

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2019**

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2019** calendar year, or tax year beginning January 1, 2019, and ending December 31, 2019

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **Kraddick Fund for Kids**  
 Doing business as: **Kidd's Kids**  
 Number and street (or P.O. box if mail is not delivered to street address): **220 E Las Colinas Blvd.** Room/suite: **C-210**  
 City or town, state or province, country, and ZIP or foreign postal code: **Irving Texas 75039**

**D** Employer identification number: **75-2577436**  
**E** Telephone number: **972-432-8595**  
**G** Gross receipts \$: **1,852,704**

**F** Name and address of principal officer: **Carolyn Marks**  
**220 E Las Colinas Blvd Suite C-210 Irving, Texas 75039**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.kiddskids.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1994** **M** State of legal domicile: **TX**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>Mission Statement: "Our mission is to provide hope and happiness by creating beautiful memories for families of children with life-altering or life-threatening conditions."</b>				
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	9		
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	8		
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	6		
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	80		
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0		
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	1,190,634	Current Year	1,036,848
	<b>9</b>	Program service revenue (Part VIII, line 2g)		0		0
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		125,707		133,823
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		29,125		682,033
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,345,466		1,852,704
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		760,547		853,096
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		289,128		311,400
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)				
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶				
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		446,520		407,810
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,496,195		1,572,306
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12		(150,729)		280,398
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	4,472,385	End of Year	5,046,423
	<b>21</b>	Total liabilities (Part X, line 26)		102,395		67,477
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20		4,369,990		4,978,945

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: *Carolyn Marks* Date: **11/9/2020**  
 Type or print name and title: **CAROLYN Marks - CFO**

**Paid Preparer Use Only**

Print/Type preparer's name: **Carolyn Marks** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name ▶: \_\_\_\_\_ Firm's EIN ▶: \_\_\_\_\_  
 Firm's address ▶: \_\_\_\_\_ Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No