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Form **990-EZ**

Department of the Treasury Internal Revenue Service

For the 2013 calendar year, or tax year beginning

Short Form Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

, 2013, and ending

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public

Inspection

OMB No 1545-1150

			applicable C Name of organization				D Em	ployer id	entification number
	=		change BOOTS FOR KIDS				0 4	4-377	4570
	-	Name c	Number and street (or P O box, if mail is not delivered to street address)		Room/suite		E Tel	ephone nu	ımber
		Initial re	no nov 170				1 (231)	883-6862
	=	Termina	City or fown, state or province, country, and ZIP or foreign nostal code		1		<u>`</u>		
	Ħ		o return	MT	40627			oup Exe	emption -
-	<u> </u>		ion pending GRAWN	MI	49637				
(nting Method X Cash Accrual Other (specify)						rganization is not chedule B
			ite: N/A	147(0)/1)	or 527	•			or 990-PF)
_	J	Tax-ex	Compression (cross only one)	947(a)(1) (01 527	(1 01111		, oo LL,	
I	K	Form	of organization $oxed{X}$ Corporation $oxed{\Box}$ Trust $oxed{\Box}$ Association $oxed{\Box}$ Ot	her					
1	L	Add II	nes 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Fo	\$200,00 orm 990	00 or more, -EZ	or if total		.▶\$	49,429.
[Revenue, Expenses, and Changes in Net Assets or Fund	Balan		the inst	ructio	ons for	Part I)
_			Check if the organization used Schedule O to respond to any question in this	Part I	· · ·	•		:	<u>X</u>
	- 1	1	Contributions, gifts, grants, and similar amounts received			•		1	49,403.
		2	Program service revenue including government fees and contracts .	•	•			2	
		3	Membership dues and assessments			•	•	3	
		4	Investment income			•		4	26.
		5 a	Gross amount from sale of assets other than inventory	. 5	a			- 1	
		b	Less cost or other basis and sales expenses	. 5	5 b				
ح⁄ے		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .					5 c	
2016		6	Gaming and fundraising events						
N	R	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	. 6	S a				
\mathcal{Q}	V	b	Gross income from fundraising events (not including \$		of contribu	tions			
₩	Ň		from fundraising events reported on line 1) (attach Schedule G if the sum		1				
SEP	Ĕ		of such gross income and contributions exceeds \$15,000)	<u> </u>	3 b				
જ		С	Less direct expenses from gaming and fundraising events	<u> </u>	6 c				
	,	d	Net income or (loss) from gaming and fundraising events (add lines 6a and						
SCANNED		_	6b and subtract line 6c)		- 1	•	.	6 d	
É			Gross sales of inventory, less returns and allowances	<u> </u>	7 a				
QC.		1	Less cost of goods sold		7 b			_	
20		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	1	DE CE		_	7 c	
00		8	Other revenue (describe in Schedule O)	1.		IVED		8	
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	101.			· •	9	49,429.
		10	Grants and similar amounts paid (list in Schedule O)	See See	SFPLO	Stmt 2010	105	10	36,914.
		11	Benefits paid to or for members	. [. M. S.	2014	191	11	
	E X	12	Salaries, other compensation, and employee benefits		MA	· · · ·	RS	12	
	P	13	Professional fees and other payments to independent contractors	<u>_</u>	GDEN	J. UT	-=	13	400.
	NSE	14	Occupancy, rent, utilities, and maintenance	•				14	2,400.
	Ĕ	15	Printing, publications, postage, and shipping		•			15	193.
	3	16	Other expenses (describe in Schedule O)	See Fo	m 990-EZ, Part	Line 16 Other	Expenses	16	516.
		17	Total expenses. Add lines 10 through 16				. , ▶	17	40,423.
		18	Excess or (deficit) for the year (Subtract line 17 from line 9)			<i></i> .		18	9,006.
	A S NS E T T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (i	must an	ree with en	d-of-vear			
	ËE		figure reported on prior year's return)					19	31,499.
	'T S	20	Other changes in net assets or fund balances (explain in Schedule O)					20	
		21	Net assets or fund balances at end of year Combine lines 18 through 20					21	40,505.
	BA	A Fo	Paperwork Reduction Act Notice, see the separate instructions.						Form 990-EZ (2013)



