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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.

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2021 Open to Public

TIN: 75-2577436

OMB No. 1545-0047

pplicable: change	alendar year, or tax year begins C Name of organization KRADDICK Fund for Kids	ning 01-01-2021 , and endi	ng 12-31-	2021	D Employ	er identif	cation number
change					D Employ	er identif	cation number
-							
ange					75-257	7436	
turn	Doing business as Kidd's Kids						
n/terminated		E Telephor	E Telephone number				
on pending		(972) 432-8595					
	-				G Gross re	eceipts \$ 1,	611,066
		officer:		H(a) Is this	a group re	turn for	
	220 É Las Colinas Blvd					tes	🗆 Yes 🗹 No
	Irving, TX 75039			includ	ed?		□ Yes □No
npt status:	✓ 501(c)(3) □ 501(c) () ◀ (i	nsert no.) 🗌 4947(a)(1) or 🗌	527				
e: 🕨 http	os://kiddkids.org				exemption	number	-
				Very of forms	tion: 1004	M Chata	of local dominilos TV
rganization:	: 🗹 Corporation 🗌 Trust 🗌 Assoc	iation 📋 Other 🕨	'	 Year of forma 	tion: 1994	M State	of legal domicile: TX
Sum	mary						
		PPINESS BY CREATING BEAUTI	FUL MEMO	RIES FOR FA	MILIES OF	CHILDRE	N WITH LIFE-
Check thi	is box \blacktriangleright if the organization disc	continued its operations or disp	osed of mo	re than 25%	of its net a	issets.	
						3	7
Number o	of independent voting members of	the governing body (Part VI, lin	e1b) .		•	4	6
Total num	nber of individuals employed in cale	endar year 2021 (Part V, line 2a	a)		•	5	1
		•	_	80 0			
Net unrel	ated business taxable income from	Form 990-1, Part I, line 11	• • •		• •		0
Contribut	tions and grants (Port VIII line 1h)			Pric			Current Year 1,067,451
		403,5	0 0				
-					104.6	0	543,615
							0
			ne 12)				1,611,066
					49,5	528	512,369
Benefits _l	paid to or for members (Part IX, co	lumn (A), line 4)				0	0
Salaries,	other compensation, employee bei	nefits (Part IX, column (A), lines	5-10)		335,8	395	22,643
Professio	onal fundraising fees (Part IX, colum	nn (A), line 11e)	•			0	0
Total fundr	aising expenses (Part IX, column (D), li	ne 25) 🕨 383,724					
			•				672,081
							1,207,093
Revenue	less expenses. Subtract line 18 fro	m line 12	•	Desinations			403,973
				Beginning	Si Current Y	cai	End of Year
Total asse	ets (Part X, line 16) • • • •				5,459,7	764	6,064,391
Total liab	ilities (Part X, line 26)				59,9	933	192,789
Net asset	ts or fund balances. Subtract line 2	1 from line 20	•		5,399,8	331	5,871,602
		and this roturn including page		hadulaa and	statement	a and to	the best of my
and belie							
1	~			202	2 11 07		
Caroly	yn Marks, Chief Einancial Officer						
P	rint/Type preparer's name	Preparer's signature	Dat	e Cha		PTIN	
				self-	employed		
71	ïrm's name 🕨			Firm	n's EIN 🕨		
ly F	ïrm's address 🕨			Pho	ne no.		
1							
	pt status: pt status: pt status: pt status: panization Sum ririefly des UR MISS HREATEN Check th Number of Total num Total rev Grants an Benefits Salaries, Professic Total exp Revenue Total asset Total asset Salaries, Professic Total asset Salaries, Professic Total stat Salaries, Professic Total asset Salaries, Professic Total asset Salaries, Professic Total asset Salaries, Professic Total stat Salaries, Professic Total asset Salaries, Professic Total asset Salaries,	n pending 220 E LAS COLINAS BLVD STE C-226 City or town, state or province, count LAS COLINAS, TX 750395500 F Name and address of principal Carolyn Marks 220 E Las Colinas Blvd Suite C-210 Irving, TX 75039 pt status: So1(c)(3) So1(c) () < (i	an pending 220 E LAS COLINAS BLVD STE C-226 City or town, state or province, country, and ZIP or foreign postal code Lity or town, state or province, country, and ZIP or foreign postal code Lity COLINAS, TX 75039500 P Name and address of principal officer: Carolyn Marks 220 E Las Colinas Blvd Suite C-210 Irving, TX 75039 pt status: Solic()(3) 501(c)() ganization: Corporation Trust Association Other ▶ Summary riefly describe the organization's mission or most significant activities: UVR MISSION IS TO PROVIDE HOPE AND HAPPINESS BY CREATING BEAUTI HREATENING CONDITIONS. Check this box ▶ if the organization discontinued its operations or disp Number of volunteers (estimate if necessary) . Total number of individuals employed in calendar year 2021 (Part V, line 22 Total number of volunteers (estimate if necessary) . Program service revenue (Part VIII, line 11) . Contributions and grants (Part VIII, line 11) . Total number of volunteers (estimate if necessary) . Investment income (Part VIII, column (A), l	n pending 20 E LAS COLINAS BLVD STE C-226 City or town, state or province, country, and ZIP or foreign postal code LSC COLINAS, TX 750395500 F Name and address of principal officer: Carolyn Marks 20 Las Colinas Blvd Suite C-210 ph status: Soit(c)(3) Soit(c) () < (insert no.)	n pending 220 E LAS COLINA'S ELVO STE C-220 City or town, state or province, country, and ZIP or foreign postal code LS COLINAS, TX 720395000 F Name and address of principal officer: 220 E LaS Colinas BNd Suite C-210 Trving, TX 75039 Pt status: Sol(c)(3) Sol(c) () ((maert no.) 4947(a)(1) or 527 ari https://kiddkids.org garization: Corporation Trust Association Other ▶ L Year of forma Summary et > https://kiddkids.org Group attal is the organization's mission or most significant activities: NUR MISSION 15 TO FROVIDE HOPE AND HAPPINESS BY CREATING BEAUTIFUL MEMORIES FOR FA HEATTENING CONDITIONS. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% Number of independent voting members of the governing body (Part VI, line 1a)	Number and street (or P.O. box if mails in delivered to street address) Room/suite (922) 4 City or town, state or prevince, country, and 21P or foreign postal code G Gross m City or town, state or prevince, country, and 21P or foreign postal code G Gross m City or town, state or prevince, country, and 21P or foreign postal code H(a) Is this a group re subordinates? 220 E Las Collivas Bir Systems H(b) Are all subordination included? If 'Nong Art address of principal officer: subordinates? 220 E Las Collivas Bir Systems 4947(a)(1) or 527 eit abused Summary Group exemption If 'Nong' attach a gainzation: Corporation Trust. Association Other L 'Sear of formation: 1994 Summary Group exemption Trust. Association Other L 'Sear of formation: 1994 Summary Group exemption L 'Sear of formation: 1994 L 'Sear of formation: 1994 Summary Group exemption Summary Summary Group exemption Group exemption Summary Group exemption Summary Group exemption Group exemption Trust. Association Other & Summary Group exemption	Participant Burnher and street (or P.O. loc of mails not delivered to street address) Rom/suite Participant Burnher and street (or P.O. loc of mails not delivered to street address) Rom/suite City or bow, state or province, country, and ZIP or foreign postal code Gross receipts 1, P Ame and address of principal officer: H(a) Is this a group return for 220 E Las Colinas Bivd H(a) Is this a group return for 320 E Las Colinas Bivd H(a) Is this a group return for sup of data: Solic(1) = (meert no.) 4947(a)(1) or Ds7 anisotion: Corporation Trust Association Other anisotion: Corporation Trust Association Other Summary If the organization's mission or most significant activities: Vince All State: If the organization's mission or most significant activities: Vince Mission IS TO PROVIDE HOPE AND HAPPINESS BY CREATING BEAUTIFUL MEMORIES FOR FAMILIES OF CHILDRE If the organization's mission or most significant activities: Check this box b If the organization discontinued its oparations or disposed of more than 25% of its net assets. Number of individuals employed in calendar vear 2021 (Part V, line 1a) Imathanome of voling members of the governing body (Part

