Form **990**

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

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2020 calendar year, or tax year beginning and er	nding			
В	Check if applicable	C Name of organization		D Employer identifi	cation number	
	Addres	KINDNESS.ORG INC.				
	Name change			81-16179	15	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone numbe		
	Final return/	1350 AVENUE OF THE AMERICAS, FL 2		(407)497		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	107,633.	
L	Ameno return	NEW TORK, NI 10019		H(a) Is this a group re		
	Application pending	F Name and address of principal officer: JACLYN LINDSEY SAME AS C ABOVE		for subordinates	····· — —	
_	Tov ove	empt status:	527	H(b) Are all subordinates in		
		e: WWW.KINDNESS.ORG	527	H(c) Group exemptio	list. See instructions	
		organization: X Corporation Trust Association Other ►	I Year o		A State of legal domicile: DE	
P		Summary	_ rour	51 101 maion, = 5 = 5 1	outo or logal dofficino, = =	
Ь.	1	Briefly describe the organization's mission or most significant activities: WE'RE	ON A	MISSION TO	EDUCATE	
Governance		AND INSPIRE PEOPLE TO CHOOSE KINDNESS.				
ern	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispose		· · · · · · · · · · · · · · · · · · ·	_	
Š	3	Number of voting members of the governing body (Part VI, line 1a)			6	
8	4	Number of independent voting members of the governing body (Part VI, line 1b) $$			5	
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			3 3	
Activities &		Total number of volunteers (estimate if necessary)			0.	
Å		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
	5	Net differenced business taxable income from 1 offit 990-1, Fart 1, life 11		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)		587,366.	107,633.	
		Program service revenue (Part VIII, line 2g)		0.	0.	
eve	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		587,366.	107,633.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		443,634.	134,840.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	; <u> </u>	0.	0.	
Ĕ	17	Total fundraising expenses (Part IX, column (D), line 25) 23,91 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	345,774.	236,652.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		789,408.	371,492.	
		Revenue less expenses. Subtract line 18 from line 12		-202,042.	-263,859.	
Net Assets or	3		Be	ginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		509,410.	239,612.	
t Ass	21	Total liabilities (Part X, line 26)		25,465.	19,526.	
캺	22	Net assets or fund balances. Subtract line 21 from line 20		483,945.	220,086.	
	art II	Signature Block				
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules a		·	y knowledge and belief, it is	
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ii preparer	las any knowledge.		
Sig	ın	Signature of officer		Date		
He		▲ JACLYN LINDSEY, CEO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Pai	d	JENNIFER COATES		if self-employ	P02247728	
Pre	parer	Firm's name LUTZ AND CARR, CPAS LLP		Firm's EIN ▶	13-1655065	
Use	Only	Firm's address 551 FIFTH AVENUE, SUITE 400				
		NEW YORK, NY 10176		Phone no.21	2-697-2299	
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No	

