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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 , and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Boots for Kids

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO Box 179

City or town, state or country, and ZIP + 4
Grawn, MI 49637

D Employer identification number
04-3774570

E Telephone number
(231) 883-6862

F Group Exemption Number ▶

*** *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ n/a

J Tax-Exempt status (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 48,487

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	46,610
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	35
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ _of contributions reported on line 1)	6a	1,842	
	b	Less direct expenses other than fundraising expenses	6b	1,296	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	546
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	47,191
Expenses	10	Grants and similar amounts paid (attach schedule)		10	28,860
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	500
	14	Occupancy, rent, utilities, and maintenance		14	1,100
	15	Printing, publications, postage, and shipping		15	195
	16	Other expenses (describe ▶)		16	1,171
	17	**Total expenses.** Add lines 10 through 16 ▶		17	31,826
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	15,365
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	16,207
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	31,572

Part II Balance Sheets—If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	9,301	22	13,489
23	Land and buildings		23	
24	Other assets (describe ▶)	6,906	24	18,083
25	**Total assets**	16,207	25	31,572
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	16,207	27	31,572

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
DISTRIBUTION OF WINTER CLOTHING AND DENTAL SUPPLIES TO ELEMENTARY SCHOOL CHILDREN FROM POOR FAMILIES

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Distributed boots, socks, mittens, hats, and dental supplies to local elementary school children from poor families Potential recipients are identified as poor children needing assistance by school teachers, counselors, social workers, food pantries, churches, other non-profit agencies, etc (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	28,860
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	28,860

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed ▶ MI

42a The organization's books are in care of ▶ Donald A Schmuckal Telephone no ▶ (231) 943-8544

Located at ▶ 4249 US 31 S Traverse city, MI ZIP + 4 ▶ 49684

			Yes	No
b	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)?	42b		No
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	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		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				

50(f) Total number of other employees paid over $100,000 . . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Please 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 — 2010-10-06 — Date

Donald A Schmuckal President — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Lawrence E Williams CPA	Date 2010-10-06	Check if self-empolyed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ L E Williams & Company P C 996 Garfield Woods Dr Ste A Traverse City, MI 496865159			EIN ▶ Phone no ▶ (231) 922-8610

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

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SCHEDULE A (Form 990 or 990EZ)

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
Boots for Kids

Employer identification number
04-3774570

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 **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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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 ")	40,502	23,920	20,730	34,892	48,452	168,496
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	40,502	23,920	20,730	34,892	48,452	168,496
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						168,496

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	40,502	28	20,730	34,892	48,452	168,496
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28	82	38	35		183
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						168,679

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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	99 890 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	99 900 %

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 ▶☑

b **33 1/3% support test—2008.** If the organization did not check the 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 ▶☐

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 ▶☐

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 ▶☐

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 ▶☐

Part III Support Schedule for Organizations Described in IRC 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						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (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)						
13 **Total support** (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 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 ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 04-3774570
Name: Boots for Kids

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Donald A Schmuckal 4249 US 31 S Traverse City, MI 49684	President 30 00	0	0	0
William Golden 4125 Summerhill Traverse City, MI 49684	Vice President 5 00	0	0	0
Karen Buell 921 S Union Street Traverse City, MI 49684	Secretary/Treasurer 5 00	0	0	0
Kathy Nowak 2121 County Road 633 Grawn, MI 49637	Member 5 00	0	0	0

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: Boots for Kids

EIN: 04-3774570

Item No.	1
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	71 kids at Blair Elementary School
Donee's Address	1625 SAWYER RD TRAVERSE CITY, MI 496859339
Amount (FMV)	2,811
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	2,811
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-11

Item No.	2
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	47 KIDS AT BUCKLEY COMMUNITY SCHOOLS
Donee's Address	305 S 1ST ST BUCKLEY, MI 496209764
Amount (FMV)	1,861
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	1,861
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-11

Item No.	3
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	23 KIDS AT CATHOLIC HUMAN SERVICES
Donee's Address	1000 HASTINGS ST TRAVERSE CITY, MI 49686
Amount (FMV)	911
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	911
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-11

Item No.	4
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	28 KIDS AT CENTRAL GRADE SCHOOL
Donee's Address	301 W 7TH ST TRAVERSE CITY, MI 496842428
Amount (FMV)	1,108
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	1,108
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-12

Item No.	5
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	85 KIDS AT CHILD AND FAMILY SERVICES
Donee's Address	3785 VETERANS DRIVE TRAVERSE CITY, MI 496844516
Amount (FMV)	3,365
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	3,365
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-10

Item No.	6
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	3 KIDS AT CHUM'S CORNER HEAD START
Donee's Address	905 US 31 S TRAVERSE CITY, MI 49684
Amount (FMV)	119
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	119
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-12