Form 9	990 (2	021)				Page 2
Part	t III	Statement of Program Ser	vice Accomplish	nments		
		Check if Schedule O contains a re	sponse or note to a	ny line in this Part III .		🗆
1	Briefly					
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program		H LIFE-ALTERING OR			
LIFE-I	HREAI	NTENING.				
2	Did th	e organization undertake any signi	ficant program serv	ices during the year whi	ich were not listed on	
				ices during the year win	ich were not listed on	🗌 Yes 🔽 No
			Schedule O			
		•		hanges in how it conduc	cts, any program	
		-				🗌 Yes 🛛 No
			dule O.			
-				ts for each of its three la	argest program services, as measur	ed by expenses.
	Sectio	n 501(c)(3) and 501(c)(4) organiz	ations are required			
	and re	evenue, if any, for each program se	rvice reported.			
4a	(Code	:) (Expenses \$	512,369	including grants of \$	1,067,451) (Revenue \$)
			E 30 KIDS WITH LIFE-	ALTERING AND LIFE-THREAT	TENING CONDITIONS AND THEIR FAMILIE	
4b	(Code	:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code	:) (Expenses \$		including grants of \$) (Revenue \$)
	-					-
	0.1					
4d		r program services (Describe in Sc enses \$,	¢		`
46	、 i	I program service expenses	including grants of 512,3) (Revenue \$)
4e	TOLA		512,5			Form 990 (2021)

1 ui	Checkist of Required Schedules		M	NI -
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	Yes Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No

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Par	tiv 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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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? \ldots .	24d		
25a	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		No
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? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
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		No
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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance		ł	
	Check if Schedule O contains a response or note to any line in this Part V			
	· · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		F	orm 99) (2021)

	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O \ldots	3b		No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? \cdot .	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
				110
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		No
9	sponsoring organization have excess business holdings at any time during the year?	_		No
9 a	sponsoring organization have excess business holdings at any time during the year? . . Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . .	9a		No
9 a b	sponsoring organization have excess business holdings at any time during the year? . Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_		No
9 a b 0	 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 	9a		No
9 a b 0 a	sponsoring organization have excess business holdings at any time during the year? . . Sponsoring organizations maintaining donor advised funds. . . . Did the sponsoring organization make any taxable distributions under section 4966? . . . Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 . 10a	9a		No
9 a b 0 a b	sponsoring organization have excess business holdings at any time during the year? . Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . Did the sponsoring organization make any taxable distributions under section 4966? . Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	9a		No
9 a b 0 a b 1	sponsoring organization have excess business holdings at any time during the year? . Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . Did the sponsoring organization make any taxable distributions under section 4966? . Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . Section 501(c)(7) organizations. Enter: I0a Initiation fees and capital contributions included on Part VIII, line 12 . Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: .	9a		No
9 a b 0 a b 1 a	sponsoring organization have excess business holdings at any time during the year? . Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . Did the sponsoring organization make any taxable distributions under section 4966? . Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	9a		No
9 a b 0 a b 1 a b	sponsoring organization have excess business holdings at any time during the year? . Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . Did the sponsoring organization make any taxable distributions under section 4966? . Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . Section 501(c)(7) organizations. Enter: I0a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: I1a Gross income from members or shareholders I1a Gross income from other sources. (Do not net amounts due or paid to other sources I1a	9a		No
9 a b 0 a b 1 a b 2a	sponsoring organization have excess business holdings at any time during the year?	9a 9b		No
9 a b 0 a b 1 a b 2a	sponsoring organization have excess business holdings at any time during the year?	9a 9b		No
9 a b 0 a b 1 a b 2 a b 3	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	9a 9b		No
9 a b 0 a b 1 a b 2 a b 3 a	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Lib Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule 0.	9a 9b		No
9 a b 0 a b 1 a b 2 a b 3 a	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Is the organization licensed to issue qualified health plans in more than one state?	9a 9b 12a		No
9 a b 0 a b 1 a b 2 a b 3 a b c	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Lizb Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	9a 9b 12a		No
9 a b 0 a b 1 a b 2 a b 3 a b c 4 a	sponsoring organization have excess business holdings at any time during the year?	9a 9b 12a 13a		No No No
9 a b 0 a b 1 a b 2 a b 3 a b c 4 a	sponsoring organization have excess business holdings at any time during the year?	9a 9b 12a 13a		No No
9 a b 0 a b 1 a b 2 a b 3 a b c 4a	sponsoring organization have excess business holdings at any time during the year?	9a 9b 12a 13a		No No No
9 a b 0 a b 1 a b 2 a b 2 a b c 4 a b	sponsoring organization have excess business holdings at any time during the year?	9a 9b 12a 13a 14a 14b		No No No No

Form	990 (2021)			Page 6				
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	oonse to					
Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	-						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6							
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		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\ .$	5		No				
6	Did the organization have members or stockholders?	6		No				
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		No				
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		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Yes					
b	b Each committee with authority to act on behalf of the governing body?							
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 in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.) Yes	No				
	Did the organization have local chapters, branches, or affiliates? .	e Code 10a						
10a				No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No				
10a b 11a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10a 10b		No No				
10a b 11a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10a 10b		No No				
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No				
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No No				
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No No				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes	No No				
10a b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No				
10a b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	No No				
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No				
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes	No No				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes	No No				
10a b 11a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No No No				
10a b 11a b 12a b c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes	No No No				

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 18

19

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: Carolyn Marks 220 E Las Colinas Blvd Suite C-210 Irving, TX 75039 (972) 432-8595 20

Form 990 ((2021)	Page 7
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	n 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 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related	pers	an on on is	e bo bot recto	t ch ox, ι h ar or/ti	unless office oustee)	er)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(1) Michael Peay President	3.00	х		x				0	0	0
(2) Dr Dan Guzman Vice President	2.00	х		x				0	0	0
(3) Caroline Cradick Secretary/CEO	40.00	х		x	x			12,000	0	0
(4) Leslie Guanawan Treasurer	2.00	х		x				0	0	0
(5) Shawn Nunn Board Member	1.00	х						0	0	0
(6) Brenda Fox Board Member	2.00	х						0	0	0
(7) Dr J Mack Slaughter Board Member	1.00	х						0	0	0