Check t Schoole of Contains a reciprose or note to any line in this Part III Briefly describe the organization smallor: WE XR ON A MISSION TO EDUCATE AND TURN IT INTO APPLIED PROGRAMS. OUR PROGRAMS ARE DESIGNED TO BRING MORE ACTS OF KINDNESS TO CLASSROOMS, COMMUNITIES AND WORKPLACES TO HAVE A MEASURABLE IMPACT ON THE Prior Form 900 or 1900-627. COMMUNITIES AND WORKPLACES TO HAVE A MEASURABLE IMPACT ON THE Prior Form 900 or 1900-627. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. If "Yes," describe the schedule O.	Pai	Statement of Program Service Accomplishments	X
WE CONDUCT ACADEMIC RESEARCH AND TORNIR PEOPLE TO CHOOSE KINDNESS. WE CONDUCT ACADEMIC RESEARCH AND TORN IT INTO APPLIED PROGRAMS, OUR PROGRAMS ARE DESIGNED TO BRING MORE ACTS OF KINDNESS TO CLASSROOMS, COMMUNITIES AND WORKPLACES TO HAVE A MEASURABLE IMPACT ON THE DId the organization undertake any significant program services during the year which were not itsided on the prior form 990 or 990-672		Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
WE CONDUCT ACADEMIC RESEARCH AND TURN IT INTO APPLIED PROGRAMS. OUR PROGRAMS ARE DESIGNED TO BRING MORE ACTS OF KINDNESS TO CLASSROOMS, COMMUNITIES AND WORKPLACES TO HAVE A MEASURABLE IMPACT ON THE prior form 900 of 990 EZ? Ves	1		10
PROGRAMS ARE DESIGNED TO BRING MORE ACTS OF KINDNESS TO CLASSROOMS, COMMUNITIES AND WORKPLACES TO HAVE A MEASURABLE IMPACT ON THE Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900 ct? If Yes, Sanche to these now services on Schedule 0. Did the organization case conducting, or make significant changes in how it conducts, any program services? If Yes Sanche the organization is program service accomplishments for each of its three largest program services? Pyes Sanch 1 (1996) and 501(6)(4) granizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. REAL (Scase 1) (Reposes 2 268, 308 · including grants of 8 (1996) and 101(4) granizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. REAL (Scase 1) (Reposes 2 268, 308 · including grants of 8 (1996) and 101(4) granizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. REAL (Scase 1) (Reposes 3 268, 308 · including grants of 9 (1996) and 101(4) gra			
COMMUNITIES AND WORKPLACES TO HAVE A MEASURABLE IMPACT ON THE Did the organization undertake any significant program services during the year which were not listed on the prof Form 980 or 980 E27 If 'Ves,' describe these new services on Schedule 0. If 'Ves,' describe these new services on Schedule 0. Old the organization cease conducting, or make significant changes in how it conducts, any program services?			
2 Do the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 £2? If "Yes," describe these new services on Schedule 0. If "Yes," describe these new services on Schedule 0. Obtate organization cease conducting, or make significant changes in how it conducts, any program services? If Yes, "X No if "Yes," describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 90 (160) and 90 ft(90) departations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishment for each of its three largest program services, as measured by expenses. Section 90 (160) and 90 ft(90) departations for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service accomplishment for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service accomplishment for each of its three largest program services as measured by expenses, and revenue, if any, for each program service accomplishment of grants o			<i>,</i>
prior Form 990 or 990 E2?			
If "Yes," describe these new services on Schedule 0.	2		V
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?			es 🕰 No
## If "Yes," describe these changes on Schedule O. ## Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. ### (Code:) (Expenses	_		37
40 Code	3	J J J J J J J J J J J J J J J J J J J	es 🕰 No
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4c (Code:) (Expenses \$		CAN BE USED AROUND THE WORLD IN CHASSROOMS, COMMONTITES AND WORKED	IACED.
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4e Total program service expenses ▶ 268,308.	4d		
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	40		n 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	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 effect	_		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		X
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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	14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 21	
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			۱
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₩.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	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?			
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
۵.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
	t do do do	_	990	(2020

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Form 990 (2020) KINDNESS.ORG INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		^ -		X
	any contributions that were not tax deductible as charitable contributions?		6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribut		6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
·	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	110			
	Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				٦,
	excess parachute payment(s) during the year?		15		X
46	If "Yes," see instructions and file Form 4720, Schedule N.		4-		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Eor	. 000	(2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	5							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	,		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process 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								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	•	•	•					
17	List the states with which a copy of this Form 990 is required to be filed ▶NY								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only	/) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	JACLYN LINDSEY - (407)497-1093								
	1350 AVENUE OF THE AMERICAS, FL 2, NEW YORK, NY 10019								

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.

