Form <b>990</b>	-Ť	l E	Exempt Orga	nization Bus	sine	ss Inco	me T	ax Re	turn	L	OMB N	o 1545-0047	_
	,			ind proxy tax und					1917			040	
3.		For calendar year 2019 or other tax year beginning , and ending									Z	019	
Depar <del>ti</del> nent of the		Go to www.irs.gov/Form990T for instructions and the latest information.  Open to Public Inspection for Solve on the form as it may be made public if your organization is a 501(c)(3).											
Internal Revenue		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).    Demployer identification number   Dempl											
	k box if ess changed	Name of organization ( Check box if hame changed and see instructions.)									oyees' trus	st, see	
	nder section	Print KIND, INC.										<u>63038</u>	_
X 501(C		Type		m or suite no. If a P.O. box		structions.					ted busine structions	ess activity code ; )	
408(e)	=	',,,,,	1201 L STRE										
408A 529(a)	530(a)		City or town, state or province, country, and ZIP or foreign postal code  WASHINGTON, DC 20005										
C Book value of	•		F Group exemption num		<b>_</b>					<del>-</del>			_
	28, 851, 816. G Check organization type ► X 501(c) corporation 501(c) trust 401(c)											Other trust	_
<b>H</b> Enter the n	umber of the	organıza	tion's unrelated trades or	businesses. 🕨		<del></del>		the only (or					
	siness here 🕽							, complete P				<b>!</b> ,	
				ous sentence, complete Pa	ırts I an	d II, complete	a Schedule	M for each	additiona	ıl trade (	or		
	nen complete					4 4 - 11 -				7.7.	T	No	_
			•	affiliated group or a parer	nt-subsi	diary controlle	a group?		▶ L	Yes	5 LA	⊿ ио	
			tifying number of the pare	nt corporation.			Talanh	one number	. > 2	02-8	124-	8683	-
			de or Business Inc	come		(A) Inco			xpenses	1		(C) Net	-/
	eceipts or sale					(.,,						<u>, , , , , , , , , , , , , , , , , , , </u>	71
•	•			c Balance	1c					- [	-	. a-	П
									`			· · /	
									·				_
•											_		_
<b>b</b> Net gair	1 ) (5 (707 D ) (1)   17 (1)   1 (707)								V	· \	`		_
c Capital I	c Capital loss deduction for trusts							- ,				——	_
5 Income								NOV 9	<b>3 20</b> 23			/	_
	` ' '								2023	1,00			_
										<del></del>	<del> </del>	<del>/ .          </del>	_
	- SPEIN								<b>V,</b> ∪				-
			on 50 ((c)(7), (9), or ( 17) ( me (Schedule I)	rganization (Schedule G)	9			<del></del>		$\nearrow$			-
•	ang income (S	-	, ,		11				_				_
	• •		ıs; attach schedule)		12				, -	,			_
	Combine lines				13		بو			Ť			_
PartII	Deductio	ns No	t Taken Elsewhei	re (See instructions fo			ப்ctions )						_
7	(Deductions	must b	e directly connected w	ith the unrelated busin	ess inc	ome)							_
14 Compe	nsation of off	icers, dii	rectors, and trustees (Sch	edule K)						14			_
	s and wages			,	/					15			_
•	s and mainten	ance								16	–		_
17 Bad de										17			_
	•	aule) (se	ee instructions)							18			_
	and licenses lation (attach	Earm 40	:ea)			ı	20			19			-
•	•		•	re on return		-				21b			
										22			_
•	· · · · · · · · · · · · · · · · · · ·									23			-
										24			_
										25			_
	readership co		•							26			_
	leductions (at									27			_
28 Total d	eductions. A	dd lines	14 through 27						ļ	28		. 0.	
				g loss deduction. Subtract						29		0.	<u>•</u>
		erating I	oss arısıng ın tax years be	ginning on or after Janua	ry 1, 20	18						^	
	structions)		<b>.</b>							30		0.	
			ncome. Subtract line 30 fro							31	Form	990-T (2019	_