Form	990-EZ (2013) BOOTS FOR KIDS		·-·-	04	<u>1-377</u>	74570 Page 2
Part	II Balance Sheets (see the insti Check if the organization used Sched	ructions for Part II)	on in this Part II			
	Check if the organization used Sched	uie O to respond to any questi	on in this Part ii .	(A) Beginning of ye	ar T	(B) End of year
	Cash, savings, and investments			19,792		28,085.
23	Land and buildings	DOOMG UAMG M	TERREDIA OF OVER 1) . 23	
			LLIENS GTOVES	11,70		12,420.
	Total assets			31,499		40,505.
	Total liabilities (describe in Schedule O)			(0.
	Net assets or fund balances (line 27 of c			31,499	27	40,505.
Par	Statement of Program Service A Check if the organization used Scho			Γ	1 (Rea	Expenses juired for section 501
What is	s the organization's primary exempt purpose? SE		Suom in uns i art in	<u>·</u> <u>-</u> _	i (c)(3) and 501(c)(4)
Descr	be the organization's program service acc	complishments for each of its th	ree largest program s	ervices, as		nizations and section '(a)(1) trusts, optional
meas	ribe the organization's program service accurred by expenses. In a clear and concise rited, and other relevant information for eac	manner, describe the services th program title	provided, the number of	of persons		thers)
	SEE STATEMENT				+	<u> </u>
	254 21445554				-	
					1	
	(Grants \$ 0.) If the	is amount includes foreign gra	nts, check here	· · · · · · · · · · · · · · · · · · ·	∏ 28a	36,914.
29						
					4	
		is amount includes foreign gra			1	
	(Grants \$) If th	is amount includes foreign gra	nts, check here .	· · · · <u>* </u>	29 a	ļ
30					-	
					-	
	(Grants S) If the	is amount includes foreign grai	ate check here		30 a	
31	Other program services (describe in Schei		· · · · · · · · · · · ·		30 a	
٥.		is amount includes foreign gra]] 31 a	
32	Total program service expenses (add lin				32	36,914.
	IV List of Officers, Directors,				- see II	
	Check if the organization used Scho					
				(d) Health benefi	10	
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to emp benefit plans, and de	loyee ferred	(e) Estimated amount of other compensation
DON	(a) Name and Title ALD A. SCHMUCKAL	week devoted to	(c) Reportable compensatio (Forms W-2/1099-MISC) (If not paid, enter -0-)	" contributions to emp	loyee ferred	(e) Estimated amount of other compensation
PRE	ALD A. SCHMUCKALSIDENT	week devoted to	(If not paid, enter -0-)	contributions to emp benefit plans, and de	loyee ferred	(e) Estimated amount of other compensation
PRE WIL	ALD_ASCHMUCKAL SIDENT LIAM_GOLDEN	week devoted to position	(If not paid, enter -0-)	contributions to emplohenefit plans, and de compensation	oyee ferred	other compensation
PRE WIL VIC	ALD A. SCHMUCKAL SIDENT LIAM GOLDEN E PRESIDENT	week devoted to position	(If not paid, enter -0-)	contributions to emp benefit plans, and de compensation	loyee ferred	other compensation
PRE WIL VIC KAR	ALD_ASCHMUCKAL SIDENT LIAM GOLDEN E PRESIDENT EN BUELL	week devoted to position 30.00	(If not paid, enter -0-)	contributions to emplohenefit plans, and de compensation	0.	O .
PRE WIL VIC KAR SEC	ALD_ASCHMUCKAL SIDENT LIAM GOLDEN E PRESIDENT EN BUELL RETARY/TREASURER	week devoted to position	(If not paid, enter -0-)	contributions to emplohenefit plans, and de compensation	oyee ferred	other compensation
PRE WIL VIC KAR SEC KAT	ALD A. SCHMUCKAL SIDENT LIAM GOLDEN E PRESIDENT EN BUELL RETARY/TREASURER HY NOWAK	week devoted to position 30.00 5.00	(If not paid, enter -0-)	contributions to emplehenefit plans, and de compensation	0.	O .
PRE WIL VIC KAR SEC	ALD A. SCHMUCKAL SIDENT LIAM GOLDEN E PRESIDENT EN BUELL RETARY/TREASURER HY NOWAK	week devoted to position 30.00	(If not paid, enter -0-)	contributions to emplohenefit plans, and de compensation	0.	O .
PRE WIL VIC KAR SEC KAT	ALD A. SCHMUCKAL SIDENT LIAM GOLDEN E PRESIDENT EN BUELL RETARY/TREASURER HY NOWAK	week devoted to position 30.00 5.00	(If not paid, enter -0-)	contributions to emplehenefit plans, and de compensation	0.	O .
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PRE WIL VIC KAR SEC KAT	ALD A. SCHMUCKAL SIDENT LIAM GOLDEN E PRESIDENT EN BUELL RETARY/TREASURER HY NOWAK	week devoted to position 30.00 5.00	(If not paid, enter -0-)	contributions to emple benefit plans, and de compensation	0.	O .
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PRE WIL VIC KAR SEC KAT	ALD A. SCHMUCKAL SIDENT LIAM GOLDEN E PRESIDENT EN BUELL RETARY/TREASURER HY NOWAK	week devoted to position 30.00 5.00	(If not paid, enter -0-)	contributions to emplemental plans, and de compensation	0.	O .
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Par	tV Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect		-	
	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			\vdash
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
	Did the organization file Form 1120-POL for this year?	37 b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38 a		X
t	olf 'Yes,' complete Schedule L, Part II and enter the total		<u> </u>	
20	amount involved	_		
	Section 501(c)(7) organizations Enter			ĺ
	Initiation fees and capital contributions included on line 9	_		
	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 , section 4912 , section 4955 , sectio			
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958			
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			
•	shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed Michigan			
42 a	The organization's			
	books are in care of DONALD A. SCHMUCKAL Telephone no (231)	_ <u>943</u>	<u>-854</u>	<u> 4</u>
	Located at \$\ 4249 US 31 S. TRAVERSE CITY MI ZIP+4 \$\ 49684	_[Yes	No
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42.5	res	No
	If 'Yes,' enter the name of the foreign country	42 b		Х
	The state the hame of the foleigh country	;		
	Continue to the second of the			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts: At any time during the calendar year, did the organization maintain an office outside of the US?	40.		×
•	If 'Yes,' enter the name of the foreign country	42 c		
	The state of the foreign country			
42	Section 4047/oV/1) popovomet obostoble truste films Form 000 F7 to hear of Form 4044. Check have			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44 -	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		163	110
***	of Form 990-EZ	44 a		X
ŀ	Did the organization operate one or more hospital facilities during the year? If 'Yes.' Form 990 must be completed		<u> </u>	<u> </u>
	instead of Form 990-EZ	44 b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
C	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			
4-	If 'No,' provide an explanation in Schedule O	44 d		
	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	<u> </u>	X
ł	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		
	To mil 770 and Schedule K may need to be completed instead of Form 770-EZ (See instructions)	400	L	X