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

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any 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)	compensation from the organization and related organizations
(1) JACLYN LINDSEY CEO	40.00	X		х				73,675.	0.	0
(2) MIKE SAVATOVKSY	3.00	 						7373731		
BOARD CHAIR		1		x				0.	0.	0
(3) YUKARI MATSUZAWA	5.00									
TREASURER				Х				0.	0.	0
(4) ADITYA ALURKAR	1.00	ļ								_
DIRECTOR	1 00	Х						0.	0.	0
(5) NEIL HUTCHINSON	1.00	X						0.	0.	0
DIRECTOR (6) SERGIO NAVARRO	2.00	^						0.	0.	0
DIRECTOR	2.00	X						0.	0.	0
		\vdash								
		1_								

Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			imated	
	hours per week					is bot or/trus		compensation from	compensation from related			ount of other	
	(list any	tor						the	organization			onei Densatio	on
	hours for	r direc				ted		organization	(W-2/1099-MI			m the	
	related	istee o	trustee			bensa		(W-2/1099-MISC)				nizatio	
	organizations below	ual tru	ional t		ployee	t com	١.					related nization	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-ormer				Orgai	iizatioi	13
		_	_		×	1 0							
		1											
	1					╁							
		1											
						_							
		1											
						\vdash							
		1											
							Ļ	72 675					_
1b Subtotal								73,675.		0.			$\frac{0}{0}$
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)								73,675.		0.			0.
Total (add lines ib and ic) Total number of individuals (including but									L 2,000 of reportab				-
compensation from the organization						·,		33317 34 111313 411417 4 133	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				C
												Yes I	No
3 Did the organization list any former office			•		•		_		•				
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the			-					·	the organization				X
and related organizations greater than \$1Did any person listed on line 1a receive or									idual for convice		4		_
rendered to the organization? If "Yes," col	•				-			ed organization or indiv	idual for Services	,	5		Х
Section B. Independent Contractors	npiete correda	007	0, 00	2011	porc	3011							
1 Complete this table for your five highest of	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation fr	om	
the organization. Report compensation fo	r the calendar y	ear e	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
(A) Name and busines	o oddrooo	376	\ \ T T	,				(B)	on door		(C)		
- Name and busines	s address	ИС	ONI	<u> </u>			\dashv	Description of s	ervices		ompen	Sation	
							\dashv						
										<u> </u>			
2 Total number of independent contractors	(including but r	not lir	mite	d to	tho	se li	ı stec	d above) who received n	nore than				
\$100,000 of compensation from the organ					(0		<u> </u>					
											Form 9	100 (2C	120)

032008 12-23-20

ı aı	LVI	Check if Schedule O contains a response	or note to any lin	o in this Part VIII			
		Crieck if Scriedule O contains a respons	e or note to any iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
S S	1.0	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
٦٤		1					
fts,		• • • • • • • • • • • • • • • • • • • •					
<u>a</u>		d Related organizations 1d					
Sin		Government grants (contributions) 1e					
ē ţi	T	All other contributions, gifts, grants, and	107,633.				
흥		similar amounts not included above 1f	107,033.				
lg o	9			107,633.			
9 0	n	Total. Add lines 1a-1f		107,033.			
	_		Business Code				
ice	2 a						
ue n	b						
m S	C						
gra Re	C	¹					
Program Service Revenue	е						
_	f	All other program service revenue					
\rightarrow	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte					
		other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties(i) Real	(ii) Personal				
	_		(II) Personal				
	6 a						
	b	' '' 					
	C	Rental income or (loss) 6c					
		Net rental income or (loss)					
	/ a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
ø	b	Less: cost or other basis					
nu		and sales expenses 7b Gain or (loss) 7c					
e ve		, , , , , , , , , , , , , , , , , , , ,					
er Revenue		Net gain or (loss)	······				
Oth	8 a	Gross income from fundraising events (not					
١		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8					
		Net income or (loss) from fundraising events	······				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 Less: direct expenses 9					
			······ •				
	iu a	a Gross sales of inventory, less returns					
		and allowances10 Less: cost of goods sold 10					
		J	'				
\dashv		Net income or (loss) from sales of inventory	Business Code				
SIZ	11 ~		Dusiliess Code				
nec	11 a						
Miscellaneous Revenue	b						
Res	C C						
Σ		d All other revenue Total. Add lines 11a-11d					
	12	Total revenue. See instructions		107,633.	0.	0.	0.
	-			,	, ,		, ,

