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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

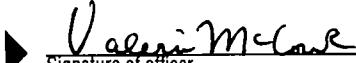
A For the 2009 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SHOES AND CLOTHES FOR KIDS, INC.</b> Doing Business As <b>4614 PROSPECT AVE.</b>		<b>D</b> Employer identification number <b>34-1554285</b>	
	See Specific Instructions			
	Number and street (or P.O. box if mail is not delivered to street address) <b>4614 PROSPECT AVE.</b> Room/suite <b>511</b>			
	City or town, state or country, and ZIP + 4 <b>CLEVELAND, OH 44103</b>			
	<b>F</b> Name and address of principal officer <b>VALERIE MCCORMACK</b> <b>4614 PROSPECT AVE #511, CLEVELAND, OH 44103</b>			
	<b>I</b> Tax exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>E</b> Telephone number <b>216-881-7463</b>	
	<b>J</b> Website: ► <b>WWW.SC4K.ORG</b>		<b>G</b> Gross receipts \$ <b>2,844,514.</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			<b>L</b> Year of formation: <b>1969</b>	
<b>M</b> State of legal domicile: <b>OH</b>				

## Part I | Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <b>SHOES AND CLOTHES FOR KIDS, INC</b> <b>(SC4K) IS THE ONLY NON-PROFIT ORGANIZATION IN GREATER CLEVELAND</b> -SEE SCHEDULE O		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5 Total number of employees (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	900
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	<b>2,206,506.</b>	<b>2,805,407.</b>
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,780.</b>	<b>2,901.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-34,694.</b>	<b>-58,816.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,178,592.</b>	<b>2,749,492.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,742,372.</b>	<b>1,948,445.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>284,988.</b>	<b>280,369.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>128,337.</b>		
	17 Other expenses (Part IX, column (D), lines 1a-11d, 11f-24f)	<b>147,394.</b>	<b>149,378.</b>
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,174,754.</b>	<b>2,378,192.</b>	
19 Revenue less expenses Subtract line 18 from line 12	<b>3,838.</b>	<b>371,300.</b>	
Expenses	Beginning of Current Year	End of Year	
	<b>1,792,308.</b>	<b>2,331,133.</b>	
	<b>63,940.</b>	<b>72,749.</b>	
	<b>1,728,368.</b>	<b>2,258,384.</b>	
Net Assets or Fund Balances			

## Part II | Signature Block

Sign Here	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			
	 Signature of officer			
	<b>VALERIE MCCORMACK, EXECUTIVE DIRECTOR</b> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► 	Date <b>8-13-10</b>	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>RADACHI AND COMPANY</b> <b>900 EAST BROAD STREET, SUITE A</b> <b>ELYRIA, OH 44035</b>	EIN ►		
		Phone no. ► <b>(440) 365-3115</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2009)

9-16

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## **Part III Statement of Program Service Accomplishments**

**1 Briefly describe the organization's mission:**

**SHOES AND CLOTHES FOR KIDS, INC. PROVIDES A UNIQUE SERVICE FOR  
INCOME-ELIGIBLE FAMILIES IN GREATER CLEVELAND BY DISTRIBUTING NEW  
SHOES, CLOTHING, AND ITEMS FOR INFANTS AND YOUTH.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

**4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.**

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code: ) (Expenses \$ 2,198,701. including grants of \$ 1,948,444. ) (Revenue \$ )  
SHOES AND CLOTHES FOR KIDS, INC. DISTRIBUTED BRAND NEW SHOES, CLOTHES,  
AND OTHER ITEMS TO NEARLY 25,000 CHILDREN IN GREATER CLEVELAND, OHIO.  
THE ESTIMATED RETAIL VALUE OF THE DISTRIBUTED GOODS WAS APPROXIMATELY  
\$1.95 MILLION.

**4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**

4c (Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d Other program services. (Describe in Schedule O.)**

(Expenses \$

including grants of \$

) (Revenue \$

1

4e Total program service expenses ► \$ 2,198,701.

## Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>• 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.</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>• 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? If "Yes," complete Schedule D, Part X.</li> </ul>	11 X	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12 X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A Yes X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14a X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	14b X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	15 X	
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	16 X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17 X	
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	18 X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 X	
		20 X	

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	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?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
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	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X

## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	5	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7a	X	
a 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?	7b	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e		X
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	9b		
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter:	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter:	11a		
a Gross income from members or shareholders	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12a		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12b		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body .....	1a	36
b	Enter the number of voting members that are independent	1b	36
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	X
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	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X
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		

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► OH
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <b>LAMONT MACKLEY - 216-881-7463</b> <b>4614 PROSPECT AVE #511, CLEVELAND, OH 44103</b>

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- 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. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
JEANINE ARDEN-ORNT TRUSTEE	2.00	X					0.	0.	0.
TERRY BISHOP TRUSTEE	2.00	X					0.	0.	0.
GERALD BROSKI TRUSTEE	2.00	X					0.	0.	0.
KERRY BUBOLZ TRUSTEE	2.00	X					0.	0.	0.
JAYNE CHURCHMACK TRUSTEE	2.00	X					0.	0.	0.
JJ DIGERONIMO TRUSTEE	2.00	X					0.	0.	0.
RICK FROMET TRUSTEE	2.00	X					0.	0.	0.
VIC GELB VICE-PRESIDENT	2.00	X	X				0.	0.	0.
WESLEY GILLESPIE TRUSTEE	2.00	X					0.	0.	0.
SID GOOD TRUSTEE	2.00	X					0.	0.	0.
ANITA GRAY TRUSTEE	2.00	X					0.	0.	0.
TRACY A. JEMISON II TRUSTEE	2.00	X					0.	0.	0.
BILL JOSEPH VICE CHAIR	2.00	X	X				0.	0.	0.
KEVIN KEARNEY TRUSTEE	2.00	X					0.	0.	0.
ALLAN C. KRULAK TRUSTEE	2.00	X					0.	0.	0.
LAMONT MACKLEY TREASURER	2.00	X	X				0.	0.	0.
JIM MASON TRUSTEE	2.00	X					0.	0.	0.

