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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)

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

OMB No 1545-0047 2011 Open to Public

arter	nai Revenue	The organization may have to use a copy of this return to satisfy state reporting	requireme	กเร	Inspection
<u>A</u>	For the	2011 calendar year, or tax year beginning , and ending			
В	Check if appl	licable C Name of organization	P	Emplo	yer identification number
	Address cha	nge KIDS & CLAYS FOUNDATION			
	Name chang	Doing Business As		<u>37-</u>	-1440861
$\overline{\Box}$	Initial return	Number and street (or P O box if mail is not delivered to street address) Room/su	te E		one number
님		823 FRANKLIN STREET		219	9-879-4200
Ш	Terminated	City or town, state or country, and ZIP + 4			
	Amended ret		G (Gross rec	eipts \$ 541,819
\Box	Application p	F Name and address of principal officer pending	la thia a aresia i	atura for	offiliator? Ven X No.
_		H(a)	Is this a group i	eturn tor	
		Н(b)	Are all affiliates	included	Yes No
			If "No," atta	ach a list	(see instructions)
<u></u>	Tax-exempt				
J	Website	WWW.KIDSANDCLAYS.COM H(c)	Group exempti	on numb	er 🕨
	Form of orga	anization X Corporation Trust Association Other ► L Year of form	ation 200	2	M State of legal domicile IL
P	art I	Summary			
	1 Bri	efly describe the organization's mission or most significant activities			
ø		SEE SCHEDULE O			
anc	ŀ				
Governance					
Š.	2 Ch	neck this box ▶ 🗍 if the organization discontinued its operations or disposed of more than 25% of its ne	t assets		
Ö		umber of voting members of the governing body (Part VI, line 1a)		3	28
Activities &		imber of independent voting members of the governing body (Part VI, line 1b)		4	0
ij	1	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
냟	1	atal number of volunteers (estimate if necessary)		6	0
ď	1	tal unrelated business revenue from Part VIII, column (C), line 12		7a	0
	l	et unrelated business taxable income from Form 990-T, line 34		7b	0
	DIVE		Prior Year	10	Current Year
-	8 Co	ontributions and grants (Part VIII, line 1h)	273,	886	512,307
Revenue	I	ogram service revenue (Part VIII, line 2g)		0	0
Ş.		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		26	14
æ		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		 0	15,045
	i e	tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	273,		527,366
		ants and similar amounts paid (Part IX, column (A), lines 1–3)	48,		379,760
	l .	enefits paid to or for members (Part IX, column (A), line 4)		0	373,700
	45 0-	laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		- 0	0
Net Reserts on BININI Expenses Fund Balances	16a Dr			 	
C.E	h To	ofessional fundraising fees (Fart IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25) ▶ 53,611		- 	
€X.	47 04	her expenses (Part 1X; column (A), lines 114-6,1d, 11f-24e)	217,	154	149,580
معرف الرا	17 OII	tal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	265,		529,340
2	18 Tot			402	
- S	19 Re	evenue less expenses Subtract-line 18 from the 12	ng of Current		
ance and	20 To	tal assets (Part X, Impe-16)	88,		124,647
Bal Sa	21 Tol	tal liabilities (Part X, line 26)	19,		58,147
25	22 Na	et assets or fund balances Subtract line 21 from line 20	68,		66,500
.——	art II	Signature Block			00/000
()		Ities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of	mu ka a	wlodge and belief it is
⊵trι	ue, correct,	, and complete Deparation of preparer (other than officer) is based on all information of which preparer has any kni	owledae	ily Kno	wiedge and belief, it is
<u></u>		Au MAN			
Sig	.n	Signature of officer		Date	
Hei		Glean N. Luiseanux Pres			1-27-12
1161		Type or print name and title			2776
			Date		f PTIN
Paid	.	(T) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Check	L_J "
_	narer	ORN T ANGELOS	[1/16/12		
	Only	ANGELOS & RARDIN, CPA'S	Firm's f	EIN 🕨	35-1847741
U.5 B	- T	P.O. BOX 1767			010 000 -000
		irm's address → LAPORTE, IN 46352-1767	Phone	no	219-326-7822
		discuss this return with the preparer shown above? (see instructions)		_	X Yes No
For DAA	raperwo	ork Reduction Act Notice, see the separate instructions.			Form 990 (2011)

Form 990 (2011)	KIDS & CLAYS FOUN	DATION 3	7-1440861	Page 2
	atement of Program Servi	•	Dod III	v
	be the organization's mission	a response to any question in this	Part III	X
SEE SCHE	EDULE O			
2 Did the organ	nization undertake any significant pr	ogram services during the year which were r	not listed on the	
=	90 or 990-EZ?	ogram services during the year which were r	ot listed on the	Yes X No
	cribe these new services on Schedu			
3 Did the organ services?	nization cease conducting, or make	significant changes in how it conducts, any p	rogram	Yes X No
	cribe these changes on Schedule O			
		omplishments for each of its three largest pro		
		nizations and section 4947(a)(1) trusts are re ses, and revenue, if any, for each program se		
g. a				
4a (Code		16,659 including grants of \$) (Revenue \$)
	TO THE ORGANIZAT	DURING THE YEAR WHICH ON. IN ADDITION, CON		
		ROM VARIOUS OUTSIDE SO		
		FOR THE PURPOSE OF OPE		
	PROFIT ORGANIZATI	ION WHICH INCLUDES GRA	NTS AND	
FOUNDATI				
4b (C-d-	\/F::::::::::::::::::::::::::::::::::::	- aliabata anada af C) (Dayraya 6	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$,
				`
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
_	m services (Describe in Schedule (·		
(Expenses \$	383,592 inclu m service expenses ▶	ding grants of \$ 379,760 400,251) (Revenue \$	

Form 990 (2011) KIDS & CLAYS FOUNDATION 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 (see instructions)?	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			7.7
	"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,"			3.7
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		x
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		^
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С				
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		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?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			7.7
4 ==	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40	x	
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
~	15 15 11 11 11 11 11 11 11 11 11 11 11			

Form 990 (2011) KIDS & CLAYS FOUNDATION Part W Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	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	1		
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		-	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
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,		1	
	Part I	31		<u>X</u>
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		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		i	
	IV, and V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		i	
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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,		1	
	Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