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon-	se or note to any line in t	this Part IX		X
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	TOTAL ON PONDOS	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	73,676.	51,573.	14,735.	7 260
_	trustees, and key employees	73,070.	31,373.	14,733.	7,368
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	49,916.	43,367.	6 F 4 0	
7	Other salaries and wages	49,910.	43,307.	6,549.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	1 570	1,219.	267.	92
9	Other employee benefits	1,578. 9,670.	7,473.	1,635.	562
10	Payroll taxes	9,0/0.	1,4/3.	1,033.	302
11	Fees for services (nonemployees):				
а	Management	1 250	E00	750	
b	Legal	1,250.	500.	750.	
С	Accounting	45,214.		45,214.	
d	,				
е	š , ,				
f	Investment management fees				
g	,	FF 314	F0 C00	1 - 0	0 475
	column (A) amount, list line 11g expenses on Sch 0.)	55,314.	52,689.	150.	2,475
12	Advertising and promotion	F 150	1 565	F 050	155
13	Office expenses	7,178.	1,765.	5,258.	155
14	Information technology	8,704.	7,246.	1,458.	
15	Royalties	10 100	0.071	4 4 17 4	455
16	Occupancy	10,499.	8,871.	1,171.	457
17	Travel	3,926.	2,077.	353.	1,496
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	20 506	00 506		
22	Depreciation, depletion, and amortization	22,586.	22,586.	4 550	
23	Insurance	1,572.		1,572.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OUTSIDE SERVICES	57,594.	57,485.	109.	
b	MISCELLANEOUS	11,365.	7.	52.	11,306
c	CREATIVE AND MEDIA	8,544.	8,544.		
d	PROGRAM COSTS	2,906.	2,906.		
e		,	,		
25	Total functional expenses. Add lines 1 through 24e	371,492.	268,308.	79,273.	23,911
26	Joint costs. Complete this line only if the organization	,	,	•	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Guucanonal campaign and minuralanin somenanon				

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X	·····		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	85,654.	1	189,806		
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net	384,978.	3	0		
	4	Accounts receivable, net				4	8,696
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
t2	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			1,993.	9	471
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	82,240.			
	b	Less: accumulated depreciation	10b	41,601.	32,735.	10c	40,639
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			4,050.	15	0
	16	Total assets. Add lines 1 through 15 (must ed			509,410.	16	239,612
	17	Accounts payable and accrued expenses			25,465.	17	19,526
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
g (22	Loans and other payables to any current or fo	rmer offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
<u>a</u>		controlled entity or family member of any of th	ese pers	ons		22	
-	23	Secured mortgages and notes payable to unre	elated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on lin-	es 17-24	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			25,465.	26	19,526
,		Organizations that follow FASB ASC 958, cl	neck her	e ▶ X			
<u> </u>		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			283,945.	27	210,086
ğ	28	Net assets with donor restrictions			200,000.	28	10,000
<u> </u>		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
_		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current fund	s			29	
SSe	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Ĭ	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances			483,945.	32	220,086
	33	Total liabilities and net assets/fund balances			509,410.	33	239,612

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	7,6	33. 92.				
2	Total expenses (must equal Part IX, column (A), line 25)	2							
3									
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 on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	2:	220,086					
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				Ш				
				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 O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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?		20		X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			x				
	Act and OMB Circular A-133?								
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 on Schedule O and describe any steps taken to undergo such audits		3b						