orm 990-E	Z(2013) BOOTS FOR KIDS			04-377	4570	P	age 4
						Yes	No
	ne organization engage, directly or indirectly dates for public office? If 'Yes,' complete So				46		Х
Part VI	Section 501(c)(3) organizations	s only					
<u></u>	All section 501(c)(3) organization for lines 50 and 51.		stions 47-49b and 5	2, and complete the	tables		
	Check if the organization used Schedule	O to respond to any que	estion in this Part VI				. 🖂
	Check if the organization used Schedule	o to respond to driy que	Suomin this part vi		·	Yes	No
	ne organization engage in lobbying activities	•		the tax year? If 'Yes,'	[47	103	
	'		an ' anmalata Cahadula F	. .	47	1	X
	organization a school as described in sect ne organization make any transfers to an ex		· ·		48 49 a	-	X
	s,' was the related organization a section 52				49 a	\vdash	X
	plete this table for the organization's five hig	•		s. directors, trustees and			
	oyees) who each received more than \$100,				,		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimate other com	d amount pensation	t of n
NONE							
 .		-					
		-					
		<u> </u>					
		-					
f Total	number of other employees paid over \$100	0.000 •		<u> </u>	<u></u>		
51 Com	olete this table for the organization's five his	hest compensated inde	pendent contractors who	each received more thar	າ \$100,000 ເ	of	
	ensation from the organization. If there is n						
	(a) Name and business address of each independent cor	ntractor	(b) Type	of service	(c) Com	pensation	1
NONE							
							_
	- 						
					ļ		
	· · · · · · · · · · · · · · · · · · ·	 					
			1				
				 			