Pa	rt VII Section A. Officers, Direct	tors, Trustees	s, Key l	Empl	oye	es,	and	Higl	hest Con	npensate	ed Employees	(conti	inued)	
	(A) Name and title	(B) Average hours per week (list any hours for related		ne bo	ox, u n off :or/ti	t che Inles ficer	ss pers	son	compe from organiza)) rtable nsation n the ation (W- 099-	(E) Reportable compensatio from related organizations (2/1099-	n d (W-	(F) Estima amount o compens from f organizati	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		999-NEC)	MISC/1099-NE		relati	ed
1b														
	-Total					۲	·I _							
	al from continuation sheets to Part V	/II, Section A	•••	• •		۲	·I _			12.000		0		0
Tota	al (add lines 1b and 1c)					►	<u> </u>							
2	Total number of individuals (including of reportable compensation from the			e liste	ed at	00V6	e) who	rece	eived mor	e than \$10	00,000			
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ее, ке •	• •	•	• •	or nig	gnest com	ipensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization										1 the			
	individual					•						4		No
5	Did any person listed on line 1a receins services rendered to the organization								5			5		No
S (ection B. Independent Contract Complete this table for your five high		d indon	ondor	* ~~	ntro	atora	that	received	mara than	¢100.000 of co	maaa	ation	
	from the organization. Report compe											mpens	(C	<u>, </u>
	Name a	and business addre	ess							Desc	ription of services		Compen	
	Total number of independent contractor		not lim	ited t	o the	ose	listed	abov	ve) who re	eceived mo	ore than \$100,0	00 of		

Form **990** (2021)

Page **8**

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512 - 514
\$	1a Federated campaigns .	•	1a					
Other Similar Amounts	b Membership dues		1b					
Q	${\boldsymbol{c}}$ Fundraising events .		1c					
ar A	d Related organizations		1d					
milŝ	e Government grants (contribu	-	1e					
S	 f All other contributions, gifts, and similar amounts not incl 		1f	1,067,451				
her	above g Noncash contributions includ	ed in		1,007,431				
õ	lines 1a - 1f:\$		1g	269,630				
and	h Total. Add lines 1a-1f .	• •		•	1,067,451			
				Business Code				
	2a							
2	b							
	c							
AND A DATE OF THE RAL	d							
	e							
	f All other program servic	e revenu	e.					
	9 Total. Add lines 2a-2f.		. ►					
	3 Investment income (inclu		dends,	interest, and other	108,0	99		108,
	similar amounts) 4 Income from investment		••• empt b	ond proceeds				
	5 Royalties	• •	•••					
		(i) R	eal	(ii) Personal				
	6a Gross rents 6a							
	b Less: rental				_			
	expenses 6b							
	c Rental income or (loss) 6c							
	d Net rental income or (lo	oss).						
		(i) Seci	urities	(ii) Other				
	7a Gross amount from sales of 7a							
	assets other							
	b Less: cost or				-			
	other basis and							
	sales expenses				_			
	c Gain or (loss) 7c							
	d Net gain or (loss)			· · · ▶	435,5	16		435,
	8a Gross income from fundraisi (not including \$	0						
	contributions reported on lin See Part IV, line 18	e 1c).						
			8a					
	b Less: direct expenses c Net income or (loss) from		ising ev	(onto				
		in runara		ents				
	9a Gross income from gaming							
	See Part IV, line 19		9a	_				
	b Less: direct expenses c Net income or (loss) from		9b	tion				
	C Net income or (loss) from	ii gainin		Lies				
	10aGross sales of inventory,							
	returns and allowances		10a	1				
	b Less: cost of goods sold	• •	10b					
	c Net income or (loss) from		of inven					
ŀ	Miscellaneous Rev	venue		Business Code	_			
	-							
	b							
	U							
				ļ				
	с							
				ļ				
	d All other revenue							
	e Total. Add lines 11a-11	d		▶ ▶				
	12 Total revenue. See ins	tructions		🕨	1,611,0	e e	0	543,6
1					16110	001	- uni (

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	mplete all columns.	All other organization	ons must complete col	umn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	512,369	512,369		
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, trustees, and key employees	12,000	9,600	1,200	1,20
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	10,223	8,179	1,022	1,022
LO Payroll taxes	420		336	84
11 Fees for services (non-employees):				
a Management	21,658		10,829	10,829
b Legal				
c Accounting	12,000		12,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,570		40,570	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
2 Advertising and promotion	1,435			1,43
3 Office expenses	15,454	9,900	2,054	3,50
4 Information technology	8,575	1,072	1,072	6,43
5 Royalties				
6 Occupancy	28,696		28,696	
L 7 Travel	10,708	4,755	5,953	
 B Payments of travel or entertainment expenses for any federal, state, or local public officials 	.,			
9 Conferences, conventions, and meetings				
20 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	8,500		8,500	
3 Insurance	5,572	1,114	4,458	
 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 			.,	
a Talent Fees	90,200	45,100		45,100
b State Reporting	1,190		1,190	
c Marketing Agreement/Employee	427,523		113,400	314,12
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,207,093	592,089	231,280	383,72
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing		271,779	1	445.46
2	Savings and temporary cash investments		, -	2	-, -
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·		4	
5	Loans and other receivables from any current or	former officer, director,		-	
	trustee, key employee, creator or founder, subsi controlled entity or family member of any of the	tantial contributor, or 35%		5	
6	Loans and other receivables from other disqualit section 4958(f)(1)), and persons described in se			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		67,654	9	51,87
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation	10b		10c	
11	Investments—publicly traded securities .		5,120,331	11	2,558,95
12	Investments-other securities. See Part IV, line	11		12	
13	Investments-program-related. See Part IV, line	11		13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	3,008,09
16	Total assets. Add lines 1 through 15 (must equ	ual line 33)	5,459,764	16	6,064,39
17	Accounts payable and accrued expenses		15,124	17	161,73
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
22	Loans and other payables to any current or form employee, creator or founder, substantial contrib or family member of any of these persons	outor, or 35% controlled entity		22	
23	Secured mortgages and notes payable to unrela	ted third parties		23	
24	Unsecured notes and loans payable to unrelated	· · -		24	
25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables to related third parties,	44,809	25	31,05
26	Total liabilities. Add lines 17 through 25 .	. –	59,933	26	192,78
	Organizations that follow FASB ASC 958, ch	eck here 🕨 🔽 and			
	complete lines 27, 28, 32, and 33.				
27	Net assets without donor restrictions	[5,399,831	27	5,871,60
28	Net assets with donor restrictions			28	
	Organizations that do not follow FASB ASC complete lines 29 through 33.	958, check here 🕨 🗌 and			
29	Capital stock or trust principal, or current funds			29	
30	Paid-in or capital surplus, or land, building or eq	uipment fund		30	
31	Retained earnings, endowment, accumulated inc	come, or other funds		31	
32	Total net assets or fund balances	[5,399,831	32	5,871,60
33	Total liabilities and net assets/fund balances .		5,459,764	33	6,064,39

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			Tage IZ
Ρ	Part XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		0
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,611,066
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,207,093
3	Revenue less expenses. Subtract line 2 from line 1	3	403,973
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4	5,399,831
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	27,230
7	Investment expenses	7	40,569
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
1	0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,871,602
-			· · · · · · · · · · · · · · · · · · ·