DAA

r c	Check if Schedule O contains a response to any question in this Part V				
	onesic in concedure of containing a respondente any question in time i are v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			I
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				ŧ
	reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			
	Statements, filed for the calendar year ending with or within the year covered by this return	_ 2a			Ī
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			‡
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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 a	outhority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial		İ	İ
	account)?		4a	 _	X
b	If "Yes," enter the name of the foreign country				Ī
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts		1	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		_5a_	igsquare	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e			
	organization solicit any contributions that were not tax deductible?		6a	\vdash	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
_	gifts were not tax deductible?		6b	ļļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).				Ī
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for grant appropriate to the transport of the state of \$75 made partly as a contribution and partly for grant appropriate to the state of \$75 made partly as a contribution and partly for grant appropriate to the state of \$75 made partly as a contribution and partly for grant appropriate to the state of \$75 made partly as a contribution and partly for grant appropriate to the state of \$75 made partly as a contribution and partly for grant appropriate to the state of \$75 made partly as a contribution and partly for grant appropriate to the state of \$75 made partly as a contribution and partly for grant appropriate to the state of \$75 made partly as a contribution and partly for grant appropriate to the state of \$75 made partly as a contribution and partly for grant appropriate to the state of \$75 made partly as a contribution and partly for grant appropriate to the state of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and partly for \$75 made partly as a contribution and \$75 made partly appropriate to \$75 made partly appropriate t	oods			ŧ
_	and services provided to the payor?		7a	\vdash	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	7b	\vdash	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	S	70		İ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		·
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e	1	İ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-		7f	 	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fori		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	·	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	NOT THE BY ONLY 1000-0	'''		
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				Ė
	organization, have excess business holdings at any time during the year?		8	l I	ĺ
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	ĺĺ	ĺ
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			ĺ
11	Section 501(c)(12) organizations. Enter				Ė
а	Gross income from members or shareholders	11a			Ė
b	Gross income from other sources (Do not net amounts due or paid to other sources				É
	against amounts due or received from them)	11b			ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				:
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				:
þ	Enter the amount of reserves the organization is required to maintain by the states in which	1 1		1	
	the organization is licensed to issue qualified health plans	13b		1	
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	_	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		
AAC			For	ա 99 0	(2011)

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 the "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, O See instructions. Check if Schedule O contains a response to any question in this	or ch	anges			X
Sec	tion A. Governing Body and Management					
4-		ــــــــــــــــــــــــــــــــــــــ	28	F	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			•
	If there are material differences in voting rights among members of the governing body, or					İ
	of the governing body delegated broad authority to an executive committee or similar			,		Ī
	committee, explain in Schedule O	۱				Ī
b	Enter the number of voting members included in line 1a, above, who are independent	1b	L	─ .		ŧ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				-	ŧ
•	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					₹.
4	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 governing documents since the prior Form 990 was filed?			4	├	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	 	X
6	Did the organization have members or stockholders?			6	<u> </u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	-	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
_	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the fo	ollowing			ŧ
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	—
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					7.7
<u> </u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	-1 D		9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Interior	iai Ke	evenue	e Code)	T.,	Г
٠					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a	 -	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			40.		1
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	- V	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	torm'y		11a	X	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					٠,,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	 	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflic	ts7	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1		
	describe in Schedule O how this was done			12c		-
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		
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?			1,_		7.
a	The organization's CEO, Executive Director, or top management official			15a		X
b				15b		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a				1.		.
L	with a taxable entity during the year?			16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
500	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ IL					
17 18		/2\a	di A			
.0	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)	(S)S OF	11Y <i>)</i>			
	available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. X Upon request.					
19		aal.a				
13	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest	JUIICY,				
20	and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the					
.0						
M٦	organization > GLENN LUBEZNIK 823 FRANKLIN STREET ICHIGAN CITY IN 4636	O		219-87	9_4	200

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

(A) Name and Title	(B) Average hours per week (describe	bo of	x, unle ficer a	Pos check ess pe	(C) Position ck more than one person is both an a director/trustee)			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organ zations
(1) SEE ATTACHED SCH	0.00							0	0	0
(2) ALL POSITIONS VO	LUNTARY 0.00							o	o	0
(3)										<u>_</u>
(4)								-		
(5)										
(6)										
(7)										
(8)	<u> </u>	-								
(9)										· · · · · · · · · · · · · · · · · · ·
(10)										****
(11)	<u> </u>	_								
(12)			<u> </u>			_				
(13)		_	-							
(14)		\vdash								

Page 8	₹
--------	---

	(Å) Name and title	(B) Average hours per week (describe hours for	(d bo	o not x, unl	Pos check ess pe	C) sition more erson i	than o	one an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
(15)						-						
(16)												
(17)									<u> </u>			_
(18)						_		-				
(19)												
(20)	 					ļ		-				
(21)												
(22)												
(23)						_						·
(24)											 	·
(25)												
1b	Sub-total		L		<u> </u>	L	<u>L</u> l	>			-	
с <u>d</u>	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectic	n A				<u> </u>			· · · · · · · · · · · · · · · · · · ·	
2	Total number of individuals (inc reportable compensation from t	-		to th	ose	listed	d abo	ve)	who received more than \$10	00,000 in		
3	Did the organization list any for	mer officer, direc	ctor,	or tru	ustee	e, ke	y em	ploy	ee, or highest compensated		Yes	No
4	employee on line 1a? If "Yes," of For any individual listed on line	1a, is the sum of	frepo	ortab	le co	mpe	ensat	ion a		n the	3	X
5	organization and related organi- individual Did any person listed on line 1a	-								lividual	4	x
Sec	for services rendered to the org	anization? If "Ye									5	X
1	Complete this table for your five compensation from the organiz	e highest comper	nsate	d inc	depe	nder	t cor	ntrac	ctors that received more than	n \$100,000 of		
_		(A) business address	iipeii	Sauc	<i>/// 10/</i>	tile	Calci	L		(B) ion of services	(C) Compensati	ion
2	Total number of independent co	•	-						listed above) who			
DAA	received more than \$100,000 o	compensation t	iom 1	ıne c	rgan	ıızatı	บก ▶	-	 _	0	Form 990	(2011)

·Pa	rt V	Ill Statement of Reve	nue						
		•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इइ	1a	Federated campaigns	1a						
퉏	ь	Membership dues	1b	<u> </u>					
٩	c	Fundraising events	1c						
ifs	d		1d						
ပ္ခုန္မ	ء ا	Government grants (contributions)	1e		···				
Sin	٠,	•	16						
ĕĔ	'	All other contributions, gifts, grants, and similar amounts not included above	1f		512,307	-			
돌	_ ا				387,133				
Contributions, Gifts, Grants and Other Similar Amounts	g		ır .	Þ	367,133	512,307			
0 6	- "	Total. Add lines 1a-1f				512,507			
Ĭ					Busn Code				
ě	2a								
ë	b								
ž	С								 _
ဟ္တ	ď								
Jran	e								· · · · · · · · · · · · · · · · · · ·
Program Service Revenue		All other program service reven	ue						
_					•				
	3	Investment income (including d	iviaend	is, interest	· .	14			1.4
		and other similar amounts)				14		_	14
	4	Income from investment of tax-	exemp	t bona pro	ceeas -				
	5	Royalties	· т	<i>(</i>) =			:	-	
	•	(i) Real		(ii) P	ersonal				
	6a	Gross rents							
	b	Less rental exps			· · · · · · · · · · · · · · · · · · ·				
	C	Rental inc or (loss)					•		
	d 7a	Net rental income or (loss) Gross amount from			D		····		
		sales of assets (i) Securities		(11)	Other				,
		other than inventory	-					i	
	D	Less cost or other							
		basis & sales exps							
		Gain or (loss)		L		Ī		ŧ	
		Net gain or (loss)	f						
e	ва	Gross income from fundraising even	ts						
le/		(not including \$							
Re		of contributions reported on line 1c)	_ [
Other Revenue	_	See Part IV, line 18	a			Ī			
ਰੋ∣		Less direct expenses Net income or (loss) from fundra) D		—			•	
				events					
	Ja	Gross income from gaming activities See Part IV, line 19			27,003				
	h	Less: direct expenses	a b		13,500				
		Net income or (loss) from gamir	- [::	13,300	13,503	13,503	Ŧ	
		Gross sales of inventory, less	ig activ	nues			13,303		
	iva	returns and allowances	اء		2,495				
	h	Less cost of goods sold	a		953				
- 1			ומ		355	1,542	1,542	†	
ł		Net income or (loss) from sales Miscellaneous Revenue	OI_INVE	entory	Busn. Code	1,542	1,542	1	
ł	11a	MANAGEMENTO LEASENING			Suan, Cour	†		†	
	b								
ļ	-					· ·			
ł	c d	All other revenue							
		Total. Add lines 11a–11d							
	12	Total revenue. See instructions				527,366	15,045	0	14
	14	Tytal revenue. See manuchons	<u>, </u>			J., 1, 500	10,040	<u>_</u>	14