## Part VII

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
BRIDGET MCCAFFERTY TRUSTEE	2.00	X					0.	0.	0.
PATRICK MCCARTHY TRUSTEE	2.00	X					0.	0.	0.
STEPHANIE MCHENRY SECRETARY	2.00	X		X			0.	0.	0.
SARAH MELAMED TRUSTEE	2.00	X					0.	0.	0.
MARK MINTZ TRUSTEE	2.00	X					0.	0.	0.
GLORIA J. MOOSMANN TRUSTEE	2.00	X					0.	0.	0.
SUSAN O'DONNELL TRUSTEE	2.00	X					0.	0.	0.
BOB RAAF TRUSTEE	2.00	X					0.	0.	0.
ROCKY RICHARDSON TRUSTEE	2.00	X		X			0.	0.	0.
DENNIS ROSE TRUSTEE	2.00	X					0.	0.	0.
<b>1b Total</b>						►	<b>108,751.</b>	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	1a 15,870. 1b 270. 1c 222,420. 1d 1e 1f 2,566,847. 2,148,196. ► 2,805,407.			
Program Service Revenue	2 a b c d e f All other program service revenue g Total. Add lines 2a-2f	Business Code			
	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties	► 2,901.			2,901.
	6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	(i) Real (ii) Personal			
	8 a Gross income from fundraising events (not including \$ 222,420. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory	(i) Securities (ii) Other	► -58,816.	-58,816.	
Other Revenue	11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	a 36,206. b 95,022. ►			
	Miscellaneous Revenue	Business Code			
	11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	► 2,749,492.	-58,816.	0.	2,901.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,948,445.	1,948,445.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	108,751.	92,438.	5,438.	10,875.
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	144,906.	69,414.	8,931.	66,561.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	7,910.	5,047.	448.	2,415.
10 Payroll taxes	18,802.	11,997.	1,065.	5,740.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	30,520.	4,656.	25,864.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	40,099.	14,464.	6,220.	19,415.
14 Information technology	27,306.	25,801.	103.	1,402.
15 Royalties				
16 Occupancy	14,257.	9,097.	808.	4,352.
17 Travel	2,782.	2,055.	71.	656.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,771.	1,328.	57.	386.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	916.	585.	52.	279.
23 Insurance	5,382.	3,329.	2,053.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>ASSOCIATE BOARD EXPENSE</b>	13,742.	6,871.		6,871.
b <b>DUES, SUBSCRIPTIONS, PU</b>	9,789.	555.	13.	9,221.
c <b>MISCELLANEOUS EXPENSE</b>	2,814.	2,619.	31.	164.
d				
e				
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>2,378,192.</b>	<b>2,198,701.</b>	<b>51,154.</b>	<b>128,337.</b>
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,893.	1	
	2 Savings and temporary cash investments	448,471.	2	466,138.
	3 Pledges and grants receivable, net	40,000.	3	18,681.
	4 Accounts receivable, net	69,660.	4	15,640.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	671,182.	8	1,033,090.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	21,295.		
	b Less: accumulated depreciation	10b 19,205.	1,276.	10c 2,090.
	11 Investments - publicly traded securities	555,636.	11	774,926.
	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	4,190.	15	20,568.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,792,308.	16	2,331,133.
Liabilities	17 Accounts payable and accrued expenses	25,815.	17	39,793.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	38,125.	25	32,956.
	26 Total liabilities. Add lines 17 through 25	63,940.	26	72,749.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,633,118.	27	2,201,884.
	28 Temporarily restricted net assets	88,250.	28	56,500.
	29 Permanently restricted net assets	7,000.	29	0.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,728,368.	33	2,258,384.
	34 Total liabilities and net assets/fund balances	1,792,308.	34	2,331,133.

## Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<input type="checkbox"/> 2a	<input checked="" type="checkbox"/> X
b Were the organization's financial statements audited by an independent accountant?	<input type="checkbox"/> 2b	<input checked="" type="checkbox"/> X
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?	<input type="checkbox"/> 2c	<input checked="" type="checkbox"/> X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	<input type="checkbox"/> 3a	<input checked="" type="checkbox"/> X
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.	<input type="checkbox"/> 3b	

Form 990 (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**SHOES AND CLOTHES FOR KIDS, INC.**

Employer identification number

**34-1554285**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
 11  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 that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

## Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1824155.	1254677.	2566309.	2206506.	2805407.	10657054.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1824155.	1254677.	2566309.	2206506.	2805407.	10657054.
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						10657054.

## Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1824155.	1254677.	2566309.	2206506.	2805407.	10657054.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,772.	6,959.	13,541.	6,780.	2,901.	31,953.
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 IV.)						
11 Total support. Add lines 7 through 10						10689007.
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five 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, check this box and stop here						► <input type="checkbox"/>

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.70	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.67	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five 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, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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 ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SHOES AND CLOTHES FOR KIDS, INC.

Employer identification number

34-1554285

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

	Held at the End of the Tax Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06	
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 easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.	
1b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 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 maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance  
d Additions during the year  
e Distributions during the year  
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	448,696.	624,813.			
b Contributions					
c Net investment earnings, gains, and losses	109,330.	-175,893.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	-4,228.	-224.			
g End of year balance	562,254.	448,696.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► 98.00 %  
b Permanent endowment ► 2.00 %  
c Term 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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Yes	No
3a(i)	X
3a(ii)	X
3b	

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		21,295.	19,205.	2,090.
e Other				

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

2,090.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

**Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)** ►

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

**Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►**

**Part IX Other Assets. See Form 990, Part X, line 15.**

**Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)**

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	<b>ACCRUED GIFT CERTIFICATES</b>	<b>29,956.</b>
	<b>DEFERRED REVENUE</b>	<b>3,000.</b>

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)**

32,956.