Part XII Financial Statements and Reporting			
Check if Schedule O contains a response or note to any line in this Part XII			
		Yes	No
1 Accounting method used to prepare the Form 990: □ Cash Accrual □ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	Yes	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		No
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form 99	0 (202

Taxpayer Copy

SCHEDULE A (Form 990 or 990EZ)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

	OMB No. 1545-0047
o rt a section	2021
rmation.	Open to Public Inspection
Employer identif	fication number

TIN: 75-2577436

Department of the Treasury Name Setters Setting

KRADI	DICK FU	Ind for Kids					75-2577436		
	rt I	Reason for Public					See instructions.		
The c	organiz	ation is not a private four		,	5 ,	, ,			
1		A church, convention of	churches, or as	ssociation of churches	described in sec t	tion 170(b)(1)	(A)(i).		
2	\Box	A school described in se	ction 170(b)((1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ).)			
3		A hospital or a cooperat	ive hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).		
4		A medical research orga name, city, and state:	nization operat	ed in conjunction with	a hospital descri	bed in section 1	L 70(b)(1)(A)(iii). Er	nter the hospital's	
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	perated by a gov	ernmental unit descrit	bed in section	
6		A federal, state, or local	government or	r governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).		
7		An organization that nor section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	al public described in	
8		A community trust desc	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part I	I.)			
9		An agricultural research organization described in 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 331/3% 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 organize	ed and operate	d exclusively to test for	r public safety. S	ee 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.							
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.							
b		Type II. A supporting o management of the sup must complete Part IV	porting organiz	ation vested in the san					
с		Type III functionally in supported organization(ted with, its	
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution i	requirement and			
е		Check this box if the org integrated, or Type III n				RS that it is a Ty	pe I, Type II, Type III	functionally	
f	Enter	the number of supported	l organizations				<u>0</u>		
g		de the following informati			1			-	
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
Tata		0					0	0	
Tota For F		vork Reduction Act Not	ice, see the I	nstructions for	Cat. No. 1128	5F .	0 Schedule A (Form 9		

Form 990 or 990-EZ.

Part IISupport 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 failed to qualify under the tests listed below, please complete Part III.)

	If the organization falled	to quality und		teu below, plea	se complete i al	(111.)	
	ection A. Public Support						
	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(o 1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.").						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge.						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
S	ection B. Total Support	<u>I</u>					<u> </u>
Са	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	fiscal year beginning in) 🕨	(u) 2017	(5) 2010	(0) 2015	(4) 2020	(0) 2021	
7	Amounts from line 4.						
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 business is regularly carried on.						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.).	-					
11	Total support. Add lines 7 through						
12	Gross receipts from related activities,	etc. (see instruct	tions)			12	
13	First 5 years. If the Form 990 is for t	he organization's	s first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) or	ganization, check
	this box and stop here					► 🗆	
S	ection C. Computation of Public						
14	Public support percentage for 2021 (lin	ne 6, column (f)	divided by line 1	1, column (f)) .		14	
15	Public support percentage for 2020 Sc	hedule A, Part II	, line 14			15	
16a	33 1/3% support test-2021. If the	organization did	not check the bo	ox on line 13, and	line 14 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali						_
b							
	box and stop here. The organization	qualifies as a pu	ublicly supported	organization			🕨 🗆
17a	10%-facts-and-circumstances test is 10% or more, and if the organizatio in Part VI how the organization meets	n meets the "fac	ts-and-circumsta	ances" test, check	this box and stop	here. Explain	
	organization						🕨 🗆
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization	ation meets the	"facts-and-circu	mstances" test, cl	heck this box and	stop here.	e
18	supported organization Private foundation. If the organization	on did not check	a box on line 13		or 17b, check this	box and see	
	instructions						🕨 🗆

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.)

Section A. Public Support Calendar year (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and 1 1,236,318 1,190,634 1.365.247 492,618 1.094.68 membership fees received. (Do not 5,379,498 include any "unusual grants.") . Gross receipts from admissions, 2 merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that 3 are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 1,236,318 1,190,634 1,365,247 492,618 1,094,68 5,379,498 6 Amounts included on lines 1, 2, and 7a 0 3 received from disgualified persons Amounts included on lines 2 and 3 b received from other than 0 disqualified persons that exceed the areater of \$5,000 or 1% of the amount on line 13 for the year. **c** Add lines 7a and 7b. 0 Public support. (Subtract line 7c 8 5,379,498 from line 6. Section B. Total Support Calendar vear (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 9 Amounts from line 6. . . 1,236,318 1,190,634 1,365,247 492,618 1.094.683 5,379,498 Gross income from interest, 10a dividends, payments received on 112,264 125,707 133,823 104.634 108.099 584,527 securities loans, rents, royalties and income from similar sources Unrelated business taxable income b (less section 511 taxes) from 0 businesses acquired after June 30, 1975. 112,264 125,707 133,823 104.634 108.099 584,527 с Add lines 10a and 10b. Net income from unrelated 11 business activities not included in 0 line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital 0 assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 13 1,348,582 1,316,341 1,499,070 597.252 1,202,780 5.964.025 11, and 12.). First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 14 ► U Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) 15 15 90.200 % Public support percentage from 2020 Schedule A, Part III, line 15 16 16 89.000 % Section D. Computation of Investment Income Percentage Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f)) 17 17 9.800 % Investment income percentage from **2020** Schedule A, Part III, line 17 18 18 11.000 % 19a 331/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization \blacktriangleright 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ►∟

	t IV Supporting Organizations		r	age 4
	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you 12d, of Part I, complete Sections A and D, and complete Part V.)			
Se	ction A. All Supporting Organizations			
			Yes	No
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and	-		
54	<i>3c below.</i>	3a		
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.			
		3b		
с	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 .			
		3c		
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.			
	checkeu box 12a of 12b ill Part 1, aliswer lilles 4b and 4c below.	4a		
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.	4b		
с	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.	4c		
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).	5a		
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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	0		
		7		
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).	8		
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 .			
	·	9a		
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 .	9b		
с	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 .	9c		
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.			
Ŀ	Did the exercise tion have any evenes huginess heldings in the toward (Use Catedula C. Form 4720, to determine whether	10a		
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).	10h		

Fai	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 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	vi. ection B. Type I Supporting Organizations			L

1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's 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 directors or trustees at all times during the tax year?	
activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.	

			Yes	No
each of the organization's supported organization(s)? If "No," describe in Part VI how control of	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		

Section D. All Type III Supporting Organizations

			Yes	No		
tax Forr	d the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's x year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the rm 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?					
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).					
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 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.					