Item No.	7
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	71 KIDS AT FATHER FRED FOUNDATION
Donee's Address	826 HASTINGS ST TRAVERSE CITY, MI 496863441
Amount (FMV)	2,811
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	2,811
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-12

Item No.	8
Class of Activity	GOD'S LOVE TREE - JAIL INMATES CHILDREN
Donee's Name	96 KIDS - DREAM ACHIEVERS INC
Donee's Address	11075 WILSON RD BUCKLEY, MI 496209764
Amount (FMV)	3,801
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	3,801
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-12

Item No.	9
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	3 KIDS AT HANNAH ST MARY'S ELEMENTARY
Donee's Address	2912 W M 113 KINGSLEY, MI 496499728
Amount (FMV)	119
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	119
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-11

Item No.	10
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	13 KIDS AT HANNAH HEAD START
Donee's Address	2912 W M 113 KINGSLEY, MI 496499728
Amount (FMV)	515
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	515
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-11

Item No.	11
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	7 KIDS AT HELEN'S HOUSE - WOMEN'S RESOURCE CENTER
Donee's Address	720 S Elmwood Ste 2 TRAVERSE CITY, MI 49684
Amount (FMV)	277
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	277
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-12

Item No.	12
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	8 KIDS AT IMMACULATE CONCEPTION ELEMENTARY
Donee's Address	720 2nd Street TRAVERSE CITY, MI 49684
Amount (FMV)	396
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	396
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-11

Item No.	13
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	35 KIDS AT INTERLOCHEN COMMUNITY SCHOOL
Donee's Address	4000 Highway M-137 INTERLOCHEN, MI 49643
Amount (FMV)	1,386
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	1,386
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-11

Item No.	14
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	66 KIDS AT KINGSLEY UNITED METHODIST CHURCH
Donee's Address	113 E Blair St KINGSLEY, MI 49649
Amount (FMV)	2,613
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	2,613
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-12

Item No.	15
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	7 KIDS AT LONG LAKE ELEMENTARY SCHOOL
Donee's Address	7738 N Long Lake Rd TRAVERSE CITY, MI 496858226
Amount (FMV)	277
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	277
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-11

Item No.	16
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	9 KIDS AT MICHAEL'S PLACE
Donee's Address	1055 Carriage Hill Dr 4A TRAVERSE CITY, MI 496865161
Amount (FMV)	356
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	356
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-12

Item No.	17
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	98 KIDS AT NORTHPORT PUBLIC SCHOOLS MIGRANT PROGRAM
Donee's Address	104 S WING NORTHPORT, MI 49670
Amount (FMV)	317
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	317
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-12

Item No.	18
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	5 KIDS AT SILVERLAKE ELEMENTARY
Donee's Address	5858 Culver Rd TRAVERSE CITY, MI 496858641
Amount (FMV)	198
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	198
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-11

Item No.	19
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	32 KIDS AT ST PATRICK CATHOLIC CHURCH
Donee's Address	630 S West Sılver Lake Rd TRAVERSE CITY, MI 496858526
Amount (FMV)	1,267
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	1,267
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-01

Item No.	20
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	91 KIDS AT TRAVERSE HEIGHTS ELEMENTARY
Donee's Address	933 Rose St TRAVERSE CITY, MI 496864296
Amount (FMV)	3,600
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	3,600
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-11

Item No.	21
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	2 KIDS AT WILLOW HILL ELEMENTARY
Donee's Address	1250 Hill St TRAVERSE CITY, MI 496841406
Amount (FMV)	79
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	79
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-12

Item No.	22
Class of Activity	BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES
Donee's Name	17 KIDS FOR SALVATION ARMY ADOPT A FAMILY PROGRAM
Donee's Address	1239 Barlow Street TRAVERSE CITY, MI 496864256
Amount (FMV)	673
Purpose of Payment to Affiliate	
Relationship	UNRELATED POOR SCHOOL CHILDREN
Description	BOOTS SOCKS MITTENS HATS & DENTAL SUPPLIES
Book Value	673
How BV Determined	PURCHASE COST & DONATED VALUES
How FMV Determined	PURCHASE COST & DONATED VALUES
Date of Gift	2009-12

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TY 2009 Other Assets Schedule

Name: Boots for Kids

EIN: 04-3774570

Description	Beginning of Year Amount	End of Year Amount
BOOTS HATS MITTENS GLOVES	6,906	18,083

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TY 2009 Other Expenses Schedule

Name: Boots for Kids

EIN: 04-3774570

Description	Amount
Advertising	50
Dues and Fees	70
Office Supplies	1,051

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TY 2009 Transfers Personal Benefits Contracts Declaration

Name: Boots for Kids

EIN: 04-3774570

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.