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Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A	7						
1 Inventory at beginning of year	1		6 Inventory at end of year		6					
2 Purchases	2		7 Cost of goods sold. S	line 6						
3 Cost of labor	3		from line 5. Enter here	· ·						
4a Additional section 263A costs			line 2	·						
(attach schedule)	4a		8 Do the rules of section	I V I N						
b Other costs (attach schedule)	4b	r acquired for resale) apply to								
5 Total. Add lines 1 through 4b	5		the organization?		to to too and apply to					
Schedule C - Rent Income		Property and		ease	d With Real Prope	erty)				
(see instructions)					•					
1. Description of property										
(1)										
(2)										
(3)	•									
(4)					<u></u>					
	2. Rent receiv	ed or accrued								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	and personal property (if the percenta personal property exceeds 50% or if int is based on profit or income)	ige	3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)				
(1)										
(2)										
(3) /										
(4)										
Total	0.	Total		0.						
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.				
Schedule E - Unrelated Deb		Income (see	e instructions)			<del></del> <del></del>				
			2. Gross income from		3. Deductions directly conne to debt-finance					
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
(1)										
(2)										
(3)										
(4)										
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-finar	adjusted basis illocable to need property i schedule)	6. Column 4 divided by column 5		7, Gross income reportable (column 2 x column 6)	8. Aliocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)			%							
(2)			%							
(3)			%							
(4)			%							
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)				
Totals			•		0.	0.				
Total dividends-received deductions in	icluded in column	8	•		<b>D</b>	0.				
	=					Form <b>990-T</b> (2019)				

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		_		Exempt	Controlled O	rganızat	ions					
Name of controlled organization		2. Employer identification number			related income e instructions)	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		rolling	g connected with income	
(1)												
(2)												
(3)											+	
(4)						<u> </u>						
Nonexempt Controlled Organi	zations											
7. Taxable Income		related incom e instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 that ng organ i income	nzation's		ductions directly connected income in column 10	
(1)												
(2)												
(3)			*									
(4)								-				
							Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, ine 8, column (B)	
Totals							<u> </u>		0.		0.	
Schedule G - Investme		e of a S	ection 5	i01(c)(7	'), (9), or (	17) Org	ganization					
(see insti	ructions)				<del>,</del>			<del></del> 7			1	
1. Desc	ription of incom	e	····		2. Amount of	income	3. Deduction directly connect (attach scheduct)	cted	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)			<u>.                                    </u>									
(2)												
(3)				··· <del>-</del>							<del>                                     </del>	
(4)							- 452		2 47 15			
					Enter here and o Part I, line 9, col	lumn (A)		1	10.0° 30.0°		Part I, line 9, column (B)	
Totals					<u> </u>	0.	A. Taker	£ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<b>从"沙"</b>		0.	
Schedule I - Exploited (see instru	-	Activity	Income,	Other	Than Adv	ertisin	ig Income	-	-			
1. Description of exploited activity	2. Greunrelated buncome trade or bu	usiness from	3. Expe directly cor with prod of unrelabusiness in	enected uction ated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity the is not unrelated business incom-	nat ed	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						-						
(2)							····					
(3)												
(4)												
	Enter here page 1, F line 10, co	Part I, ol (A)	Enter here page 1, F line 10, co	Part I, of (B)		er offer to the					Part II, line 25	
Totals Schedule J - Advertisir	na Incom	0 · <u> </u>	etructione	0.	75 75 C	``.' -s ``\.		1 7° 7'	10 10 0 0 10 E	. A. 643	0.	
Part Income From I					solidated	Basis	<del></del>					
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus in, comput	5. Circulati income	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					3 -75	1. 1. 1. 1. 1.	<b>%</b>			2	だった。	
(2)						Track day	\$			,	是其事的學術。例	
(3)						A A PARTY	<u>".                                    </u>					
(4)					E. P. F.	" Harris	*				数	
Totals (carry to Part II, line (5))	<b>&gt;</b>	0		. 0							0.	

## Form 990-T (2019) KIND, INC. Part II Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

	-						
1. Name of periodical	I	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.	THE REAL PROPERTY.	THE PARTY OF THE P	""通知"的"特别"	0.
	,	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)		0.	0.	是到歷紀為為	。 一种性性的 一种性性的	一切的经典方支持。最	0.
Schodule K - Compo	neation	of Officers [	Directore and	Tructees (coor	actructions)		

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		, %	
(3) '		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	. 0.

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