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) : 1
 - The organization satisfied the Activities Test. Complete line 2 below. а \square
 - b The organization is the parent of each of its supported organizations. Complete **line 3** below. \square
 - С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) \square

2 Activities Test. Answer lines 2a and 2b below.

- 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.
- **b** Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
 - a 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.
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2021

Yes

2a

2b

3a

3b

No

Supporting Organizations (continued)

Dart TV

1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount	<u>.</u>	(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):	1		
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		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizatio	ns (continue	d)	
Section D - Distributions		-			Current Year	
1 Amounts paid to supported organizations to accomplish	exempt purposes		1			
	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in					
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3			
4 Amounts paid to acquire exempt-use assets			4			
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)	5			
 6 Other distributions (<i>describe in Part VI</i>). See instruction 		/	6			
	5115		-			
7 Total annual distributions. Add lines 1 through 6.			7			
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respons	sive (<i>provide</i>	8			
9 Distributable amount for 2021 from Section C, line 6			9			
10 Line 8 amount divided by Line 9 amount			10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdis	ii) tribut 2021	ions	(iii) Distributable Amount for 2021	
1 Distributable amount for 2021 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.						
3 Excess distributions carryover, if any, to 2021:						
a From 2016						
b From 2017						
c From 2018						
d From 2019						
f Total of lines 3a through e						
g Applied to underdistributions of prior years						
h Applied to 2021 distributable amount						
 Carryover from 2016 not applied (see instructions) 						
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4 Distributions for 2021 from Section D, line 7:						
\$						
Applied to underdistributions of prior years						
b Applied to 2021 distributable amount						
c Remainder. Subtract lines 4a and 4b from line 4.						
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 						
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.						
7 Excess distributions carryover to 2022. Add lines 3j and 4c.						
8 Breakdown of line 7:						
a Excess from 2017.						
b Excess from 2018						
c Excess from 2019						
d Excess from 2020						
					L	

Schedule A (Form 990 or 990-EZ) (2021)

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).

Facts And Circumstances Test

Return Reference

Explanation

Taxpayer Copy			TIN: 75-2577436			
Schedule B	Schedule of Contributors		OMB No. 1545-0047			
(Form 990, 990-EZ, or 990-PF)	Attach to Form 990, 990-EZ, or 990-PF.		2021			
Department of the Treasury Internal Revenue Service	► Go to <u>www.irs.gov/Form990</u> for the latest information.		2021			
Name of the organization KRADDICK Fund for Kids		Employer id	entification number			
		75-2577436				
Organization type (chec	:k one):					
Filers of:	Section:					
Form 990 or 990-EZ	✓ 501(c)(3) (enter number) organization					
	\Box 4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	□ 527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	\Box 4947(a)(1) nonexempt charitable trust treated as a private foundation	ı				
	501(c)(3) taxable private foundation					

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2021)

Schedule B (Form 990, 990-EZ, or 990-PF) (2	2021)
Name of organization KRADDICK Fund for Kids	

Employer identification number 75-2577436

art I tributors	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Enchanted Fairies		Person
	6121 W Park Blvd		Payroll
	Suite C 222 Plano, TX 75093	\$ 341,162	Noncash
	Pidilo, 1X 75095		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Raising Canes Restaurant		Person
	6800 Bishop Road		Payroll
	Plano, TX 75024	\$ 124,914	Noncash
	Pidilo, 1X 73024		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Patel Law Firm LLC		Person
	1125 Executive Circle Suite 200	\$ 112,700	Payroll
	Irving, TX 75038		Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
	Hello Bello		Person
	17383 Sunset Blvd		Payroll
	Suite B200 Pacific Palisades, CA 90272	\$ 85,000	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
	Communities Foundation of Texas		Person
	5500 Caruth Haven Lane		Payroll
	Dallas, TX 75225	\$ 5,852	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributior
	Dekelboum Family Foundation		Person
	1101 Wootton Parkway		Payroll
	Rockville, MD 20852	\$ 5,000	Noncash
			(Complete Part II for noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2021)

Schedule B (Form 990, 990-EZ, or 990-PF) (2021) Name of organization KRADDICK Fund for Kids

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
		\$_	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		\$_	

Schedule B (Form 990, 990-EZ, or 990-PF) (2021)

Employer identification number

75-2577436

Schedule B (Form 990, 990-EZ, or 990-PF) (2021) Page 4 Name of organization Employer identification number KRADDICK Fund for Kids 75-2577436 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) **>** \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2021)