**2. FIN 48 Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,749,492.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	2,378,192.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	371,300.
4 Net unrealized gains (losses) on investments	4	158,716.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net). Add lines 4 through 8	9	158,716.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	530,016.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	3,234,601.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	158,716.
b Donated services and use of facilities	2b	326,393.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	485,109.
3 Subtract line 2e from line 1	3	2,749,492.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,749,492.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	2,704,585.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	326,393.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	326,393.
3 Subtract line 2e from line 1	3	2,378,192.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,378,192.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE BOARD DESIGNATED ENDOWMENT FUNDS REPRESENT**

INVESTMENTS THAT HAVE BEEN DESIGNATED BY SC4K'S BOARD OF DIRECTORS AS

"ENDOWMENT" FUNDS. INVESTMENT INCOME IS TO REINVESTED INTO THE PRINCIPAL

UNTIL FUTURE USAGE OF THE ACCUMULATED INVESTMENT IS DETERMINED BY THE

BOARD OF DIRECTORS.

**SCHEDULE G**  
(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

**2009**

## Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

**Employer identification number**  
**34-1554285**

## SHOES AND CLOTHES FOR KIDS, INC.

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this section.

**Part I** required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes

No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total**

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 HEART & SOLE LUNCHEON (event type)	(b) Event #2 GOLF CLASSIC (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	255,876.	112,512.	119,358. 487,746.
	2 Less. Charitable contributions	119,043.	50,136.	53,241. 222,420.
	3 Gross income (line 1 minus line 2)	136,833.	62,376.	66,117. 265,326.
Direct Expenses	4 Cash prizes			
	5 Noncash prizes	15,578.	5,300.	19,837. 40,715.
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	32,999.	11,404.	16,604. 61,007.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			► ( 101,722,
	11 Net income summary. Combine line 3, column (d), and line 10			► 163,604.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d)			► ( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7			►

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

Yes	No
9a	
10a	
11	
12	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity operated in:

	Yes	No
13a	%	
13b	%	

a The organization's facility .....

b An outside facility .....

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
\_\_\_\_\_ Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

17a

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**2009**

Open to Public  
Inspection

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

Name of the organization

**SHOES AND CLOTHES FOR KIDS, INC.**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KING-KENNEDY BOYS & GIRLS CLUB 2561 EAST 59TH STREET CLEVELAND, OH 44104	34-0770686	501(C)(3)	0.	59,569.	FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN CLEVELAND
WEST SIDE BOYS & GIRLS CLUB 3340 TROWBRIDGE AVENUE CLEVELAND, OH 44109	34-0770686	501(C)(3)	0.	59,752.	FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN CLEVELAND
BROADWAY BOYS & GIRLS CLUB 6114 BROADWAY AVE CLEVELAND, OH 44127	34-0770686	501(C)(3)	0.	59,569.	FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN CLEVELAND
ANATHOTH MISSIONARY BAPTIST CHURCH 4118 E 131ST CLEVELAND, OH 44105	34-1460998	501(C)(3)	0.	7,050.	FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN CLEVELAND
EAST CLEVELAND NEIGHBORHOOD CENTER 2490 LEE BLVD STE 322 CLEVELAND, OH 44118	34-154145	501(C)(3)	0.	59,569.	FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN CLEVELAND
EAST END NEIGHBORHOOD HOUSE 2749 WOODHILL ROAD CLEVELAND, OH 44104	34-0714656	501(C)(3)	0.	59,569.	FMV	.....	.....

►  35.

►  0.