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization KINDNESS.ORG INC. 81-1617915 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	962,108.	1969110.	1202200.	587,366.	107,633.	4828417.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	0.50 100	1060110	100000	505 266	100 600	4000445		
4	Total. Add lines 1 through 3	962,108.	1969110.	1202200.	587,366.	107,633.	4828417.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,						4050506		
	column (f)						4259526.		
6	Public support. Subtract line 5 from line 4.						568,891.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2016 962,108.	(b) 2017 1969110.	(c) 2018 1202200.	(d) 2019 587,366.	(e) 2020 107,633.	(f) Total 4828417.		
	Amounts from line 4	902,100.	1909110.	1202200.	307,300.	107,033.	4020417.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
_	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital			1,480.			1,480.		
44	assets (Explain in Part VI.)			1,400.			4829897.		
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities,	eta (esa inetrueti	one)			12	40230374		
13	First 5 years. If the Form 990 is for the			fourth or fifth tax					
.0	organization, check this box and stor	- 1			-		▶ X		
Sec	ction C. Computation of Publ		rcentage						
	Public support percentage for 2020 (column (f))		14	%		
15	Public support percentage from 2019					15	%		
16a	33 1/3% support test - 2020. If the o					nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ □		
b	33 1/3% support test - 2019. If the o								
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□		
17a	10% -facts-and-circumstances tes								
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation		
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		▶□		
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	t op here. Explain i	n Part VI how the			
	organization meets the facts-and-circ	umstances test. Th	he organization qu	alifies as a publicly	y supported organ	ization	▶□		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				1		
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,				1		
	whether or not the business is regularly carried on						
12	Other income. Do not include gain				1		
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst. second. third	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
•	_				-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (I			column (fl)		15	%
	Public support percentage from 2019					16	
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2020. If the						
198							
	more than 33 1/3%, check this box at						
Ė	33 1/3% support tests - 2019. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	pox on line 14, 19	a, or 19b, check tl	nis box and see in:	structions	

T ..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	90		
	10a		
	10h		
_	10b	00 E 7	2020

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) <u> </u>		
a	The organization satisfied the Activities Test. Complete line 2 below.	r -		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2020

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	ued)				
Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	1						
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which to	he organization is responsive	Э					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
С	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:
a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020

Scriedule A	(FOIIII 990 01 990-EZ) 2020 TETI DE CORCO TITO.
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KINDNESS.ORG INC.

Employer identification number 81-1617915

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
Pai	'		t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguisned, or terminated by the or	ganization during the tax
4	year ▶ Number of states where property subject to conservation ea	coment is leasted	
4 5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Training of violations, and emorning conser-	vation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing conservation	n easements during the year
•	▶ \$, casee. cag and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on 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	asures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Pa	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, c	or Othe	er Simila	r Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi										
	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	Scholarly research	6	• 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ney further tl	he organization	on's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?			\square	Yes		No
Pai	rt IV Escrow and Custodial Arran								line 9, o		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	ian or other interme	diary for	contribution	s or other as	sets not	included				
	on Form 990, Part X?							\square	Yes] No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•				
	rt V Endowment Funds. Complete i										
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three ye	ars back	(e) Fou	years	back
1a	Beginning of year balance	,		•							
	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g g	[
2	Provide the estimated percentage of the curr	rent vear end haland	ce (line 1	a column (a	ı)) held as:						
	Board designated or quasi-endowment	Torre your orra balars	%	9, 001011111 (0	ij) riola ao.						
b		%									
·	The percentages on lines 2a, 2b, and 2c sho	, -									
3a	Are there endowment funds not in the posse	•	zation tha	at are held a	nd administe	red for tl	he organiza	ation			
ou	by:	oolon or the organiz	-411011 1110	it are riola a	na aaniinioto	100 101 1	no organiza	2011		Yes	No
	(i) Unrelated organizations								3a(i)		110
	(ii) Related organizations								— <u>`</u>	-	
h	If "Yes" on line 3a(ii), are the related organization									-	
4	Describe in Part XIII the intended uses of the								_ GD		
_	rt VI Land, Buildings, and Equipm		OWITIETIL	iurius.							
	Complete if the organization answere		0 Part I\	/ line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or o		(b) Cost			ccumulated	, T	(d) Boo	k valu	
	besomption of property	basis (investi		basis	1		oreciation	'	(u) D00	n value	U
10	Land	<u> </u>		54010	(2.1101)	401					
	Land										
	Buildings							-			
								-			
	Equipment Other			ρ	2,240.		41,60	1.	1	0,6	30
æ	Ou ioi	1		U	_ / •		, _ 0			-, -	

Schedule D (Form 990) 2020

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

40,639.