SCHEDULE D (rem 39/) Percenter of the reganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization answered Texp: on Form 950, Percenter of the erganization and there accounts the form of the erganization and the erganization ergin ergin and the erganization ergin ergin and the erganization and the erganization ergin ergin and the ergi ergin and the ergin ergin and the ergin ergin and the ergi		Taxpayer Cop					TIN: 7	5-2577436
Provention of the organization answered "Yes," on Form 990. Point Willing 67, 86, 71, 011, 111, 111, 111, 111, 111, 111,				OMB N	o. 1545-0047			
Dependent of the transmity internal Revenue Social Port IV, line 6, 7, 8, 9, 10, 116, 116, 116, 117, 117, 217, 128, or 128. Open to Public Inspection Marke of the organization MADDOC total for Market of the organization answered "test" on Form 1990, Part IV, line 6. The physic Identification number 72-2277436 Full Organization Advised Funds or Other Similar Funds or A cocounts. Complete if the organization answered "test" on Form 1990, Part IV, line 6. (b) Funds and other accounts. 1 Total number at end of year (a) Doren advised funds (b) Funds and other accounts. 3 Apprepart value of contributions to (during year) (a) Doren advised funds are the organization's properly, subject to the organization answered "test" on form 1990, Part IV, line 6. Yes (b) No 6 Dt the organization inform all donce and donor advises in writing that grant funds can be used only for private benefit? Yes (b) No 7 Part IV, line 5, 7, 8, 9, 10, 118, 119, 112, 112, 112, 112, 112, 112, 112	(For	m 990)					- 20	021
Department Cold to survey in gale/formation Control Public								
Internal Revenue Service] Mitted of the organization number 7:2:277:436 Prift Organization Reinfanting Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 390, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts (c) Donor advised funds (b) Funds and other accounts (c) Donor advised funds (c) Dotors and lonor advised funds (c) Dotors advised funds			Attach to Form 990.			n		
KRADDICK number and organization answerad "Yes" on Form 990, Part IV, line 5. 1 Total number at end of year . 2 (a) Donor advised funds 3 Aggregate value of contributions to (during year) 3 Aggregate value of anothibutions to (during year) 4 Aggregate value of anothibutions to (during year) 5 Did the organization inform advised funds 6 Did the organization inform adjustes, donors, addicons rund donor and donor in white the sacets held in donor and value at end of year . 6 Did the organization inform all grantees, donors, and donor and do								
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Ves" on Form 990, Part LV, line 5. (a) Donor advised funds (b) Funds and other accounts (a) Donor advised funds (b) Funds and other accounts (c) Donor advised funds (c) Funds and other accounts (c) Donor advised funds (c) Funds and other accounts (c) Donor advised funds (c) Funds and other accounts (c) Donor advised funds (c) Funds and other accounts (c) Donor advised funds (c) Funds and other accounts (c) Donor advised funds (c) Funds and other accounts (c) Donor advised funds (c) Funds and other accounts (c) Donor advised funds (c) Funds and other accounts (c) Donor advised funds (c) Funds and other accounts (c) Donor advised funds (c) Funds and other accounts (c) Dotor advised funds (c) Funds and other accounts (c) Dotor advised funds (c) Funds and other accounts (c) Dotor advised funds (c) Funds and other accounts (c) Part II Conservation form all donors and donor advisers (c) Funds (c) Funds and other accounts (c) Part II Conservation Easements (c) Part II Conservation Easements (c) Part Pupose(c) for conservation asswered "Ves" on Form 990, Part IV, line 7. (c) Part Pupose(c) for conservation assements held by the organization (check all that apply). (c) Preservation of and for public use (e, a, recreation or advisor, of on any other puppose (c) Conservation easements (c) Part Puppose(c) for conservation easements (c) Part Puppose(c) (c) Conservation easements (c) Part Pu			ition		-	-	fication	number
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	De	at I Organia	tions Maintaining Danas Advised Sunda as Others	Similar Funda ar	-			,
	Po				ACC	ounts.		
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3 Aggregate value of grants from (during year)								
Aggregate value at end of year Junce Aggregate value at end of year Junce Aggregate value at end of year Junce								
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 property, subject to the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Complete if the organization inform answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Preservation of a property is used to the tax year. Held at the fand of the tax year. 2a Iddition and Register. 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year 4 Number of expressivation easements included in (c) acquired after 7/25/06, and not on a historic 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 4 Number of expressivation easements included on (c) acquired after 7/25/06, and								
organization's property, subject to the organization's exclusive legal control?				ha hald in den an adu				
6 Did the organization inform all grantese, donors, and donor advisors in writing that grant finds can be used only for durate benefit?	5					unus are the	_	Ves 🗌 No
charitable purposes and not for the benefit of the donor or donor advisor, or for any öther purpose conferring impermissible yes No Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	6	Did the organiza	on inform all grantees, donors, and donor advisors in writing the	at grant funds can b	e use	d only for	0	
Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation essements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a natural habitat Protection of natural habitat Preservation of a conservation essements in the da qualified conservation contribution in the form of a conservation essements in the tax year. a Total number of conservation easements . Image: State				/ · · · · · · · · · · · ·	nferri	ing impermis	sible	_
Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a cartified historic structure Preservation of open space Preservation of conservation easements. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. Preservation of conservation easements. Total number of conservation easements on a certified historic structure included in (a). Preservation of an historic Vamber of conservation easements included in (c) acquired after 7/25/06, and not on a historic Preservation during the tax year. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b Number of states where property subject to conservation easement is located b Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year * 5 Bose each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Ves No 9 In Part XIII, describe how the organization reports c		•					\cup	Yes 🗌 No
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a certified historic structure a Total number of conservation easements . 2b b Total acreage restricted by conservation easements . 2a c Number of conservation easements included in (c) caquired after 7/25/06, and not on a historic 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year - 4 Number of states where property subject to conservation easements is located > 5 Dees the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year *	Ра			V, line 7.				
Protection of natural habitat Preservation of acturility of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements. Ital acreage restricted by conservation easements. Number of conservation easements on a certified historic structure included in (a). Ital acreage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is that one structure points of states where property subject to conservation easement is located >	1							
Preservation of open space Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. Held at the End of the Year a Total innumber of conservation easements . Image: Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. Image: Complete lines 2 at the End of the Year b Total acreage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . Image: Complete lines 2 at the Complete line Complete line 2 at the Complete line Complete line 2		Preservatio	of land for public use (e.g., recreation or education) \Box	Preservation of an h	istori	cally importa	nt land a	rea
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total average restricted by conservation easements		Protection of	natural habitat	Preservation of a ce	rtified	d historic stru	icture	
easement on the last day of the tax year. a Total number of conservation easements. b Total accage restricted by conservation easements . c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year		Preservatio	of open space					
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 b Total acreage restricted by conservation easements					[Held at t	ne End o	f the Year
c Number of conservation easements on a certified historic structure included in (a)	а				-			
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic tructure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶		-			-			
structure listed in the National Register	-							
 tax year >	a				20			
 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	3		ration easements modified, transferred, released, extinguished,	, or terminated by th	ne org	ganization du	ring the	
and enforcement of the conservation easements it holds? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8	4	Number of state	where property subject to conservation easement is located ${lacksquare}$			_		
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 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	6		r hours devoted to monitoring, inspecting, handling of violation	s, and enforcing cor	iserva	ation easeme	nts durin	g the year
 \$			ac incurred in monitoring, inspecting, handling of violations, an	d onforcing concorr	otion	aacamanta d	uring the	VODE
 and section 170(h)(4)(B)(ii)?	7		es incurred in monitoring, inspecting, handling of violations, an			easements u	uning the	year
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	8)(h)(4	4)(B)(i)		
 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1		and section 170	(4)(B)(ii)?				Yes	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 (iii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 (iiii) Assets included on Form 990, Part VIII, line 1 <l< th=""><th>9</th><th>balance sheet, a</th><th>include, if applicable, the text of the footnote to the organization</th><th></th><th></th><th></th><th>es</th><th></th></l<>	9	balance sheet, a	include, if applicable, the text of the footnote to the organization				es	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1	Pai			asures, or Othe	r Sir	nilar Asse	ts.	
 historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		Complet	if the organization answered "Yes" on Form 990, Part I	V, line 8.				
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 (i) Revenue included on Form 990, Part VIII, line 1	b	historical treasu	s, or other similar assets held for public exhibition, education, o					
 (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. 		-		,		▶\$		
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1								
a Revenue included on Form 990, Part VIII, line 1		If the organization	received or held works of art, historical treasures, or other sim	nilar assets for finand			he	
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\bullet house meaded in torm of optime A in the international international international \bullet	b	Assets included	Form 990, Part X			▶\$		

 For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 Cat. No. 52283D
 Schedule D (Form 990) 2021