Schedule I (Form 990) 2009

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
 Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 2: SHOES AND CLOTHES FOR KIDS (SC4K) DISTRIBUTES**

**NEW CLOTHING AND SHOE GIFT CARDS THROUGH 35 SOCIAL SERVICE AGENCY**

**DISTRIBUTION PARTNERS WHO DETERMINE ELIGIBILITY. THE FEDERAL POVERTY**

**GUIDELINES ARE USED AND WE SERVE FAMILIES AT 185% OF POVERTY OR BELOW.**

**MOST CLIENTS ARE AT 100% OF POVERTY. DISTRIBUTION PARTNERS VERIFY INCOME  
 ELIGIBILITY THROUGH VARIOUS DOCUMENTS INCLUDING PAY STUBS AND**

**MEDICAID (WELFARE) DOCUMENTS. CHILDREN'S BIRTH CERTIFICATES, REPORT CARDS,  
 AND OTHER DOCUMENTS ARE CHECKED TO ENSURE FAMILIAL STATUS. DISTRIBUTION**

**PARTNERS SUBMIT THEIR ELIGIBILITY STANDARDS IN WRITING TO SC4K.**

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 ▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.

OMB NO 1545-0047  
**2009**  
 Open to Public  
 Inspection

Name of the organization

**SHOES AND CLOTHES FOR KIDS, INC.**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							Employer identification number
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDLY INN SETTLEMENT 2382 UNWIN ROAD CLEVELAND, OH 44104	34-0714413	501(C)(3)	0.	59,569. FMV		NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND
GARDEN VALLEY NEIGHBORHOOD HOUSE 7100 KINSMAN ROAD CLEVELAND, OH 44104	34-0714789	501(C)(3)	0.	26,220. FMV		NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND
GOODRICH GANNETT NEIGHBORHOOD CENTER - 1368 EAST 55TH STREET - CLEVELAND, OH 44103	34-1154199	501(C)(3)	0.	59,569. FMV		NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND
HARVARD COMMUNITY SERVICES CENTER 18240 HARVARD AVENUE CLEVELAND, OH 44128	23-7098744	501(C)(3)	0.	59,569. FMV		NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND
KATHRYN R. TYLER NEIGHBORHOOD CENTER - 900 EAST 105TH STREET - CLEVELAND, OH 44108	34-0714688	501(C)(3)	0.	59,569. FMV		NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND
LEXINGTON BELL COMMUNITY CENTER 7724 LEXINGTON ROAD CLEVELAND, OH 44103	34-11117206	501(C)(3)	0.	59,569. FMV		NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND
MERRICK HOUSE 3167 FULTON ROAD CLEVELAND, OH 44109	34-0714463	501(C)(3)	0.	59,569. FMV		NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND
MURKIS TAYLOR MULTI-SERVICE CENTER 13411 UNION STREET CLEVELAND, OH 44120	23-7158458	501(C)(3)	0.	71,403. FMV			

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 ▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.

OMB NO 1545-0047  
**2009**  
 Open to Public  
 Inspection

Name of the organization

**SHOES AND CLOTHES FOR KIDS, INC.**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							Employer identification number
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MURTIS TAYLOR EAST CLEVELAND 1862 NOBLE ROAD CLEVELAND, OH 44112	23-7158458	501(C)(3)	0.	38,511. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
PHILLIS WHEATLEY ASSOCIATION 4450 CEDAR ROAD CLEVELAND, OH 44103	34-0714787	501(C)(3)	0.	59,752. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
ST. MARTIN DEPORRES CENTER 1264 EAST 123RD STREET CLEVELAND, OH 44108	34-1318341	501(C)(3)	0.	59,752. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
UNIVERSITY SETTLEMENT 4800 BROADWAY AVENUE CLEVELAND, OH 44127	34-0714776	501(C)(3)	0.	59,752. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
BETHANY BAPTIST CHURCH 1211 EAST 105TH STREET CLEVELAND, OH 44108	34-1240286	501(C)(3)	0.	82,780. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
CHRISTIAN FAMILY OUTREACH 8215 HOUGH AVENUE CLEVELAND, OH 44103	52-1166474	501(C)(3)	0.	62,664. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
EMMANUEL BAPTISTS CHURCH 7901 QUINCY AVENUE CLEVELAND, OH 44104	34-1086688	501(C)(3)	0.	59,569. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
MT. OLIVE BAPTIST CHURCH 3290 EAST 126TH STREET CLEVELAND, OH 44120	34-1683566	501(C)(3)	0.	59,569. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	

Schedule I-1 (Form 990) 2009

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

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 ▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.