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)

	Check if Schedule O contains a response	to any question in this Part	1/4		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
	organizations in the U.S. See Part IV, line 21	379,760	379,760		
2					
-	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	45,039		45,039	,
b	Legal				
C	Accounting	2,475		2,475	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	250		250	
g	Other				
12	Advertising and promotion	21,442		1,874	19,568
13	Office expenses	5,521		5,521	
14	Information technology				
15	Royalties				
16	Occupancy	16 563		14 000	0 FFF
17	Travel	16,563		14,008	2,555
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		<u> </u>		.
21	Payments to affiliates	3,832	3,832		····
22	Depreciation, depletion, and amortization Insurance	1,430	3,032	1,430	
23 24	Other expenses Itemize expenses not covered	1,300		1,130	
44	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	`			
	(A) amount, list line 24e expenses on Schedule O)				
а	PROMOTIONS	31,488			31,488
b	AMMUNITION	9,902	9,902		
C	PRIZES AND AWARDS	5,077	5,077		
d	STORAGE	3,000		3,000	<u> </u>
e	All other expenses	3,561	1,680	1,881	
25	Total functional expenses Add lines 1 through 24e	529,340	400,251	75,478	53,611
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ if following SOP 98-2 (ASC 958-720)			, , , , ,	

· <u>-P</u>	art)	Ralance Sheet			· · · · · · · · · · · · · · · · · · ·
		•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	5,612	1	20,854
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	_
	4	Accounts receivable, net		4	4,190
	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			,
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
s	1	employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	ĺ	Land, buildings, and equipment cost or			
	'				
	Ь	other basis Complete Part VI of Schedule D Less accumulated depreciation 10a 22,164 16,599	8,975	10c	5,565
	11	Investments—publicly traded securities		11	
	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	73,489	15	94,038
	16	Total assets. Add lines 1 through 15 (must equal line 34)	88,076		124,647
_	17	Accounts payable and accrued expenses	19,602	17	58,147
	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	
w	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified persons.			
ΙĠ		Complete Part II of Schedule L		22	
Ë	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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	19,602	26	58,147
		Organizations that follow SFAS 117, check here ▶ 🗓 and complete			
es		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	68,474	27	66,500
Sale	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and			
ō		complete lines 30 through 34.		1	
ets	30	Capital stock or trust principal, or current funds	[30	
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31	.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	68,474	33	66,500
	34	Total liabilities and net assets/fund balances	88,076		124,647

Forn	n 990 (2011) KIDS & CLAYS FOUNDATION	37-1440861			Pa	ige 12
P	art XI Reconciliation of Net Assets					
	 Check if Schedule O contains a response to any question in 	this Part XI				
	Table 10 (10 10 10 10 10 10 10 10 10 10 10 10 10 1		1.1	E	27	266
1	Total revenue (must equal Part VIII, column (A), line 12)		1			<u>366</u>
2	Total expenses (must equal Part IX, column (A), line 25)		2			340
3	Revenue less expenses Subtract line 2 from line 1		3			974
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, c	olumn (A))	4		<u>68,</u>	<u>474</u>
5	Other changes in net assets or fund balances (explain in Schedule O)		5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must ed	qual Part X, line 33,				
	column (B))		6		<u>66,</u>	<u>500</u>
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in	this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Acc	crual Other				
	If the organization changed its method of accounting from a prior year or check	ked "Other," explain in				
	Schedule O					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Were the organization's financial statements audited by an independent accou	ntant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes	responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of	an independent accountant?		2c	Ì	
	If the organization changed either its oversight process or selection process du	uring the tax year, explain in				
	Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial sta	atements for the year were				
	issued on a separate basis, consolidated basis, or both	•				
	Separate basis Consolidated basis Both consolidated and s	eparate basis				
За	As a result of a federal award, was the organization required to undergo an aud	dit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organi	zation did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps tak	en to undergo such audits		3ь		

Form **990** (2011)

SCHEDULE A · (Form 990 or 990-ÈZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2011

