on our topol organiz	
Section C. Computat		Support Pa	rcentage				
15 Public support percent				column (fl)		15	%
16 Public support percent	= :			Column (1))		16	
Section D. Computat		•					
						17	<u> </u>
17 Investment income per	-			ie 13, column (i))		18	
18 Investment income per				on line 14 and lin	a 15 is more than		
19a 33 1/3% support tests							→ □
more than 33 1/3%, ch		-	-				and .
b 33 1/3% support tests							and L
line 18 is not more than							
20 Private foundation. If	ure organization	ии поселеска	DOX OIT IIII 14, 19	a, or 190, check t		hedule A (Form 99	0 oz 000 EZ\ 0040

Schedule A (Form 990 or 990-EZ) 2013 KIND, INC.	26-2763038 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1	7a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	
FORM 990, PAGE 1, HEADING BOX A:	
EXPLANATION: FORM 1128 IS BEING FILED TO CHANGE THE ACCOU	INTING PERIOD FROM
FISCAL YEAR 9/30 REPORTING TO CALENDAR YEAR REPORTING FOR	R 12/31/13. SEE
ATTACHED FORM 1128.	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to 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.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Name of organization			Em	ployer identification number
KIND, I	NC.			26-2763038
Part I-A Complete if the org	janization is exempt unde	er section 501(c)	or is a section 527	organization.
1 Provide a description of the organiz2 Political expenditures3 Volunteer hours	zation's direct and indirect politica	l campaign activities	in Part IV. ▶	\$
Part I-B Complete if the org	ganization is exempt unde	er section 501(c)	(3).	
1 Enter the amount of any excise tax				\$
2 Enter the amount of any excise tax	incurred by organization manager	s under section 4955	>	\$
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				() (0)
Part I-C Complete if the org	panization is exempt unde	er section 501(c)		
1 Enter the amount directly expended				\$
2 Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for s	ection 527	
exempt function activities			•	\$
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here an	d on Form 1120-POL	.1	
line 17b			•	\$
4 Did the filing organization file Form	•			└ Yes
5 Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	ition listed, enter the amount paid omptly and directly delivered to a	from the filing organis	zation's funds. Also enter anization, such as a sepa	the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2013

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Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 KIND, INC. 26-2763038 Page 3 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 to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(t	o)
of the lobbying activity	Yes	No	Amo	ount
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.				
a Volunteers?		[X]		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		Х	-	
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			7,564.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i Other activities?		Х		
j Total. Add lines 1c through 1i			7	7,564.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912				
c 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?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)(5), or se	ction	
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?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members	ed "No," O	R (b) Part	III-A, lir	ne 3, is
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	litical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an				
expenditure next year?	a pointour	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 gro	oun list): Part	II-A line 2·a	nd Part II-P	line 1
Also, complete this part for any additional information.	oop noty, r are		, , , , , , , , , , , , , , , , , , , ,	,,
		***	-	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KIND, INC.

Employer identification number 26-2763038

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , ,	Yes No_
Par		ganization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
-	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ► \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 KIND, I	NC.					26	-27	63038	} <u>Pa</u>	ge 2
Par	t III Organizations Maintaining C		rt, Hist	orical Tr	easures, o	r Other	Similar	Asse	ts(contini	ued)	
3-	Using the organization's acquisition, accessi										3
	(check all that apply):										
а	Public exhibition	c	ı 🖂 I	Loan or excl	hange progra	ms					
b	Scholarly research	e	, 🖂	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exemp	t purpose	ın Part	: XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	_	ete if the	organizatio	n answered "	Yes" to Fo	rm 990, Pa	art IV, li	ine 9, or		
	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other ass	sets not inc	luded				
	on Form 990, Part X?								Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	lowing t	able:							
	, ,								Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes		No
ь	If "Yes," explain the arrangement in Part XIII			n has been	provided in P	art XIII					
Par	t V Endowment Funds. Complete r	f the organization ar	swered	"Yes" to Fo	rm 990, Part I	V, line 10.					
		(a) Current year	(b) P	rior year	(c) Two years	s back (d)	Three years	s back	(e) Four	years t	ack
1a	Beginning of year balance								L		
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	i)) held as:						
а	Board designated or quasi-endowment	•	%	,							
b	Permanent endowment ▶	%									
c	Temporarily restricted endowment ▶	<u></u> %									
_	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posse		ation tha	t are held a	nd administer	ed for the	organizatio	on			
	by:	· ·					•		[•	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	lule R?					3b		
4	Describe in Part XIII the intended uses of the	•									
	t VI Land, Buildings, and Equipm										
	Complete if the organization answere), Part IV	, line 11a. S	ee Form 990,	Part X, line	2 10.				
	Description of property	(a) Cost or o			or other		mulated	\top	(d) Book	value	
	=	basis (investi		basis			ciation				
1a	Land						78511 WILLIAM	\top			
b	Buildings										
c	Leasehold improvements				1,384.		1,384	$\overline{\cdot}$			0.
ď	Equipment			9	9,258.	8	3,059	•	16	5,19	9.
-	Other										
	Add lines 1s through 1s. (Column (d) must s	gual Form 000 Part	Y colun	on (P) line 1	(O(c))			. T	16	5.19	9 9.