d Total	number of other independent contractors e	ach receiving over \$100	,000				
	ne organization complete Schedule A? Not e		rganizations and 4947(a)	(1) nonexempt	. ► X Yes		No
Jnder penaltie	s of perjury, I declare that I have examined this return inclined complete. Declaration of preparer (other than officer) is	cluding accompanying schedules	and statements, and to the best	of my knowledge and belief, it is			
rue, correct, ar	Donald A. A.	Dased on all information of white	on preparer has any knowledge	0/2///	Ц		
Sign	Signature of officer	mucha	 	Date	<u>r</u>		
Here	DONALD SCHMUCKAL						
	Type or print name and title						-
	Print/Type preparer's name	Preparer's signature	Date		TIN		
Paid	TREVOR L DUNSON		- UH 812K	Check if self-employed P	0023224	1	
Paio Preparer	Firm's name ► <u>FLAHERTY MILLER</u>	AND DUNSON					
Use Only	Firm's address ► 697 HANNAH AVE			Firm's EIN ►	38-3479	383	
	TRAVERSE CITY		MI 49686	Phone no (23	1) 941-	0334	
May the IR:	S discuss this return with the preparer show	vn above? See instructio	ns		.► XYes	· 🗍	No
					Form 99	0-EZ (2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

		FOR KIDS								77457			
<u>Part</u>	<u> </u>	Reason for Publ	lic Charity Status	(All organizations r	must co	omplet	e this p	art.) S	ee inst	ruction	ns.		
The o	rgar	iization is not a private	foundation because it	is (For lines 1 through	11, checl	k only or	ne box)						
1		A church, convention	of churches or associa	tion of churches describ	ed in se d	ction 17	0(b)(1)(A	A)(i).					
2	П	A school described in	section 170(b)(1)(A)(i	ii). (Attach Schedule E)									
3	П	A hospital or a cooper	rative hospital service o	organization described in	section	170(b)	(1)(A)(iii).					
4	П	A medical research or	rganization operated in	conjunction with a hosp	ıtal desci	ribed in	section	170(b)(1)(A)(iii)	Enter th	ne hospital's		
	ш	name, city, and state						` , ,			•		
5			ated for the benefit of a mplete Part II)	college or university ow	ned or o	perated	by a gov	ernmen	tal unit d	escribed	In section		
6		A federal, state, or loc	cal government or gove	rnmental unit described	ın sectio	on 170(Ł)(1)(A)(¹	v).					
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	Ш	A community trust des	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II)								
9	Ш	from activities related investment income an	to its exempt functions	nore than 33-1/3% of its - subject to certain exc axable income (less sec aplete Part III)	ceptions,	and (2)	no more	than 33	3-1/3% o	fits supr	oort from arc	SS	
10	Ш	An organization organ	nized and operated exc	lusively to test for public	safety S	See sec	tion 509	(a)(4).					
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3) . Check the box that describes the type of supporting organization and complete lines 11e through 11h												
		a Type I b	Type II c	Type III - Function	ally integ	rated	(ı ∏ :	Type III -	- Non-fu	inctionally in	tegrat	ed
е	ш	By checking this box, other than foundation section 509(a)(2)	I certify that the organi managers and other th	zation is not controlled d nan one or more publicly	lirectly or supporte	ndırect d orgar	tly by one	e or moi describ	ed in sec	lified pe tion 509	rsons 9(a)(1) or		
f		If the organization rec	eived a written determi	nation from the IRS that	ıs a Typ	е I, Туре	e II or Ty	pe III su	ipporting	organız	ation,		. 🗌
g		Since August 17, 2006	6, has the organization	accepted any gift or co	ntribution	n from a	ny of the	followir	ng persor	าร?			
											[Yes	No
		(i) A person who di below, the gove	rectly or indirectly conf rning body of the supp	trols, either alone or toge orted organization?	ether with	n person · ·	ıs descril · · ·	bed in (i	ı) and (ııı ·		11 g (ı)		
		(II) A family member	er of a person described	d ın (ı) above?							11 g (ii)		
		(iii) A 35% controlle	d entity of a person de	scribed in (i) or (ii) above	, ?		•				11 g (iii)	-	
h		Provide the following i	information about the s	upported organization(s)						119 (111)		
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) is organiza column (I) your gov docur	ation in Listed in	(v) Did yo the organi column (i) supp	zation in of your	(vi) Is organiza colum organized U S	ation in in (i) d in the	(vii) Amount sup		etary
					Yes	No	Yes	No	Yes	No		_	
(A)													
					<u> </u>	 -	<u> </u>		1				
(B)				-		ļ							
(C)													
(D)													
-				-									
(E)							-						
Fotal			A of Notice and the										
		Pananuark Daduatia			000 0	00 57				A /F	000 . 000		