Open to Public Inspection

KIDS & CLAYS FOUNDATION

Employer identification number 37–1440861

P	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	art.) Se	e inst	ruction	is.		
The	orga			e it is (For lines 1 through 11, ch									
1	$\overline{\Box}$			ociation of churches described in	-	-	(A)(i).						
2	\sqcap		cribed in section 170(b)(1)(. , , ,						
3	П			ce organization described in sect	tion 170(b)(1)(A)(iii	١.						
4	Н			I in conjunction with a hospital de				I MAMiii)	Enter	he hosr	nital's name		
		city, and state					(-)(- /(/(/			onaro marrio,		
5		•		f a college or university owned o	r onerated	hy a gov	ernment	al unit di	scriber	d in			
			(b)(1)(A)(iv). (Complete Part		. oporatou	by a gov		ar arm a					
6	\Box			overnmental unit described in se	ction 170	(h)(1)(A)(v)						
7	H		-				•	m the ae	neral n	ublic			
•	ш	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	\Box	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9	X												
•	رحت												
		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											
			-		•		тт (ах) т	rom bus	nesses				
10		•	-), 1975 See section 509(a)(2).		•	(0)(4)						
11	H	=	•	exclusively to test for public safety exclusively for the benefit of, to pe	•				.4 4				
• •	Ш	-	·					•		ation			
	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 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			, , , ,	mination from the IRS that it is a	Type I Ty	me li or T	Type III s	upportin					
•			check this box	milation from the into that it is a	i iype i, i j	/pe 11, 01 1	ype iii s	арроги	y				\Box
~		_		on accepted any gift or contribut	ion from a	ny of the							
g		following per	_	on accepted any gift of continuat	ion nom a	ny or the							
				ntrols, either alone or together w	th parcan	e docoriba	d in (ii) i	and				[v	T Ma
			•	-	itii personi	s describe	:u III (II <i>)</i> (ariu			44~6)	Yes	No
			v, the governing body of the member of a person describ	• •							11g(i)	-	
		•	ontrolled entity of a person d	**							11g(ii		├
h				** **							11g(ii	<u>H</u>	Ш.,,
	Nam.	e of supported	ollowing information about th		(iv) le the	organization	(v) Did	you notify	(vi)	ls the	full A		
"		janization	(11) = 114	(iii) Type of organization (described on lines 1–9	1	sted in your		nization in	organiza		1	ount of	
				above or IRC section	governing	document?		of your		zed in the	·		
	(see instructions)) Support? US? Yes No Yes No Yes No												
(A)					1 105	-		""	Yes	No			
~,													
B)					+						<u></u>		
-,				}	1			}					
C)				<u> </u>					 				
-,			•										
D)				 	 								
-,					ĺ								•
E)			`,		 	<u> </u>							
-,													
					1								
Tota			`										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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					, .	
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	_
	organization, check this box and stop here						>
Sec	tion C. Computation of Public Su	• •	· *				 -
14	Public support percentage for 2011 (line 6,		•	(f))		14	%
15	Public support percentage from 2010 Scheo					15	%_
16a	33 1/3% support test—2011. If the organiz				1/3% or more, che	ck this	. —
	box and stop here. The organization qualifi				00.1/00/		
b	33 1/3% support test—2010. If the organiz				s 33 1/3% or more	•	. □
47-	check this box and stop here. The organiza	•		-	4Ch 4.	4	
17a	10%-facts-and-circumstances test—201	_					
	10% or more, and if the organization meets						
	Part IV how the organization meets the "factorganization"		-				▶ 🗌
b	10%-facts-and-circumstances test—201	-				ne	
	15 is 10% or more, and if the organization n			•	•		
	Explain in Part IV how the organization mee	its the "tacts-and-c	ircumstances" test	i ne organization q	jualities as a public	ıy	▶ □
40	supported organization	not shook a bassas	ulung 12 46- 464	470 or 47h -hr-l	this have and an-		▶ []
18	Private foundation. If the organization did instructions	HOL CHECK A DOX OF	riine 13, 168, 16D,	ira, ui irb, check	uns dux and see		▶ □
							

Part 111

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	172,316	265,713	284,926	273,886	512,307	1,509,148
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					29,498	29,498
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	172,316	265,713	284,926	273,886	541,805	1,538,646
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	53,093	42,483	53,991	48,108	22,565	220,240
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						
С	Add lines 7a and 7b	53,093	42,483	53,991	48,108	22,565	220,240
8	Public support (Subtract line 7c from line 6)						1,318,406
	tion B. Total Support	r				· · · · · · · · · · · · · · · · · · ·	
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	172,316	265,713	284,926	273,886	541,805	1,538,646
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	132	939	47	26	14	1,158
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	132	939	47	26	14	1,158
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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)	172,448	266,652	284,973	273,912	541,819	1,539,804
14	First five years. If the Form 990 is for the		econd, third, fourth	, or fifth tax year as	s a section 501(c)(3)	
<u> </u>	organization, check this box and stop here						
	tion C. Computation of Public Su					145	
15	Public support percentage for 2011 (line 8,	• • • • • • • • • • • • • • • • • • • •	•))		15	85.62 %
16 Soc	Public support percentage from 2010 Schellion D. Computation of Investme						76.97%
<u> </u>	Investment income percentage for 2011 (lin			dump (ft)		17	%
18	Investment income percentage for 2011 (in		•	namm (1))		18	
10 19a	33 1/3% support tests—2011. If the organ			I, and line 15 is mo	re than 33 1/3%. an		
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2010. If the organ	k and stop here. Th	e organization qua	lifies as a publicly s	upported organizati	on	► X
U	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did		-			nza(IUI I	
	i ilitate teatraction. Il the organization did	HOL GHECK & DOX UIT	17, 13a, 01 13L	, oricon tills box all	a occ manuchons .		

Page 4

Schedule A (Form 990 or 990-EZ) 2011 KIDS & CLAYS FOUNDATION 37-1440861

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Vame	of the organization	mployer identification number			
K	IDS & CLAYS FOUNDATION	.	37-1	440861	
	Organizations Maintaining Donor Advised Fur organization answered "Yes" to Form 990, Part IV	ds or Other Similar Funds or Acc			
		(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	ne assets held in donor advised		-	
	funds are the organization's property, subject to the organization's exclus	ve legal control?		Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in wi	iting 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?	· · · · · · · · · · · · · · · · · · ·		Yes No	
P	art II Conservation Easements. Complete if the organ	<u>ization answered "Yes" to Form 990</u>), Par	t IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check al	l that apply)			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically import	ant lan	d area	
	Protection of natural habitat	Preservation of a certified historic str	ucture		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conserva	ition contribution in the form of a conservation	l		
	easement on the last day of the tax year				
				Held at the End of the Tax Year	
a	Total number of conservation easements		2a		
þ	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified historic structure includ		2c	· - ·	
d	Number of conservation easements included in (c) acquired after 8/17/06	, and not on a			
_	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization du	ring the	•	
	tax year >				
4	Number of states where property subject to conservation easement is loc				
5	Does the organization have a written policy regarding the periodic monitor	ing, inspection, handling of		□ v ₌₌ □ v	
_	violations, and enforcement of the conservation easements it holds?	a consequence of the transfer		☐ Yes ☐ 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 corr	sequation excements during the year			
•	\$\bigs\\$ \$\$	servation easements during the year			
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(b)(4)(B)			
•	(i) and section 170(h)(4)(B)(ii)?	704anomono or 000non 170(1)(1)(2)		Yes No	
9	In Part XIV, describe how the organization reports conservation easemen	ts in its revenue and expense statement, and			
-	balance sheet, and include, if applicable, the text of the footnote to the org		s the		
	organization's accounting for conservation easements				
Pa	rt III Organizations Maintaining Collections of Art, I	listorical Treasures, or Other Sim	ilar A	ssets.	
	Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 8			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not t	o report in its revenue statement and balance	sheet	<u> </u>	
	works of art, historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	of		
	public service, provide, in Part XIV, the text of the footnote to its financial s	statements that describes these items			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re	port in its revenue statement and balance sho	et		
	works of art, historical treasures, or other similar assets held for public ext	nibition, 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	ner similar assets for financial gain, provide th	е		
	following amounts required to be reported under SFAS 116 (ASC 958) relatives	ating to these items			
а	Revenues included in Form 990, Part VIII, line 1		>	\$	
b	Assets included in Form 990. Part X		•	•	