Part V Escrow and Custodial Arrangements. (a) Current year Image: Custodian answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, P Include on form 990, Part X? 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not Include on form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Custodian or other intermediary for contributions or other assets not Include on form 990, Part X, line 21, for secrow or custodial account liability?			(Form 990) 2021									Page
a Public exhibition d Lean or exchange programs b Scholarly research e Other Other c Preservation for future generations e Other Other S During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be obto arise future statent and bas part of the organization's collection? Yes No Part IV Eccova and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Pint 10, line 9, or reported an amount on Form 990, Pint 21. Is the organization answered "Yes" on Form 990, Part IV, line 10. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Is the organization and the year Is	Part	III	Organizations M	aintaining Col	lections of A	rt, Histor	ical Tr	easures, o	or Other	Similar As	ssets (c	continued)
Control exhibition Control exhibitio					n, and other rec		any of t	he following	that are a	a significant ι	use of its	collection
Scholarly research Preservation for future generations Provide a description of the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to naise funds rather than to be maintained as part of the organization's collection? Part IV Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, P line 21. Is the organization an agent, ruistee, custodian or other intermediary for contributions or other assets not included on form 990, Part X?. If 'Yes,' explain the arrangement in Part XIII and complete the following table: Beginning balance Bit I' 'Yes,'' explain the arrangement in Part XIII and complete the following table: Beginning balance Bit I' 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Bit I' 'Yes,'' explain the arrangement in Part XII. Check here if the explanation has been provided in Part XIII. Bart V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Bit Beginning of year balance (a) (D) Part Yes (D) Prior year (D) Prior year back (d) Three years back (e) Four years back (d) Three years back (d	d	\bigcup	Public exhibition			u	\cup	Loan or exch	nange pro	grams		
Prevent addition induce generations Provide addition induce generations Provide addition induce generations Provide additions Provide the estimated percentage of the current year end balance (b) Provide the estimated percentage of the current year (b) Provide the estimated percentage of the current year (b) Provide the estimated percentage of the current year (b) Provide the estimated percentage of the current year (b) Provide the estimated percentage of the current year (b) Provide the estimated percentage of the current year (b) Provide the estimated percentage of the current year (b) Provide the estimated percentage of the current year (b) Provide the estimated percentage of the current year (b) Provide the estimated percentage of the current year (b) Provide the estimated percentage of the current year (b) Provide the estimated percentage of the current year (b) Provide the estimated percentage of the current year (c) Provide the estimated percentage of the current year	b		Scholarly research			e		Other				
Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintaned as part of the organization's collection?	С		Preservation for futur	e generations								
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrew and Custodial Arrangements. Complete if the organization answered "kes" on Form 990, Part IV, line 9, or reported an amount on Form 990, P line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X? Ves Ne Ne Ne Ves Ne Ne Ne Ves Ne Ne Ne Ves Ne	4			organization's col	lections and exp	plain how th	ey furth	er the organ	ization's e	xempt purpo	se in	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, P line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Complete if the organization Additions during the year. Is the organization include an amount on Form 990, Part X, line 21, for serve or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance. Is the organization include an amount on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization and the organization include an amount on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization and the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization and programs. C Net investment earnings, gains, and losses G and rograms. Part V Endowment P Permanent earnings, gains, and losses G and organizes. Part VIL band, Buildings, and Z should equal 100%. Are there andowment Ive organizations listed as required on Schedue R? Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (c) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (c) Concelete II the organization is is do a required on Schedue R? Complete II the organizations (d) Book value (d) B	5										🗌 Ye	s 🗌 No
included on Form 990, Part X? <pre> Yes</pre> Net If "Yes," explain the arrangement in Part XIII and complete the following table:	Par	t IV	Complete if the or			n Form 990), Part I	V, line 9, o	or reporte	ed an amou	nt on Fo	orm 990, Part X
c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? yes No Part V Ending balance 1f 1c 1c 1c 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? yes No Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years 1b for	1a										🗌 Ye	s 🗌 No
c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (d) Three years back (e) Four years 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1a Administrative expenses (b) Prior year (c) Two years back (d) Three years back (e) Four years 2 Provide the estimated percentage of the current year end balance	h	If "Yee	s " explain the arrange	ement in Part XIII	and complete t	he following	table			Α	mount	
additions during the year. 14 e Distributions during the year. 1e f Ending balance. 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Ne 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Ne 2a Did the organization include an amount on Form 990, Part IV, line 10. Tenses, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Second Sec			, , , , , , , , , , , , , , , , , , , ,			-			1c			
e Distributions during the year 1e f Ending balance. 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	-	-	-						1d			
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е		- ,						1e			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Image: Second Seco	f		- ,						1f			
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	2a		-						account li	ahility?		
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years 1a Beginning of year balance (c) Two years back (d) Three years back (e) Four years c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years f Administreed for facilities and programs			-									S U NO
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance					. Check here in		1011 11d5			×III • • • •		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years 1a Beginning of year balance	Pa	IL V			vered "Yes" or	n Form 990), Part I	V, line 10.				
b Contributions			•	2			,		years back	(d) Three yea	ars back	(e) Four years back
c Net investment earnings, gains, and losses d Grants or scholarships a Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > b Permanent endowment > c Term endowment > (i) Unrelated organizations (ii) Related organizations 4 Describe in Part XIII the intended uses of the organization sisted as required on Schedule R? (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation d al Land c Leasehold improvements d Equipment. c Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. c Leasehold improvements d Equipment c Leasehold improvements	1a	Beginni	ng of year balance									
d Grants or scholarships	b	Contrib	utions									
e Other expenditures for facilities and programs i	С	Net inve	estment earnings, gai	ns, and losses								
and programs i <t< th=""><td>d</td><td>Grants</td><td>or scholarships</td><td>•</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	d	Grants	or scholarships	•								
g End of year balance				ies								
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b b Permanent endowment b c Term endowment b c Term endowment b c Term endowment b ii) Describe on ganization by: (ii) Nrelated organizations jiii) Related organizations jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	f	Adminis	strative expenses .									
a Board designated or quasi-endowment b Permanent endowment c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations fit "Yes" on 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value E Utleasehold improvements d Equipment 79,569 79,569 79,569	g	End of	year balance									
b Permanent endowment ▶	2	Provid	le the estimated perce	entage of the curre	ent year end ba	lance (line 1	g, colun	nn (a)) held	as:			
c Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations is the as required on Schedule R? (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Poscription of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b	а	Board	designated or quasi-e	endowment 🕨								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (i) Unrelated organizations (i) Related organizations (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (i) T'Yes" on 3a(ii), are the related organizations listed as required on Schedule R? (iii) Related organizations, and Equipment. (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (a) Cost or other basis (other) (c) Accumulated depreciation (b) Buildings (c) Accumulated depreciation (c) Leasehold improvements (c) Accumulated depreciation (c) Equipment 79,569 (c) Other 79,569	b	Perma	anent endowment 🕨									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (i) Book value (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (investment) (i) Related organization (ii) Related organization (iii) Related organization (iiii) Related organization<	с	Term e	endowment 🕨									
organization by: Yes (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	_				•							
(ii) Related organizations 3a(ii) b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	3a	organi	ization by:		sion of the orga	anization tha	it are he	ld and admii	nistered fo	or the	3-	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? Image: Complete in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land Image: Complete if the organization and the part of the p		.,	2									.,
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment • Other 	b	• •					edule R?					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land .	4	Descri	ibe in Part XIII the int	ended uses of the	organization's	endowment	funds.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land .	Par	t VI										
Image: Interpretended in the second secon		Deserie					,				,	
b Buildings Image: Constraint of the second sec		Descrip	nion or property			Cost or other		(c) ACC	Lumulated C	iepreciation	(a	i) book value
c Leasehold improvements	1a	Land										
d Equipment 79,569 e Other	b	Building	gs									
e Other	С	Leaseho	old improvements									
	d	Equipm	ent				79	,569		79,569		C
	•	• • Other	• •		1					İ		
	-			Column (d) must e	equal Form 990	, Part X, coli	ımn (B).	line 10(c).)		•		

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021				Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category	Part IV,	line 11b.See Fo		art X, line 12.
	(including name of security)	Book			year market value
(1) Financia(2) Closely-(3)Other	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	Part IV,	line 11c. See Fo	r	art X, line 13. Method of valuation:
(1)					end-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV,	line 11d. See For	m 990, Part	X, line 15.
(1)	(a) Description			•	(b) Book value
(2)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability	art IV,	line 11e or 11f.S	See Form 9	90, Part X, line 25. (b) Book value
(1) Accrued	Lia-Video/Mkting Video				31,056
(2) Account (3)	Payable				161,733
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
-	n (b) must equal Form 990, Part X, col.(B) line 25.)	0 +0 +1-	organization - C		192,789
	or uncertain tax positions. In Part XIII, provide the text of the footnot 's liability for uncertain tax positions under FIN 48 (ASC 740). Check I				_