OMB NO 1545-0047  
**2009**  
 Open to Public  
 Inspection

Name of the organization

**SHOES AND CLOTHES FOR KIDS, INC.**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							Employer identification number
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT. PLEASANT BAPTIST CHURCH 13009 KINSMAN ROAD CLEVELAND, OH 44120	34-1842946	501(C)(3)	0.	59,752. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
MT. SINAI BAPTIST CHURCH 7510 WOODLAND AVENUE CLEVELAND, OH 44104	34-0813428	501(C)(3)	0.	59,752. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
NEW SARDIS PRIMITIVE BAPTIST CHURCH - 3474 EAST 147TH STREET - CLEVELAND, OH 44120	34-1550124	501(C)(3)	0.	59,752. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
CDC HEAD START, WSEM 5209 DETROIT AVENUE CLEVELAND, OH 44102	23-7034175	501(C)(3)	0.	21,245. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
WSEM FOOD CENTER AT BROOKSIDE 3784 PEARL ROAD CLEVELAND, OH 44109	23-7034175	501(C)(3)	0.	59,569. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
WSEM FOOD CENTER AT COMMUNITY CENTER - 8302 DETROIT AVENUE - CLEVELAND, OH 44102	23-7034175	501(C)(3)	0.	35,738. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
CATHOLIC CHARITIES HEAD START 7911 DETROIT AVENUE CLEVELAND, OH 44102	26-1323950	501(C)(3)	0.	59,569. FMV	NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT CARDS	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN NEED THROUGHOUT GREATER CLEVELAND	
FATIMA FAMILY CENTER 6600 LEXINGTON AVENUE CLEVELAND, OH 44103	26-1323950	501(C)(3)	0.	45,077. FMV			

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

Schedule I-1 (Form 990) 2009

Schedule I (Form 990), Part II or Part III.							Employer identification number <b>34-1554285</b>
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHOES AND CLOTHES FOR KIDS, INC.							
FREEDOM CHRISTIAN ASSEMBLY 765 EAST 154TH STREET CLEVELAND, OH 44110	34-1611873	501(c)(3)	0.	59,569. FMV		NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND
GREATER LOVE BAPTIST CHURCH 3630 EAST 116TH STREET CLEVELAND, OH 44105	34-1812864	501(c)(3)	0.	59,569. FMV		NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND
SHOUDGER NETWORK OF GREATER CLEVELAND - 614 WEST SUPERIOR AVENUE - CLEVELAND, OH 44113	34-1810545	501(c)(3)	0.	59,569. FMV		NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND
LA SAGRADA FAMILIA 77719 DETROIT AVENUE CLEVELAND, OH 44102	34-6004146	501(c)(3)	0.	59,569. FMV		NEW CLOTHING, SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND	TO PROVIDE NEW SHOES AND CLOTHES TO CHILDREN IN SCHOOL SUPPLIES, \$10 PAYLESS GIFT NEED THROUGHOUT GREATER CLEVELAND
WILLIAM E. SANDERS FAMILY CENTER 3949 LEE ROAD CLEVELAND, OH 44128	34-1970257	501(c)(3)	0.	59,749. FMV			