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

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

<u>Sec</u>	tion A. Public Support		·				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	48,452.	37,675.	37,804.	51,983.	49,402.	225,316.
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	48,452.	37,675.	37,804.	51,983.	49,402.	225,316.
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						225,316.
Sec	tion B. Total Support			·			
Cale begi	ndar year (or fiscal year nning ɪn) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	48,452.	37,675.	37,804.	51,983.	49,402.	225,316.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35.	33.	9.	14.	26.	117.
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						225,433.
12	Gross receipts from related activities	es, etc (see instruc	trons)			12	
13	First five years. If the Form 990 is organization, check this box and s	for the organization for the o	n's first, second, th	nird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	•
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 2013		-	, column (f))		14	99.95 %
15	Public support percentage from 20	112 Schedule A, Pa	rt II, line 14			15	99 <u>.94</u> %
16 a	33-1/3% support test — 2013. If the and stop here. The organization q	the organization did jualifies as a public	f not check the box ly supported organ	on line 13, and the ization	ne line 14 is 33-1/3		his box · · · · . ► X
t	33-1/3% support test — 2012. If the and stop here. The organization of	he organization did qualifies as a public	not check a box of ly supported organ	n line 13 or 16a, a iization	nd line 15 is 33-1/3	3% or more, check	this box
17 a	17 a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	o 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-organization meets the 'facts-and-organization'	eets the 'facts-and- circumstances' test	circumstances' tes The organization	t, check this box a qualifies as a pub	nd stop here. Exp licly supported org	lain in Part IV how anization	the ···· ►
18	Private foundation. If the organiz	ation did not check	a box on line 13, 1	l6a, 16b, 17a, or 1	7b, check this box	and see instruction	ns ► [_]

Part III	Support Schedule	for Organizations	Described in	Section 509	(a)(2)
	Jupport Schedule	TION OI MAINEAUOUS	DC3CHDC4 III	OCCUPII 000	14/1-1

(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)