Schedule D (Form 990) 2013

Part VII	Investments - Other Securities.				
•	Complete if the organization answered "Yes"				1.6
	ion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1) Financia					<u> </u>
	neld equity interests				
(3) Other					
(A)		<u> </u>			
(B)					·-
(C)					
(D)					
(E)					
(F)		<u> </u>			
(G) (H)					
	must equal Form 990, Part X, col (B) line 12)		n-mmair n /-/-		
	Investments - Program Related.		<u> </u>		<u></u>
1 41 7 1111	Complete if the organization answered "Yes"	to Form 990 Part IV	line 11c. See Form 990. I	Part X. line 13.	
	(a) Description of investment	(b) Book value		aluation: Cost or end	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					•
(7)					
(8)					-
(9)					
Total, (Col (b	n) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.				
	Complete if the organization answered "Yes"		, line 11d See Form 990, l	Part X, line 15.	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					-
(4)					
(5)					
(6)		 			
(7)					
(8)					
(9)	(1)	- 1E)		•	
Part X	mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)			
FOILA	Complete if the organization answered "Yes"	to Form 990 Part IV	line 11e or 11f See Form	1990 Part X line 25	
	(a) Description of liability	10 1 01111 990, 1 art 14	(b) Book value	1 330, 1 211 77, 1110 20	
1. (1) Fede	eral income taxes		(-,		
	FERRED RENT		83,106.		
(3)					
(4)					
(5)				1	
(6)				1	
(7)				1	
(8)				1	
(9)		- "			
	mn (b) must equal Form 990, Part X, col (B) line	9 25) ▶	83,106.		

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

Schedule D (Form 990) 2013

332054 09-25-13

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Parti

KIND,

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public OMB No 1545-0047 Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2 Employer identification number 26-2763038 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance criteria used to award the grants or assistance?

Part II Part IV the organization is procedures for monitoring the use or grant time of the organization of the property of the	ocedures for infolling	Oning the use of grant	Unids in the United	omplete if the pro-	V" Postorio de de de la contraction de la contra	100 000 mind of "00	V loc 21 for co.
7	\$5,000. Part II can	be duplicated if additi	onal space is need	Jed.	mization answered	1000 100 100 100	, iii 6 2 1, 101 ali y
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal.	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	other)		
THE DOOR							REPRESENT UNREPRESENTED
121 AVENUE OF THE AMERICAS	13-6127349	501(c)(3)	14 988	0			UNACCOMPANIED ALIEN
2 Enter total number of section 501(c)(3) and government organizations	ı and government or	ganizations listed in th	listed in the line 1 table				1
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					A

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

Schedule 1 (Form 990) (2013)

26-2763038 KIND, INC. Schedule I (Form 990) (2013)