Sche	dule D (Form 990) 2021					Page 4
Ра		evenue per Audited Financial Staten			Return	•
		ization answered 'Yes' on Form 990, Par				
1		support per audited financial statements .	• •		1	
2	Amounts included on line 1 but r	not on Form 990, Part VIII, line 12:	i			
а	Net unrealized gains (losses) on	investments	2a			
b	Donated services and use of faci	lities	2b			
с	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
е	Add lines 2a through 2d .				2e	
3	5		•		3	
4		Part VIII, line 12, but not on line 1 :	• •		5	
a		ed on Form 990, Part VIII, line 7b	4a			
b	·		4b			
c					4c	
5		 c. (This must equal Form 980, Part I, line 12. 			5	
		penses per Audited Financial State				
i di		ization answered 'Yes' on Form 990, Par			i netui	
1		idited financial statements			1	
2	Amounts included on line 1 but r	not on Form 990, Part IX, line 25:				
а	Donated services and use of faci	lities	2a			
b	Prior year adjustments		2b			
с	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
_						
e	Add lines 2a through 2d		•		2e	
3			• •		3	
4		Part IX, line 25, but not on line 1:	1.			
а	·	ed on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b			
с	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and	4c. (This must equal Form 990, Part I, line 18	3.) .		5	
Pa	rt XIII					L
Sı	pplemental Information					
		Part II, lines 3, 5, and 9; Part III, lines 1a and			rt V, line	4; Part X, line 2; Part XI,
line		and 4b. Also complete this part to provide a	-			
	Return Reference			planation		
Part	X, Line 2	MANAGEMENT EVALUATED THE CHARITY'S T				

MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISIONS OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2021

Taxpayer Cop	у								TIN: 75-2577	7436	
•	he full c	content of this d	ocument, please s	elect landscape mod	e (11" x 8.5") wh	en printing.			OMB No. 1545-0047		
Schedule I (Form 990)	Crante and Other Assistance to Organizations										
(101111550)		Governments	s in the Unite	•			2021				
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.									Open to Public Inspection		
Treasury Internal Revenue Service			► Go to <u>wv</u>	<u>vw.irs.gov/Form990</u> fo		on.			Inspection		
Name of the organization KRADDICK Fund for Kid	ds							ployer identific	ation number		
		ation on Grants	and Assistance				75-	2577436			
				the grants or assistance,	the grantees' eligibility	for the grants or assistan	ice, and				
		2							🗌 Yes 🛛	🗆 No	
-	-			se of grant funds in the U and Domestic Governme		rganization answered "Yes	s" on Form 99(), Part IV, line	21, for any recipient	t	
that recei	ved more	than \$5,000. Part II	can be duplicated if ad	ditional space is needed.		-					
(a) Name and add organization	on		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance		(h) Purpose of grant or assistance		
or governmer	nt				assistance	other)					
		<u> </u>									
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
2 Enter total numb	per of section	ion 501(c)(3) and g	overnment organization	s listed in the line 1 table				. ►	1		
3 Enter total numb	per of othe	er organizations liste	d in the line 1 table .					. ►			

Schedule I (10111 990) 2021		Domostic Individ	duale Comr	loto if the ora	anization	answord "Vos" o	n Eorn	n 990, Part IV, line 22.		Page Z
	duplicated if addition			field in the org	anization	l'allsweled les d		ii 990, Part IV, iiile 22.		
(a) Type of grant or assistance		(b) Number of recipients		(c) Amount of cash grant		(d) Amount of noncash assistance		(e) Method of valuation (book, FMV, appraisal, other)		(f) Description of noncash assistance
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
Part IV Supplem	ental Informati	on. Provide the	informatior	n required in	Part I, I	line 2; Part III,	colum	n (b); and any other	additiona	al information.
Return Reference	Explanati	on								
PART I, LINE 2	hospitals. T committee must be be illness or be radio listen (being othe	he application peri review the applicat tween the ages of e physically challer ing area. "Listening	od for 2021 tions to insu 5 and 12 ye ged or have g area is def ford a trip of	trip start Janu re that applica ars old at the an impairmer ined by being the nature).	ary 1, 20 nts have time of th t due to able to lis Documen)21 through Decer met the eligibility he trip 2)The child a birth defect or a sten to the show c	mber 2 criteri 's illne acciden on the	2021. At the end of the a ia. The nomination criter ss or disability must be o nt/injury. the child and th radio in the child's home	pplication ia for our one of the neir family e city." The	es Markets across the country and children's acceptance period for trip, the selection Kidd's Kids Trip in November 1) The child following diagnosed with a chronic/terminal must reside in a Kidd Kraddick Morning Show a child's family must show a financial need ne a list of children alone with 5 alternates.

Schedule I (Form 990) 2021

Taxpayer Cop	y
SCHEDULE M	
(Form 990)	

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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



TIN: 75-2577436

	al Revenue Service of the organization				Employer iden	lification -	umbe	
	DICK Fund for Kids				Employer iden	tification n	umbe	Г
D-					75-2577436			
Pa	rt I Types of Property	(-)	(b)	(a)		(4)		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash c	(d) d of determi ontribution a		ts
	Art—Works of art							
_	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes	-						
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .				_			
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential							
	Real estate—Commercial				0			
	Real estate—Other	Х		27.23	0 FMV			
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
•	Disney Trip/Meals/Air			242,40	0 FMV			
5	Other ()							
	Other > ()							
	Other ► ()							
	Other ▶ ()							
	Number of Forms 8283 received by t	he organiza	tion during the tax year for	contributions				
	for which the organization completed				29			
			-		<u> </u>		Yes	
Da	During the year, did the organization hold for at least three years from th	e date of th	e initial contribution, and wh	ich isn't required to be use	ed for exempt	must		ŀ
	purposes for the entire holding period					30a		
b L	If "Yes," describe the arrangement i Does the organization have a gift ac		plicy that requires the review	of any nonstandard contr	ibutions?	31		
	Does the organization hire or use th	ird parties o	or related organizations to so					F
L	contributions?					32a		
D	If "Yes," describe in Part II.							1

describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2021)

 Schedule M (Form 990) (2021)

 Part II
 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

 Return Reference Explanation

Schedule M (Form 990) (2021)

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SCHEDULE O (Form 990 or 990-ÈZ)

Supplemental Information to Form 990 or 990-EZ

TIN: 75-2577436 OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

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 <u>www.irs.gov/Form990</u> for the latest information.

Department of the Treasury KRADDICK Fund for Kids

	75-2577436						
Return Reference	Explanation						
Part VI, Line 11b	990 is reviewed by president and finance committee.						
Part VI, Line 12c	All officers and board members are required to complete an disclosure and conflict of interest statement. The information is presented and disclosed at the first board meeting of the year.						
Part VI, Line 19	Our governing policies, conflicts of interest policy, investment policy and all financial statements. Are available to the public upon request.						
Part VI, Line 1a	Our governing policies, conflicts of interest policy, investment policy and all financial statements. Are available to the public upon request.						
or Paperwork R	teduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 202						

Taxpayer Copy TY 2021 ReasonableCauseExplanation

Name: KRADDICK Fund for Kids

EIN: 75-2577436

Explanation: The Kraddick Fund for kids dba Kidd's Kids always file extension every year due to our annual audit was not completed in time to file in May.