## Part IV Supplemental Information

ALL CLOTHING AND SHOE GIFT CARD DISTRIBUTIONS ARE CONFIDENTIALLY DOCUMENTED BY SC4K. DISTRIBUTION PARTNERS ENTER ALL CLOTHING ITEMS AND SHOE GIFT CARD SERIAL NUMBERS DISTRIBUTED INTO THE EXTRANET, AN ONLINE SOFTWARE REPORTING SYSTEM. EVERY CHILD WHO RECEIVES AN ITEM, EVEN IF IT IS ONLY ONE ITEM, IS LISTED. THE ITEMS EACH CHILD RECEIVES ARE RECORDED IN THE APPROPRIATE COLUMN. THE NUMBER OF ITEMS RECEIVED ACCORDING TO THE PACKING SLIP MUST MATCH THE NUMBER OF ITEMS REPORTED IN THE EXTRANET. THE CHILD'S NAME IS LISTED NEXT TO THE CORRESPONDING SHOE GIFT SERIAL NUMBER.

THE SC4K PROGRAMS AND SERVICES ASSOCIATE IS RESPONSIBLE FOR MONITORING THE DISTRIBUTIONS AND THE EXTRANET REPORTING. REPORTS ARE PULLED FROM EACH PARTNER SITE FOLLOWING THE DISTRIBUTION TO ENSURE THAT THE CLOTHING ITEMS AND SHOE CARDS ARE RECORDED AND ACCOUNTED FOR. WRITTEN MATERIALS AND STAFF TIME ARE MADE AVAILABLE TO ENSURE THAT THE DISTRIBUTION ADMINISTRATORS ARE PROPERLY TRAINED TO COLLECT THE NEEDED DATA. COMMUNICATION WITH THE DISTRIBUTION PARTNERS TAKES PLACE OFTEN TO ENSURE THAT THE REQUIRED DOCUMENTATION IS ADEQUATELY COMPLETED. ADDITIONALLY, PAYLESS PROVIDES STAFF WITH WRITTEN REPORTS TO ASSIST WITH TRACKING SHOE GIFT CARD USAGE.

DISTRIBUTION AND DOCUMENTATION FILES ARE AUDITED ANNUALLY BY MCGLADREY & PULLEN, LLP

- Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
  - See the Instructions for Form 990.

► See the Instructions for Form 990.

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**Name of the Organization**

Employer Identification number  
**34-1554285**

# SHOES AND CLOTHES FOR KIDS, INC.

34-1554285

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**SHOES AND CLOTHES FOR KIDS, INC.**

Employer identification number

**34-1554285**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historical structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( _____ )				
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

**29**

**0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2009

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SHOES AND CLOTHES FOR KIDS, INC.

Employer identification number  
**34-1554285**

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

PROVIDING NEW SHOES AND CLOTHES AT NO CHARGE THROUGHOUT THE YEAR TO  
THOUSANDS OF CHILDREN IN NEED. THROUGH A NETWORK OF 35 DISTRIBUTION  
PARTNERS, SC4K POSITIVELY IMPACTS THE LIVES OF AREA CHILDREN BY GIVING  
THEM THE SELF-ESTEEM AND CONFIDENCE THAT COMES FROM HAVING NEW SHOES &  
CLOTHES.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT FORM OF 990 AND ITS  
SCHEDULES WERE REVIEWED BY THE EXECUTIVE DIRECTOR AND THE AUDIT COMMITTEE.  
ANY NECESSARY CHANGES WERE MADE AND THE FINAL VERSION WAS THEN PROVIDED TO  
ALL BOARD MEMBERS VIA EMAIL WITH A DEADLINE TO RESPOND. AFTER THE  
DEADLINE, THE FORM 990 AND ITS SCHEDULES WERE MAILED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: SC4K'S BOARD MEMBERS ANNUALLY SIGN  
A CONFLICT OF INTEREST STATEMENT. AS ISSUES ARISE AT THE BOARD MEETINGS,  
BOARD MEMBERS WHO HAVE A CONFLICT OF INTEREST WILL EXCUSE HIMSELF/HERSELF  
FROM THE ROOM DURING THE DISCUSSION AND VOTING OF THE ISSUE AS TO NOT  
IMPACT THE RESULTS.