Schedule D) (Form 990) 2020 KINDNESS. OF	RG INC.	81	L-1617915 _{Page} 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descri	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financi	al derivatives			
	held equity interests			
(3) Other	meia equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	Investments - Program Related.			
	Complete if the organization answered "Yes'	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15.	_
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) lir	20.15.)		
Part X	Other Liabilities.	le 13.)	······································	
I alt X	Complete if the organization answered "Yes"	Law Farms 000 David IV line	11 au 11 Cas Faure 000 Dart V line 0	F
	(a) Description of liability	on Form 990, Part IV, line	Tre or Tri. See Form 990, Part X, line 2	(b) Book value
1.	** *			(b) book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (h) must equal Form 990, Part X, col. (R) lir	25)		

Schedule D (Form 990) 2020

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Sche	dule D (Form 990) 2020 KINDNESS.ORG INC.			81-1	517915 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per R	eturn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	116,633.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	9,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	9,000.
3	Subtract line 2e from line 1			3	107,633.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	·····		5	107,633.
Pai	t XII Reconciliation of Expenses per Audited Financial Statemen	nts Wit	h Expenses per	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				222 122
1	Total expenses and losses per audited financial statements			1	380,492.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		0 000		
	Donated services and use of facilities	2a	9,000.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			0 000
е	Add lines 2a through 2d			2e	9,000.
3	Subtract line 2e from line 1			3	371,492.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			0
	Add lines 4a and 4b			4c	0. 371,492.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	3/1,494
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1h	and 2b: Part V line 4	4· Part X	line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition			r, r art A,	mic z, i art Ai,
	_				

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name	e of the organization					Employer identi	fication number
KIN	DNESS.ORG IN	rc.				81-16179	15
Par			ctivities Ou	tside the United States. Comple	te if the organ		
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance?	Yes No
•	Fau manturakana Dasa	مطلا المحال من مطلب				Na:-4	
2	United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	iner assistance ou	iside the
3		he following Part	· I line 3 table ca	an be duplicated if additional space is n	leeded)		
	(a) Region			(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activ	vity listed in (d) gram service,	(f) Total expenditures
		in the region	independent contractors in the region	gram services, investments, grants to recipients located in the region)	describe	specific type (s) in the region	for and investments in the region
URO	PE (INCLUDING						
CEL	AND & GREENLAND)						
AL	BANIA, ANDORRA,						
UST	RIA, BELGIUM	0	2	RESEARCH			48,723.
3 a	Subtotal	0	2				48,723.
b	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						40 722

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

Schedule F (Form 990) 2020

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax								
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sec		quivalency letter	>		

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2020 Part IV Foreign Forms

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

Schedule F (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

KINDNESS.ORG INC.

Employer identification number 81-1617915

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WELL-BEING OF THOSE INVOLVED. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PROVIDED TO MANAGEMENT AND THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS AND OFFICERS ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT FORM ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE ANNUAL SALARY OF THE CEO AND OTHER KEY STAFF DURING THE BUDGETING PROCESS. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE MADE AVALIABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: **RESEARCH:** PROGRAM SERVICE EXPENSES 52,564. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 52,564. OTHER PROFESSIONAL FEES:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization KINDNESS.ORG INC.	Employer identification number 81-1617915		
PROGRAM SERVICE EXPENSES	125.		
MANAGEMENT AND GENERAL EXPENSES	150.		
FUNDRAISING EXPENSES	2,475.		
TOTAL EXPENSES	2,750.		
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	55,314.		