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	luired in Part I, lin	e 2, Part III, column	(b), and any other ac	dditional information.	
SCHEDULE I, PART I, LINE 2:					
EXPLANATION: IN THE GRANT AGREEMENTS	ITS KIND HAS		STIPULATIONS ON	ON WHEN	
PAYMENTS WILL BE MADE. PAYMENTS ARE		DEPENDENT ON RECEIVING	9	AND 12	
MONTH REPORTS AND PAYMENTS ARE MADE	I	TALLMENTS	N INSTALLMENTS THROUGHOUT THE	THE	
YEAR. KIND WILL ALSO INCLUDE LANGUAGE	AGE IN THE		AGREEMENT THAT AS	ASKS THE	
GRANTEES TO MAINTAIN FINANCIALS BOOKS	- 1	AND RECORDS CONCERNING	NCERNING T	ТНЕ	
OVERALL AND KIND'S SPECIFIC OPERATIONS,	- 1	CONSISTENT WITH	TIH SOUND		

BOOKKEEPING PRACTICES. GRANTEES ACKNOWLEDGE THAT THEIR BOOKS AND

Schedu	le I (Fo	rm 990)		KIND,	INC.							20-2/03038 F	age 2
Part .	V S	rm 990) Supplemental	Infor	<u>mation</u>				_					
COPY	IS	PROVIDED	то	KIND,	KIND	WILL	ASK	THE	GRANTEES	то	MEET	CERTAIN	
PERF	ORM	ANCE MEAS	URE	s.									
													
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Open to Public

26-2763038

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number**

Inspection

OMB No 1545-0047

	KIND, INC.	26-27630	38_	
Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 9	990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for person	nal use		
	Travel for companions Payments for business use of personal res	sidence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	;		
	Discretionary spending account Personal services (e.g., maid, chauffeur, c	hef)		
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organiza	tion's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation or	ommittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the revenues of:			
а	The organization?	_ <u>5a</u>	4	X
b	Any related organization?	5b	<u> </u>	Х
	if "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		
	contingent on the net earnings of:			
а	The organization?	6a	1	X
b	Any related organization?	<u>6b</u>	. 	X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	e		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	ļ	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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 in 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 are not 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 of W-2 (i) Base compensation o 199, 870.	/-2 and/or 1099-MIS	and/or 1099-MISC compensation (ii) Bonus & (iii) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
Base bensation 9,870.	(ii) Bonus &	(iii) Other			(a)-(i)(a)	reported as delerred
9,870.	incentive	reportable compensation	compensation			in prior Form 990
	0	0.	13,097.	1,533.	214,500.	0
0	0	0.	0.	0.	• 0	0
•						
-						

Schedule J (Form 990) 2013

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

2013 Open to Public Inspection

OMB No 1545-0047

Name of the organization

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

Employer identification number

26-2763038

ame of the organization KIND, INC.

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

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 III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REPRESENTATION AND BY OTHER MEANS; TO EXAMINE PRACTICES BY WHICH

CHILDREN'S RIGHTS AND INTERESTS CAN BE BEST PROTECTED BOTH WITHIN THE

U.S. 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.

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

PRO BONO ATTORNEY AND KIND HAD TRAINED OVER 6,400 ATTORNEYS.

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

EXPLANATION: FEDERAL FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM PRIOR TO THE COMPLETION OF THE FINANCIAL AUDIT. THE FORM IS REVIEWED BY THE PRESIDENT AS WELL AS THE FINANCE AND OPERATIONS DIRECTOR PRIOR TO SUBMITTING IT TO THE INTERNAL REVENUE SERVICE.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

KIND, INC.

Employer identification number 26-2763038

EXPLANATION: 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:

EXPLANATION: A BUSINESS MANAGEMENT CONSULTING FIRM WAS HIRED TO IDENTIFY COMPARABLE SALARIES IN NON-GOVERNMENTAL ORGANIZATIONS OF SIMILAR SIZE AND FUNCTION. THE BOARD OF DIRECTORS ESTABLISHED BENCHMARK SALARIES THAT WERE THEN INDIVIDUALLY NEGOTIATED AND ADJUSTED THROUGH THE HIRING PROCESS FOR EACH POSITION. THE PRESIDENT WILL HAVE A PERFORMANCE REVIEW WITH THE CO-CHAIRMAN OF THE BOARD. THIS LAST TOOK PLACE IN OCTOBER 2012.