	Secti	on A. Public Support						
and mimbership fees derectives and mimbership fees on the proposed by the prop			(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
2 Gross recepts from admissions, merchandes sold of services performed, or facilities related to the Organization's tax-exempt purpose . 3 Gross recepts from activities or state of the purpose or services between the organization's tax-exempt purpose . 4 Tax revenues leved for the organization's benefit and either gard to or expended on either gard to expended from disqualified persons had exqualified persons expended from disqualified persons expended from disqualified persons expended from expended	a r	and membership fees received (Do not include				:		
S Gross recepts from activities that are not an unrelated trade or business under section 513 d. Tax revenues leved for the organization's behalf and on its behalf	2 (s f r	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's					:	
organization's benefit and either paof to or expended on its behalf or severated on its severate	3 (Gross receipts from activities that are not an unrelated trade						
7.a Amounts included on lines 1, 2, and 3 received from other than disqualified persons. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. C Add lines 7a and 7b	5 f	organization's benefit and either paid to or expended on ts behalf						
and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. C Add lines 7a and 7b. 8 Public support (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal y beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9 Amounts from line 6. 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b. 11 Nel income from uncelated business calculates not included in line 10b, whether or not line business is regularly carried on included gain or loss from the sale of capital assets (Explain in Part IV). 13 Total Support. Load Its, June 12 (line 10c, column (f) divided by line 13, column (f)). 15 Public support percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). 16 Public support percentage for 2012 Schedule A, Part III, line 15 17 Investment income percentage for 2012 Schedule A, Part III, line 17 18 Investment income percentage for 2012 Schedule A, Part III, line 17 18 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). 19 a 33-1/3% support tests – 2013. (If the organization of hor organization on line 14 and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 1 b 3 31-1/3% support tests – 2012. If the organization of stop here organization qualifies as a publicly supported organization. 1 b 3 31-1/3% support tests – 2012. If the organization of stop even the organization qualifies as a publicly supported organization. 2 b 33-1/3% support tests – 2012. If the organization of stop even the organization qualifies as a publicly supported organization. 3 b 33-1/3% support tests – 2012. If the organization of stop here. The o	7 a /	Amounts included on lines 1, 2, and 3 received from						
8 Public support (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal yr beginning in)	((and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						:
To from line 6). Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9	c /	Add lines 7a and 7b				-		
Calendar year (or fiscal yr beginning in) 9 Amounts from line 6		7c from line 6)		_				
9 Amounts from line 6	Secti	on B. Total Support	7	·			T	
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not including again or loss from the sale of capital assets (Explain in Part IV) 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total Support. (Add Ins 9,10c, 11 and 12) 14 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2012 Schedule A, Part III, line 17 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19 a 33-1/3% support tests – 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . b 33-1/3% support tests – 2011. If the organization did not check as on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . b 33-1/3% support tests – 2012. If the organization did not check as on nine 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . b 33-1/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, ch		·	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 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 again or loss from the sale of capital assets (Explain in Part IV) 13 Total Support. (Add ins 9,10c, 11 and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2012 Schedule A, Part III, line 17 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19 a 33-1/3% support tests — 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support tests — 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total Support. (Add lins 9,10c, 11 and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19 a 33-1/3% support tests — 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 33-1/3% support tests — 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 17 In the organization of the organization qualifies as a publicly supported organization 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 19 a 33-1/3% support tests — 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 b 33-1/3% support tests — 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop h	b 1	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
gain or loss from the sale of capital assets (Explain in Part IV) 13 Total Support. (Add lins 9,10c, 11 and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	11	Net income from unrelated business activities not included in line 10b, whether or not the business is						
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		gain or loss from the sale of capital assets (Explain in						
Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	13	Total Support. (Add Ins 9,10c, 11 and 12)						
Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	14	First five years. If the Form 990 is organization, check this box and s	for the organization	on's first, second,			tion 501(c)(3)	
Public support percentage from 2012 Schedule A, Part III, line 15								
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19 a 33-1/3% support tests — 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		., .	•					%
Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 19 a 33-1/3% support tests — 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	_						. 16	9
18 Investment income percentage from 2012 Schedule A, Part III, line 17								
19 a 33-1/3% support tests — 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		•			y line 13, column (f)) .	·	₹ -
is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ b 33-1/3% support tests — 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		•						<u>ક</u>
line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		is not more than 33-1/3%, check th	his box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	▶ [_]
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		line 18 is not more than 33-1/3%, o	check this box and	stop here. The o	rganization qualifie	es as a publicly sup	oported organization	%, and on ▶ 🏻
PAA TEEAMAN ORIGINA CARRANA CARRANA CARRANA (Form 000 or 000 E7) 2	20	Private foundation. If the organize	ation did not check		<u> </u>			

Schedule A	(Form 990 or 990-EZ) 201	BOOTS	FOR KIDS			04-3774570	Page 4
Part IV	Supplemental Information or 17b; and Part III, (See instructions).	mation. Prine 12. Also	ovide the expla complete this	nations require part for any add	d by Part II, line 10 ditional information.	; Part II, line 17a	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open-to-Public Inspection

Name of the organization	Employer identification number	_
BOOTS FOR KIDS	04-3774570	
BOOLS FOR KIDS	101.01/1010	

•		0 or 990-EZ), Supplemental Information to Fo	orm 990 or 990-EZ			
Other expenses (DUES AND FEI	ES	cribe in Schedule O)	20. 496.			
Total		=	516.			
•		0 or 990-EZ), Supplemental Information to Fo	orm 990 or 990-EZ			
Purpose of Paym	ent	DONATIONS				
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given		
BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES		Business Person . X 40 KIDS AT BACN 2839 BENZIE HWY. BENZONIA MI 49616	UNRELATED POOR SCHOOL CHILDREN	1,728.		
	oper	cash was given, the following additional informaty BOOTS SOCKS MITTENS HATS DE 11/25/13		ed		
Book Value 1,728. FMV 1,728. Purpose of Paym	PU	How Book Value RCHASE COST & DONATED VALUE How FMV Det RCHASE COST & DONATED VALUE DONATIONS				
Class of Activit	•••	Grantee's Name and Address	Grantee's Relationship	Amount Given		
BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES		Business . Person . X 32 KIDS AT BUCKLEY SCHOOLS 305 S 1ST ST BUCKLEY MI 49620	UNRELATED POOR SCHOOL CHILDREN	1,382.		
	oper	cash was given, the following additional informulation by BOOTS SOCKS MITTENS HATS DE 12/29/13	•	ed		
Book Value	How Book Value Determined PURCHASE COST & DONATED VALUE					
1,392.	FMV How FMV Determined 1,392. PURCHASE COST & DONATED VALUE					