FORM 990, PART VI, SECTION B, LINE 15A: WHEN THE EXECUTIVE DIRECTOR WAS  
HIRED, A DESIGNATED COMMITTEE OF THE BOARD MEMBERS DETERMINED THE AMOUNT OF  
COMPENSATION SHE WAS OFFERED BASED ON A REVIEW OF COMPARABLE POSITIONS IN  
THE CLEVELAND AREA. THIS WAS DOCUMENTED IN HER CONTRACT AGREEMENT.  
ANNUALLY, THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED TO DETERMINE IF  
CHANGES ARE NECESSARY BASED ON PERFORMANCE AND THE EMPLOYMENT MARKET.  
COMPENSATION OF ALL OTHER EMPLOYEES IS DECIDED UPON BY THE EXECUTIVE

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**SHOES AND CLOTHES FOR KIDS, INC.**

Employer identification number  
**34-1554285**

**DIRECTOR.**

**FORM 990, PART VI, SECTION C, LINE 19: SC4K MAKES ITS GOVERNING DOCUMENTS,  
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE  
PUBLIC UPON REQUEST, EITHER BY PROVIDING COPIES OR INSPECTION IN THE  
OFFICE.**

**FORM 990, PART XI LINE 2C PAGE 12 LINE 2C**

**THE PROCEDURE FOR SELECTION AND OVERSIGHT OF AUDITORS HAS NOT CHANGED  
FROM THE PRIOR YEAR.**

**VOLUNTEER DISCLOSURE**

**THE ORGANIZATION UTILIZES OVER 900 VOLUNTEERS IN CAPACITIES INCLUDING:**

**MEMBER OF BOARD OF DIRECTORS, ASSOCIATE BOARD, ADVISORY BOARD AND  
VARIOUS COMMITTEES AS WELL AS EVENT VOLUNTEERS, OFFICE ASSISTANTS,  
MEDIA AND DESIGN SERVICES, PACKING GROUPS AND DISTRIBUTION PARTNERS.**

**BECAUSE OF THE ORGANIZATION'S SMALL STAFF SIZE IT RELIES ON THIS  
NETWORK TO DISTRIBUTE NEW SHOES AND CLOTHES TO CHILDREN AS WELL AS  
ASSIST WITH FUNDRAISING EVENTS AND INITIATIVES. AS ADVISORS, THE  
VOLUNTEERS ALSO ASSIST WITH LONG-TERM PLANNING FOR THE ORGANIZATION AND  
OVERSIGHT OF OPERATIONS.**

**FORM 990, SCHEDULE D PART X LINE 2**

**DISCLOSURE REQUIRED UNDER FIN 48**

**THE ORGANIZATION ADOPTED THE ACCOUNTING STANDARD ON ACCOUNTING FOR**

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

932211  
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

## **Supplemental Information to Form 990**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**

OMB No 1545-0047

2009

**Open to Public  
Inspection**

**Department of the Treasury  
Internal Revenue Service**

SHOES AND CLOTHES FOR KIDS INC

**Employer identification number**  
**34-1554285**

UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. AT DECEMBER 31, 2009 THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box  ....
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only  ► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	SHOES AND CLOTHES FOR KIDS, INC.	34-1554285
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	4614 PROSPECT AVE., NO. 511	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CLEVELAND, OH 44103	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A

<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 8870

**LAMONT MACKLEY**

- The books are in the care of ► **4614 PROSPECT AVE #511 - CLEVELAND, OH 44103**

Telephone No. ► **216-881-7463** FAX No. ► 

- If the organization does not have an office or place of business in the United States, check this box  ►

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until

**AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year **2009** or►  tax year beginning  , and ending  .

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ <b>N/A</b>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)