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

EXPLANATION: SUCH DOCUMENTATION IS AVAILABLE FROM KIND UPON WRITTEN OR TELEPHONE REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RETURN OF UNUSED GRANT FUNDS

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization	Employer identification number 26-2763038
KIND, INC.	20-2703030
FORM 990, PART XII, LINE 2C:	
EXPLANATION: NO CHANGE FROM PRIOR YEAR.	
	

1128

Application To Adopt, Change, or Retain a Tax Year

OMB No 1545-0134

(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

► See separate instructions.

Attachment Sequence No 148

P	art I General Information	
_	Important: All filers must complete Part I and sign below See instructions.	
	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number
-	KIND, INC. D/B/A KIDS IN NEED OF DEFENSE	26-2763038
	Number, street, and room or suite no (if a P O box, see instructions)	Service Center where income tax return will be filed
Pri	1300 L STREET NW SUITE 1100 City or town, state, and ZIP code	OGDEN, UT
ŏ		Filer's area code and telephone number/Fax number
3	WASHINGTON, DC 20005 Name of applicant, if different than the filer (see instructions)	(202) 824-8683 /() Applicant's identifying number (see instructions)
-	realite of applicant, it different than the files (see insulations)	Applicant a logiturying number (see instructions)
	Name of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax number
-	VIBHA BHATIA	(202) 824-8683 /()
1		
		Passive foreign investment company (PFIC)
	☐ Individual ☐ Cooperative (sec. 1381(a)) ☐ Partnership ☐ Controlled foreign corporation (CFC) (sec. 957)	(sec. 1297)
	☐ Estate ☐ Foreign sales corporation (FSC) or Interest-charge	<u></u>
	Domestic corporation domestic International sales corporation (IC-DISC	
	☐ S corporation ☐ Specified foreign corporation (SFC) (sec 898)	Homeowners Association (sec. 528)
	Personal service 10/50 corporation (sec. 904(d)(2)(E))	Other
	corporation (PSC) Trust	(Specify entity and applicable Code section)
	☐ Change to a tax year ending ► DECEMBER 31 ☐ Retain a tax b If changing a tax year, Indicate the date the present tax year ends. ► . c If adopting or changing a tax year, the first return or short period return	will be filed for the tax year
_	beginning ► OCTOBER 1 , 20 13 , and ending ► DEG Is the applicant's present tax year, as stated on line 2b above, also its of	CEMBER 31 , 20 13
`	SEE ATTACHED	aren manda reporting your P in 100 in 100
_	If "No," attach an explanation.	
•	Indicate the applicant's present overall method of accounting. ☐ Cash receipts and disbursements method ☐ Other method (specify) ▶	
_ (5 State the nature of the applicant's business or principal source of inco	me.
F	PROVIDING LEGAL COUNSEL TO CHILDREN WHO CAME TO THE U.S. N	NITHOUT A PARENT OF LEGAL GUARDIAN.
_	Signature—All Filers (See Who Must Sig	
Ur	nder penalties of perjury, I declare that I have examined this application, including accompar id belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based o	nying schedules and statements, and to the best of my knowledge on all information of which preparer has any knowledge.
	Filer*	Preparer (other then filer)
	Le Marilanile	1111111 16
/	1/1/08/06/2014	8/7/19
س	Situative and date	Signature as a property of the application and date
•	Wendy Toung President SHAWN Name and title (print or type)	M. HOWARD, CPA Name of individual preparing the application
	the application is filed on behalf of a controlled foreign corporation or a THOMPS V50 corporation by a controlling domestic shareholder, see instructions	SON, GREENSPON & CO., P.C.

Par			
	entify the revenue procedure under which this automatic approval request is filed ▶ REV. PRO		<u>5-58</u>
Sec	tion A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, o successor)	r its	
1	Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions)	Yes	No
2	(or its successor)? (see instructions) Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553. Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions)	\$. **	
Section B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)			54. E
4	Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions)		** · · ·
5	Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year?		2500
6	Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4.01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted)	4. E. A.	
7 8	Is the S corporation requesting an ownership tax year? (see instructions)	· · · · ·	
Sec 9	(or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions) tion C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions) Is the applicant an individual requesting a change from a fiscal year to a calendar year?		· K.
	tion D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)	1. 50	14.54
10	Is the applicant a tax-exempt organization requesting a change?	1	+-
Par	Ruling Request (All applicants requesting a ruling must complete Section A and any other se applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)	ection	that
Sec	tion A—General Information	Yes	No
1	Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by	1370	
	the IRS, before an appeals office, or a Federal court?	L_	<u> </u>
	If "Yes," see the instructions for information that must be included on an attached explanation.		فتستن
2	Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year?		1 79.48
	If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.	37	語がは
3	Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented?	1000	74.34
4a	Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)?		
ь	If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions). If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box.		40 2
	☐ Annual business cycle test ☐ Seasonal business test ☐ 25-percent gross receipts test Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5	Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period.		
	Short period \$	- 15 m	
	Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.	17.0	