Sche	edule D (Form 990) 2011 KIDS & C	LAYS FOUNDA	ATION	37-	1440861	Page 2
Pa	art III Organizations Maintainin	g Collections of	Art, Historical T	reasures, or Oth	er Similar Assets	(continued)
3	Using the organization's acquisition, accessic collection items (check all that apply)	on, and other records	, check any of the follo	owing that are a signific	ant use of its	
а	Public exhibition	d 🗀	Loan or exchange pro	ograms		
b	-	<u> </u>	Other	ogranio		
C		•				
4	Provide a description of the organization's co	llections and explain	how they further the or	roanization's exempt ni	iroose in Part	
	XIV		non they later the ci	gamzation o oxompt pe	ar pood in it dit	
5	During the year, did the organization solicit or	receive donations of	art, historical treasure	es, or other similar		
	assets to be sold to raise funds rather than to	be maintained as pa	rt of the organization's	collection?		Yes No
Pa	art IV Escrow and Custodial Arr	rangements. Co	mplete if the orga	nization answered	l "Yes" to Form 99	0, Part IV,
	line 9, or reported an amou	nt on Form 990,	Part X, line 21.			
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry 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 follo	owing table			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	
	Distributions during the year				1e	
	Ending balance				1f	
	Did the organization include an amount on Fo	orm 990, Part X, line 2	!1?			☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV	1-4- 1541		Y 11	B 10/1 40	
12	art V Endowment Funds. Comp				- 	1
4	<u> </u>	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance				 	
	Contributions					<u> </u>
C	Net investment earnings, gains, and losses					
٨	Grants or scholarships					
	Other expenditures for facilities and					
Ū	programs					
f	Administrative expenses				· · · · · · · · · · · · · · · · · · ·	
	End of year balance					
_	Provide the estimated percentage of the curre	ent year end balance	(line 1g. column (a)) h	eld as	 ,	-
	Board designated or quasi-endowment	%	(13, (-,,			
b	Permanent endowment ▶ %					
С	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%				
3a	Are there endowment funds not in the posses	sion of the organizati	on that are held and a	dministered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organizations	listed as required on	Schedule R?			3b
4	Describe in Part XIV the intended uses of the					
Pa	rt VI Land, Buildings, and Equi	pment. See For	<u> </u>			
	Description of property	(a) Cost or other t	, ,	, ,) Accumulated	(d) Book value
		(investment)	(oti	her)	depreciation	
	Land					
	Buildings	<u> </u>				
	Leasehold improvements					
	Equipment Other			22,164	16,599	E E <i>c</i> e
	Add lines 1a through 1e (Column (d) must en	ual Form 990 Part X	column (B) line 10/c		10,399	5,565 5,565

Part VII Investments—Other Securities. See	Form 990. Part X. line 12	J. 111001 Fage
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of secunty)		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		<u></u>
<u>(1)</u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	D	· <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		***
(7)		
(8)		
(9)		
(10)	•	· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li		
	scription	(b) Book value
(1) PROMOTIONAL INVENT		94,038
(2)		33/333
(3)		-
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		▶ 94,038
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		-
(5)		
(6)		
(7)		
(8)		-
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	<u></u>
2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the fi	ootnote to the organization's financial staten	nents that reports the

Sche	edule D (Form 990) 2011 KIDS & CLAYS FOUNDATION	37-	-1440861	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to	Audited Financi	al Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments		4	
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
Pa	art XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenu	e per Return	
1	Total revenue, gains, and other support per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
ď	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<u> </u>	5	
Pa	ert XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expen	ses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	rt 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

Schedule D (Form 990) 2011 KIDS & CLAYS FOUNDATION

37-1440861

Page 5

Part XIV Supplemental Information (continued)

Department of the Treasury

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

See separate instructions.

2011

Open To Public

Internal Revenue Service Employer identification number Name of the organization 37-1440861 KIDS & CLAYS FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a 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? 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 (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (Iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions col (i) Yes No 2 3 5 6 8 10 Total

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

Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through col (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less Charitable contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 27,003 27,003 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 13,500 13,500 5 Other direct expenses Yes % Yes Yes X No X X No 6 Volunteer labor 13,500) 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 13,503 9 Enter the state(s) in which the organization operates gaming activities 9a X Yes No a Is the organization licensed to operate gaming activities in each of these states? If "No," explain 10a Yes X No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Sched	ule G (Form	990 or 990-EZ) 2011 KIDS & CLAYS FOUNDATION	37-14408	61	Page 3
11	Does the org	ganization operate gaming activities with nonmembers?		Ye	s X No
12	s the organi	zation a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			_
1	formed to ad	Iminister charitable gaming?		ຸ 📗 Ye	s 🗶 No
3	indicate the	percentage of gaming activity operated in			
а	The organiza	ation's facility	138	1	%
b ,	An outside fa	acility	131	<u>) </u>	%
	Enter the nade records	me and address of the person who prepares the organization's gaming/special events books and			
1	Name ▶	GLENN LUBEZNIK			
		823 FRANKLIN STREET			
,	Address >	MICHIGAN CITY	IN 46360		
		ganization have a contract with a third party from whom the organization receives gaming		<u> </u>	₹₽
	evenue?			Ye	s X No
		er the amount of gaming revenue received by the organization \$	and the		
	_	aming revenue retained by the third party ► \$ er name and address of the third party			
	,	· · · · · · · · · · · · · · · · · · ·			
ı	Name ▶				
,	Address >				
6 (Gaming man	nager information			
ı	Name ►				
(Saming man	nager compensation ▶ \$			
[Description o	of services provided ▶			
	Director	/officer Employee Independent contractor			
7 N	Mandatory di	estributions			
a !	s the organiz	zation required under state law to make charitable distributions from the gaming proceeds to			
r	etain the sta	ate gaming license?		Yes	x X No
		ount of distributions required under state law to be distributed to other exempt organizations or			
		organization's own exempt activities during the tax year > \$			
Part		pplemental Information. Complete this part to provide the explanations requi	- ·		
		lumns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applied to a residue are additional information (and installational)	icable. Also complet	e this	
	pa	rt to provide any additional information (see instructions)			

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1112 11/16/2012 1 43 PM

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

OMB No 1545-0047

Open to Public Inspection

▶ Attach to Form 990.

ŝ × Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Employer identification number 37-1440861 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?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance KIDS & CLAYS FOUNDATION Name of the organization Part II Part

□	e of grant stance													
than \$5,000.	(h) Purpose of grant or assistance	DONATION		DONATION	DONATION	DONATION		DONATION		DONATION	DONATION	DONATION	DONATION	
received more	(g) Description of non-cash assistance													
one recipient	(f) Method of valuation (book, FMV, appraisal, other)													
heck this box if no	(e) Amount of non- cash assistance													
ore than \$5,000 C	(d) Amount of cash grant	i.	666,22	20,724	15.509		38,380	70 001	170'17	56,165	ر م م		2 8 0 8 1	1000104
eceived mo	(c) IRC section if applicable													
recipient that re space is neede	(p) EIN													
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. Part II can be duplicated if additional space is needed	(a) Name and address of organization or government	RONALD MCDONALD HOUSE - HOUSTON 3664 WALNUT BEND IN, BLDG B	إ:	CA	NALD HOUSE	NALD HOUSE	ID	NALD HOUSE	NAT.D HOUSE	IL	NALD HOUSE	NALD HOUSE	NALD HOUSE	
to Fo Part I	1 (a) Name	(1) RONALD MCDONALD HOUSE 3664 WALNUT BEND IN, 1	(2) RONALD MCDONALD HOUSE	MADERA	(3) RONALD MCDONALD HOUSE COLUMBIA	(4) RONALD MCDONALD HOUSE	BOISE	(5) RONALD MCDONALD HOUSE ST 1.01118	(6) RONALD MCDONALD HOTISE	CHICAGO	(7) RONALD MCDONALD HOUSE INDIANAPOLIS	(8) RONALD MCDONALD HOUSE IOWA CITY	(9) RONALD MCDONALD HOUSE DES MOINES	

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

~

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

Schedule I (Form 990) (2011)

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SCHEDULE I (Form 990) Department of the Treasury internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

2011

20.1 1
Open to Public Inspection

Name of the organization XTDS 2 TANK GOTTANDATION	NOTE				Employer ic	Employer identification number		
Part I General Information on Grants and Assistance	Assistance				,T_/C	7000		
	amount of the gra	nts or assista	ance, the grantees' elig	ibility for the grants or	assistance, and		Yes	2
cribe	toring the use of gr	ant funds in t	he United States]]
Part ii Grants and Other Assistance to Governments and to Form 990, Part IV, line 21, for any recipient that rec	vernments an recipient that re	d Organiz ceived mo	Organizations in the United States. Complete if the organization answered "Yes" eived more than \$5,000. Check this box if no one recipient received more than \$5,000.	ited States. Com Sheck this box if n	plete if the orga o one recipient	nization answe received more	red "Yes" than \$5,000.	Ĺ
Part II can be duplicated if additional space is needed	space is neede	9				\$		→
1 (a) Name and address of organization or government	(p) 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	t t
(1) RONALD MCDONALD HOUSE							DONATION	
MACON GA			33,293					
(2) RONALD MCDONALD HOUSE							DONATION	
COLUMBUS			43,638					
(3) RONALD MCDONALD HOUSE							DONATION	
HOUSTON			28,828					
ALD MCDONALD HOUSE							DONATION	
OMAHA			35,388					į
(5)								
(9)								
(1)								
(8)							;	
(6)	:							
2 Enter total number of section 501(c)(3) and government organizations listed in	ganizations listed i	the line 1 table	able] 	A	

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) KIDS & CLAYS FOUNDATION

37-1440861

Page 2

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III Part (V

Schedule I (Form 990) (2011)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

► See separate Instructions.

OMB No 1545-0047

Qpan: To Public

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

inspection... Employer Identification number

	KIDS & CLAYS FOU	NDATIC	N				37-14	<u>408</u>	61			
Part I	Excess Benefit Transactions (sec						l 40h					
	Complete if the organization answered "Yes"	on Form 98	0, Part IV, II	ne 25a or 25b, T	or Form	990-EZ, Paπ V,	line 40b			T (5)		
1	(a) Name of disqualified person				(b) De	escription of transac	tion			Yes) Correc	No
(1)		•								1	\dashv	
(2)												
(2)												
741						-						
(5)												
(6)				<u> </u>								
under s	ne amount of tax imposed on the organization mection 4958 in amount of tax, if any, on line 2, above, reimbi				the year		▶ \$	\$	-			
												
Part II	Loans to and/or From Interested Complete if the organization answered "Yes"			ne 26 or Form	990-F7	Part V June 38a						
	(a) Name of interested person and purpose	(b) Loan (c) Onginal	1 990-LZ,	(d) Balance due		default?	(r) Ap	proved	(g) V	Vritten
		or from th organizatio		ncipal amount			· ·			oard or mittee?	agree	ement
		To Fro					Yes	No	Yes	No	Yes	No
(4)												
	····				+							Ħ
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_(6)												+
(7)											 	
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(9)												
(10)												
Total					· \$,						
Part III	Grants or Assistance Benefiting											
 ,	Complete if the organization answered "Yes"	on Form 99	0, Part IV, I	ne 27		,						
	(a) Name of interested person	(b) R		veen interested pers rganization	son and the	(1) Amount an	d type o	of assist	ance		
(1)					-							
(2)			···									
(3)					<u></u>	ļ						
(4)						ļ						
(5)						-						
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(9)						-						
(10) For Paperwo	rk Reduction Act Notice, see the Instruction	s for Form	990 or 990-	EZ.		Sch	edule L (Form	990	or 99	0-EZ)	201
						50.	 (- ,	

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KIDS & CLAYS FOUNDATION

Employer identification number 37-1440861

		WIO E	CONDATION		37-1440861		
Pá	art I Types of Property				-		
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts		
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—Historic						
	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			207 122	<u> </u>		
25	Other ► (RETAIL)	X	9	387,133			
26	Other ► (
27	Other ► (
28	Other ► (L					
29	Number of Forms 8283 received by th	-					
	which the organization completed For	m 8283, Pa	art IV, Donee Acknowled	gement	29		TNa
00-	D				0.45-4	Yes	No
30a	During the year, did the organization r	_					1
	it must hold for at least three years fro			, and which is not required t	į		x
_	used for exempt purposes for the enti		репоаг		31	Da	1
. b	If "Yes," describe the arrangement in		less that consumes the resu	ou of any non standard			1
31	Does the organization have a gift acco	eptance po	licy that requires the revi	ew or any non-standard		.	x
22-	Contributions?	d nombre	rolated ergenizations to	collect process as sall name		1	+^
32a	Does the organization hire or use third	a parties or	related organizations to	solicit, process, or sell nonc		,	x
L	contributions?				<u> 3</u>	2a	+^
b 22	If "Yes," describe in Part II	maunt	duma (a) for a time of	norty for which column (a) ::	s shooked		
33	If the organization did not report an ar	nount in co	numin (c) for a type of pro	perty for which column (a) is	s checkeu,		1
	describe in Part II		·				<u> </u>

Schedule M (Form 990) (2011) KIDS & CLAYS FOUNDATION

37-1440861

Page 2

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

OMB No 1545-0047

Name of the organization

KIDS & CLAYS FOUNDATION

Employer identification number 37-1440861

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE KIDS AND CLAYS FOUNDATION BENFITING RONALD MCDONALD HOUSE CHARITIES

IS COMMITTED TO IMPROVING THE LIVES OF CHILDREN AND THEIR FAMILIES BY

PARTNERING WITH SHOOTING SPORTS ENTHUSIASTS TO DEVELOP PROGRAMS THAT

GENERATE FUNDS TO SUPPORT THE OPERATING NEEDS OF RONALD MCDONALD HOUSE,

RONALD MCDONALD HOUSE FAMILY ROOMS AND RONALD MCDONALD MOBIL MEDICAL UNITS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

THE KIDS AND CLAYS FOUNDATION BENEFITING RONALD MCDONALD HOUSE CHARITIES

IS COMMITTED TO IMPROVING THE LIVES OF CHILDREN AND THEIR FAMILIES BY

PARTNERING WITH SHOOTING SPORTS ENTHUSIASTS TO DEVELOP PROGRAMS THAT

GENERATE FUNDS TO SUPPORT THE OPERATING NEEDS OF RONALD MCDONALD

HOUSE.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS
GLENN LUBEZNIK KATHY LUBEZNIK

PRESIDENT

DIRECTOR

SPOUSE

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE RETURN WAS REVIEWED WITH THE EXECUTIVE DIRECTOR AND BY THE EXECUTIVE
COMMITTEE OF THE ORGANIZATION BEFORE THE ORGANIZATION FILED THE RETURN.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 2011