orm	1128 (Rev. 1-2008)	F	age 3
6	Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period: Generated Expiring	Yes	No
	Net operating loss	- 3 %	,
7	Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of Rev. Proc. 2002-39, or its successor)	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	30.00
8a	Is the applicant a U.S. shareholder in a CFC?		4
b	Will each CFC concurrently change its tax year?	**************************************	
9a b	Is the applicant a U.S. shareholder in a PFIC as defined in section 1297?	5 g/s 5 i ii 22 i	
l0a	Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation, a shareholder of an IC-DISC, or a shareholder of an FSC?	-~-	٠ ديد
	If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount.		
	Will any partnership concurrently change its tax year to conform with the tax year requested? If "Yes" to line 10b, has any Form 1128 been filled for such partnership?	<u> </u>	<u> </u>
11	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office?		
12	Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application?		
13	Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application?	* 27, *	1.2
14	Enter amount of user fee attached to this application (see instructions)		
Sec	tion B—Corporations (other than S corporations and controlled foreign corporations) (see instructions)		
15	Enter the date of incorporation. ▶		
16a	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?	Yes	s No
b	If "Yes," will the corporation be going to a permitted S corporation tax year?	<u> </u>	· · ·
17	Is the corporation a member of an affiliated group filing a consolidated return?	7.72	77.15
18a	before the short period and for the short period; and (d) the name of the parent corporation. Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.		
b	If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year. Grandfathered (attach copy of letter ruling) Section 444 election (date of election)	4 (F	4 100

Form	1128 (Hev. 1-2008)	P	ege 4
	ion C—S Corporations (see instructions)		
<u>19</u>	Enter the date of the S corporation election. ▶	Yes	No
20	Is any shareholder applying for a corresponding change in tax year?	道	
21	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year. Grandfathered (attach copy of letter ruling) Letter ruling (date of letter ruling	2	
22	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period.		
Sect	ion D—Partnerships (see instructions)		
23	Enter the date the partnership's business began ▶	Yes	No
24	Is any partner applying for a corresponding change in tax year?		
25	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.	- (, h
26	Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)?		<u></u>
	If "Yes," attach a statement providing the name, address, identifiying number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period.		
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year.	1` _	
	☐ Grandfathered (attach copy of letter ruling) ☐ Section 444 election (date of election) ☐ Letter ruling (date of letter ruling (attach copy))		() 1 () 1
Sec	tion E—Controlled Foreign Corporations (CFC)		,
28	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period.	7. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	
Sec	tion F—Tax-Exempt Organizations	.,	,
29	Type of organization: ☐ Corporation ☐ Trust ☐ Other (specify) ▶	Yes	No
30	Date of organization. ►	1 '	1
<u>31</u>	Code section under which the organization is exempt. ▶	-	لـــا
32	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶	┿-	ļ
33	Enter the date the tax exemption was granted. Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation.		
34	If the organization is a private foundation, is the foundation terminating its status under section 507?	Щ.	J
	tion G—Estates		
35	Enter the date the estate was created. ▶		
	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each is an interested party of any portion of the estate.		
b	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately short period and for the short period.	showing before	ng the
Sec	tion H—Passive Foreign Investment Companies		
37	If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's namidentifying number, and percentage of interest owned.	e, add	ress,

SUPPLEMENT TO FORM 1128, PART I, ITEM 3

Taxpayer has historically issued financial statements utilizing a September 30 year-end. Pursuant to a resolution of the Board of Directors, Taxpayer has adopted a calendar year for financial reporting purposes beginning with the calendar year ending December 31, 2013.