2011

Department of the Treasury Internal Revenue Service

See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Name(s) shown on return Identifylna number KIDS & CLAYS FOUNDATION 37-1440861 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 500,000 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 3,832 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 17 0 MACRS deductions for assets placed in service in tax years beginning before 2011 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction penod service only-see instructions) 19a 3-year property 5-year property b 7-year property d 10-year property e 15-year property 20-year property S/L 25-year property 25 yrs h Residential rental 27 5 yrs MM S/I property 27 5 yrs MM S/L Nonresidential real ММ 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L 40-vear S/L C 40 yrs Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 3,832 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22

For assets shown above and placed in service during the current year, enter the

23

23

1112 KIDS & CLAYS FOUNDATION 11/16/2012 1:43 PM **Federal Statements** 37-1440861 FYE: 12/31/2011 **Taxable Interest on Investments** Description Unrelated Exclusion Postal Acquired after US 6/30/75 Obs (\$ or %) Business Code Code Code Amount 14 14 TOTAL 14

11/16/2012 1:43 PM	Fund Raising \$	
	Management & General S	
tements	Part IX, Line 24e - All Other Expenses Total	
Federal Statements	Form 990, Part IX, Line 246 Total Expenses \$ 1,054 \$ 325 241 \$ 3,561 \$	
1112 KIDS & CLAYS FOUNDATION 37-1440861 FYE: 12/31/2011	Description OUTSIDE SERVICES BANK FEES MEALS AND ENTERTAINMENT TELEPHONE SUPPLIES LICENSES & FEES DUES GIFTS TOTAL	

The Kids & Clays® Foundation Board of Directors

Board Member Name

Mr. Glenn Lubeznik, Owner / Operator McDonald's Restaurants President, Board of Directors

Mr. Bill Keyser, President Keyser Industries Vice-President, Board of Directors

Mr. Bud Wheaton HPR Logistics Secretary, Board of Directors

Mr. Phil Murray White Flyer Targets Treasurer, Board of Directors

Mr. David Baron, President Baron Engraving

Mr. Jim Brady Havi Global Solutions

Mr. Devin Cole, Group Vice President Tyson Foods, Inc.

Mr. Carey Cooper, President Danaco Solutions/Cooper Management, LLC

Mr. Ned Costello U.S. Trust, Bank of America

Mr. Jim Economos Stone River Gear, LLC

) :

Preferred Contact Information

823 Franklin Street Michigan City, IN 46360 (219) 879-3003 / (219) 898-3000 (cell) glenn@mcdhq.com

10200 S. Kedzie Avenue Evergreen Park, IL 60805 (708) 876-1223 / (708) 420-7764 (cell) wkeyser@keyser-group.com

2014 Middleton Drive Wheaton, IL 60189 (630) 510-9051 / 630-864-7585 (cell) WWhea68030@aol.com

15219 TC Jester Blvd. Houston, TX 77068 (713) 626-1843 / (713) 594-7605 (cell) Murray826@aol.com

62 Spring Hill Road Trumbell, CT 06111 (203) 452-0515 / (203) 556-2269 (cell) dbaron@baronengraving.com

3075 Highland Parkway Downer's Grove, IL 60515 (630) 493-7341 / (630) 842-7994 (cell) jbrady@havigs.com

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600 Central Avenue, Suite 138 Highland Park, IL 60035 (847)266-0200x222/(847) 533-9208 (cell) carey@danacosolutions.com

231 S. LsSalle Street Chicago, IL 60604 (312) 828-5736 / (219) 771-7133 (cell) Ned.costello@ustrust.com

2963 Rt. 209 Kingston, NY 12401 (845) 331-0153 / (845) 633-0075 (cell) Jim@stonerivergear.com Mr. Joel Gesky State Farm Insurance

Mr. Scott Grange Browning

Mr. Dick Hammett Winchester, Retired

Mr. Michael Hampton, Jr. NSSA / NSCA

Mr. Dan Harbaugh RMHC of St. Louis

Mr. Todd Kemmerer Capitol Equities

) }

) .

Mr. Pat Lieske Michigan Shooting Centers

Mrs. Kathy Lubeznik, Owner / Operator McDonald's

Mr. Greg McMaster Taylor Company

Mr. Dan O'Connell, President Foodmix Mareting Communications

Mrs. Mindy Plumlee RMHC of Idaho

1000 W. Longfellow Manteno, IL 60950 (815) 937-4545 / (708) 372-0826 (cell) Joel.gesky.pyjk@statefarm.com

One Browning Place Morgan, UT 84050 801-876-2711 x3306/801-391-4966 (cell) scottg@browning.com

314 Lynn Drive Alton, IL 62002 (618) 509 1002 (cell) Jdhammett@gmail.com

5931 Roft Road San Antonio, TX 78253 210-688-3371 x 110/210-316-9218 (cell) mhampton@nssa-nsca.com

3450 Park Avenue St. Louis, MO 63104 314-773-1100 x1413/314-971-3428 (ce ll) dharbaugh@rmhcsti.com

6241 Riverside Drive Dublin, OH 43017 (614) 760-5660/(614) 582-6783 (cell) tkemmer@capitolequities.com

9218 Copper Ridge D Davison, MI 4823 (248) 437-2784 / (810) 275-3078 pat@shotgunlesson.com

823 Franklin Street
Michigan City, IN 46360
(219)879-4200 x304/(219)898-3004 (cell)
kathy@kidsandclays.com

750 N. Blackhawk Blvd. Rockton, IL 61072 (815) 624-5292 / (815) 222-1163 (cell) Greg.mcmaster@carrier.utc.com

103 West Arthur Street Elmhurst, IL 60126 (630) 366-7502 / (312) 498-7759 (cell) doc@foodmix.net

101 Warm Springs Avenue Boise, ID 83712 (208)336-5478 x125/(208)250-9036 (cell) mindy@rmhidaho.org Mr. Ken Reimer Ken's Beverage

))

Mr. Ed Rensi Tom and Eddie's Burgers P.O. Box 110 Montgomery, IL 60538 630-904-2653 x6009 /630-816-6253 (cell) kreimer@kensbeverage.com

6805 Hobson Valley Drive, Suite 106 Woodridge, IL 60517 (630) 663-1118 / (630) 885-3583 (cell) ed@tomandeddies.com

The Kids & Clays® Foundation Advisory Board

Mr. J.C. Gonzalez Mendez McDonald's

Mr. Michael Hampton, Sr. NSSA / NSCA, Retires

Mr. Andy Lightbody Rocky Mountain TV

) :

Ms. Susan Singleton McDonald's Owner/Operator

Mr. Bill Ward Bill Ward's Outdoor Adventures 2111 McDonald's Drive
Oak Brook, IL 60523
(630) 623-4637 / (630) 240-5375 (cell)
Jc.gonzalez-mendez@us.mcd.com

12555 SH211 San Antonio, TX 78253 (210) 862-2211 (cell) mhamptonsr@earthlink.net

104 E. Tomichi Avenue Gunnison, CO 81230 (970) 641-0197 / (970) 209-0502 (cell) andy@rmtv.net

1215 Sullivan Road Woodstock, IL 60098 (815) 568-0839 / (815) 378-5646 (cell) Susan.singleton@partners.mcd.com

16633 Grapperhall Drive Huntersville, NC 28078 (704) 896-0225 / (704) 500-1824 (cell) whward@yahoo.com (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue S	•	► File a	a separate a	application for each return.					
		omatic 3-Month Extension, complete	only Part I	and check this box		<u>-</u>		▶ X	
If you are f	filing for an Add	ditional (Not Automatic) 3-Month Ext	ension, com	nplete only Part II (on page 2 of this for	n)			_	
Do not compl	ete Part II uni	ess you have already been granted an a	automatic 3-i	month extension on a previously filed Fo	rm 8868				
	•	•		onth automatic extension of time to file (
=	•			th extension of time. You can electronica	-	orm			
•		•		Il with the exception of Form 8870, Infor					
				must be sent to the IRS in paper format (
		·		v/efile and click on e-file for Charities & h	vonprotite	S			
Part I		c 3-Month Extension of Time. Form 990-T and requesting an automati							
A corporation i Part I only	equired to life i	-onn 990-1 and requesting an automati	c o-monari e	xterision-check this box and complete				▶ □	
•	rations (includi	nn 1120-C filers), nartnershins, REMICs	and trusts	must use Form 7004 to request an exter	ision of ti	me			
to file income to		ng 1120-0 meray, partiterampa, ixelvilos	, and trusts	must use 7 of 11 7004 to request an exter	131011 01 11	iiic			
to the moonie t	ux returns			Enter filer	s identif	fvina numl	oer, see ir	nstruction	
Type or	Name of exe	mpt organization or other filer, see instr	uctions			oyer identific			
print	,				•	•		` ,	
File by the	KIDS &	CLAYS FOUNDATION			X 3.	7-1440)861		
due date for	Number, stre	et, and room or suite no. If a P O box,	see instruction	ons	Socia	l security nu	mber (SSN))	
filing your return See	823 FR	ANKLIN STREET							
instructions		post office, state, and ZIP code For a f	•	•					
	MICHIG	AN CITY IN	46360)				_	
Enter the Retu	rn code for the	return that this application is for (file a s	eparate app	lication for each return)				01	
Application Return Application							Return		
ls For			Code	ls For				Code	
Form 990			01	Form 990-T (corporation)	T (corporation) 07				
Form 990-BL			02	Form 1041-A				80	
Form 990-E2			01	Form 4720				09	
Form 990-PF		100(-) (04	Form 5227				10	
	(sec 401(a) or		05 06	Form 6069 Form 8870				<u>11</u> 12	
F01111 990-1	(trust other tha	GLENN LUBEZNIK	00	FOIM 6670	-			12	
		823 FRANKLIN STREET							
The books a	re in the care of l	MICHIGAN CITY				IN	4636	50	
Telephone	No ▶ 21	9-879-4200	FAX No	>				_	
 If the organ 	nization does n	ot have an office or place of business in	the United S	States, check this box				▶ 📙	
 If this is for 	a Group Retu	rn, enter the organization's four digit Gro			his is				
for the whole g	• •		the group, ch	neck this box	:h				
		s of all members the extension is for							
		3-month (6 months for a corporation req							
		, -	for the orga	nization named above. The extension is					
	rganızatıon's re calendar year								
	Guieridai year .	2011 or							
▶ 🗆 (tax year beginn	ing , and ending							
_		n fine 1 is for less than 12 months, chec	k reason	Initial return Final return					
()	ange in accou		-= = **						
		Form 990-BL, 990-PF, 990-T, 4720, or 6	6069, enter ti	he tentative tax, less any					
		See instructions	<u>. </u>	<u> </u>	3a	\$			
b If this ap	plication is for f	Form 990-PF, 990-T, 4720, or 6069, ent	er any refun	dable credits and					
estimate	d tax payments	made Include any prior year overpayn	nent allowed	as a credit	3b	\$			

EFTPS (Electronic Federal Tax Payment System) See instructions

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

Form 8868 (Re	ev. 1-2012)						Page 2
	iling for an Additional (Not Automatic) 3-Month Ext	ension, con	plete only Part II and ch	eck this box			▶ X
	nplete Part II if you have already been granted an auto				68.		_
• If you are f	iling for an Automatic 3-Month Extension, complete	e only Part I	(on page 1)				
Part II	Additional (Not Automatic) 3-Month Ex	tension c	of Time. Only file the	original (no d	opies	needed).	
				Enter filer's	identif	ying number, see	instructions
Type or	Name of exempt organization or other filer, see instr	ructions]	Emplo	oyer identification num	iber (EIN) or
print				١,			
File by the	KIDS & CLAYS FOUNDATION		 			7-1440861	
due date for	Number, street, and room or suite no If a P.O box,	see instructi	ons	۱,	Social	l security number (SS	N)
filing your	823 FRANKLIN STREET	.					
retum See instructions	City, town or post office, state, and ZIP code For a f						
	MICHIGAN CITY IN	46360	<u> </u>				
Enter the Retur	rn code for the return that this application is for (file a s	enarate ann	lication for each return)				01
							تعا
Application		Return	Application				Return
Is For		Code	ls For				Code
Form 990		01					
Form 990-BL	-	02	Form 1041-A			-	08
Form 990-EZ		01	Form 4720				09
Form 990-PF		04	Form 5227				10
Form 990-T ((sec 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T ((trust other than above)	06	Form 8870				12
STOP! Do not	complete Part II if you were not already granted a	n automatic	: 3-month extension on a	a previously file	d Forn	n 8868.	
Telephone If the organ If this is for for the whole gr list with the nan I request For calen If the tax Ch SEE	an additional 3-month extension of time until 11 and ar year 2011, or other tax year beginning year entered in line 5 is for less than 12 months, check ange in accounting period detail why you need the extension STATEMENT 1	of the group /15/12 k reason	States, check this box on Number (GEN) , check this box , and ending Initial return	If this is ▶ □ and att Final return	ach a	IN 463	▶ □
nonrefun	olication is for Form 990-BL, 990-PF, 990-T, 4720, or 6 dable credits. See instructions		, ·		8a	\$	
	plication is for Form 990-PF, 990-T, 4720, or 6069, ent	-				1	
	I tax payments made Include any prior year overpaym	nent allowed	as a credit and any		0.		
	and previously with Form 8868				8b	\$	·
	due. Subtract line 8b from line 8a Include your paymonic Federal Tax Payment System) See instructions	ent with this	form, it required, by using t	EF1P5	8c	s	
Under penalties	Signature and Verific	ncluding acco	ompanying schedules and			· · · · · · · · · · · · · · · · · · ·	
knowledge and	belief it is true, correct, and complete, and that I am a	authorized to	prepare this form				
Suggestion 🖌 🗸	Change & Karan / Va		. GDDMTDTDD	DIEDITA :	. ~~=		14 4 /4 6
Signature	dunga E Karan Of	Titl	• ► CERTIFIED	POBLIC A	ACCI	Date Dub	1/14/12