BOOTS FOR KIE	S	04-3774570				
•		0 or 990-EZ), Supplemental Information to Fo Line 10 Grants and Similar Amounts Paid	orm 990 or 990-EZ	Continued		
Purpose of Paym	ent	DONATIONS				
Class of Activit	у	Grantee's Name and Address	Grantee's Relationship	Amount Given		
BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES		Business . Person . X 28 KID9 AT CATHOLIC HUMAN SERVICES 1000 HASTINGS STREET TRAVERSE CITY MI 49686	UNRELATED POOR SCHOOL CHILDREN	1,253.		
	oper	cash was given, the following additional informaty. BOOTS SOCKS MITTENS HATS DEL. 12/01/13		ed		
Book Value 1,253. FMV 1,253.	1,253. PURCHASE COST & DONATED VALUE FMV How FMV Determined 1,253. PURCHASE COST & DONATED VALUE					
————————	ie iii	DONATIONS				
Class of Activit	у	Grantee's Name and Address	Grantee's Relationship	Amount Given		
BOOTS SOCKS MITTE HATS DENTAL SUPPL		Business Person X 71 KIDS AT CHILD AND FAMILY SVCS. 3785 VETERANS DRIVE TRAVERSE CITY MI 49684	UNRELATED POOR SCHOOL CHILDREN	3,067.		
Description of Pr		cash was given, the following additional inforty BOOTS SOCKS MITTENS HATS DE . 12/10/13		ed.		
Book Value	PU	How Book Value	Determined			
FMV		How FMV Det	termined			
3,067. Purpose of Paym		RCHASE COST & DONATED VALUE DONATIONS				
Class of Activi	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given		
BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES		Business . Person X 60 KIDS AT THE FATHER FRED FOUNDATION 826 HASTINGS ST. TRAVERSE CITY MI 49686	UNRELATED POOR SCHOOL CHILDREN	2,592.		
Description of Pr		cash was given, the following additional informty. BOOTS SOCKS MITTENS HATS DE . 12/11/13		led'		
Book Value	Book Value How Book Value Determined					

2,592.

FMV 2,592. PURCHASE COST & DONATED VALUE

PURCHASE COST & DONATED VALUE

How FMV Determined

BOOTS FOR KIDS 04-3774570 Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Purpose of Payment DONATIONS Grantee's Grantee's Name and Address Class of Activity Relationship Amount Given Business . . Person . . X BOOTS SOCKS MITTENS 115 KIDS AT GOD'S LOVE TREE UNRELATED POOR HATS DENTAL SUPPLIES 11075 WILSON RD SCHOOL CHILDREN BUCKLEY ΜI 49620 4,968. If property other than cash was given, the following additional information needs to be provided Description of Property BOOTS SOCKS MITTENS HATS DENTAL SUPPLES Date of Gift 12/13/13 Book Value How Book Value Determined 4,968. PURCHASE COST & DONATED VALUE **FMV** How FMV Determined PURCHASE COST & DONATED VALUE 4,968. Purpose of Payment DONATIONS Grantee's Class of Activity Grantee's Name and Address Relationship Amount Given Person . . Business Х BOOTS SOCKS MITTENS 23 KIDS HANNAH ST. MARY'S UNRELATED POOR 2912 W M-113 HATS DENTAL SUPPLIES SCHOOL CHILDREN KINGSLEY ΜI 49649 994. If property other than cash was given, the following additional information needs to be provided Description of Property BOOTS SOCKS MITTENS HATS DENTAL SUPPLES Date of Gift 12/13/13 **Book Value** How Book Value Determined PURCHASE COST & DONATED VALUE 994. **FMV** How FMV Determined PURCHASE COST & DONATED VALUE Purpose of Payment DONATIONS Grantee's Class of Activity Grantee's Name and Address Relationship Amount Given Business Person Χ BOOTS SOCKS MITTENS 46 KIDS AT KINGSLEY UMC UNRELATED POOR UNRELATED POOR 113 E. BLAIR ST SCHOOL CHILDREN KINGSLEY ΜI 49649 1,987. If property other than cash was given, the following additional information needs to be provided: Description of Property BOOTS SOCKS MITTENS HATS DENTAL SUPPLES

Date of Gift	11/28/13
Book Value	How Book Value Determined
1,987.	PURCHASE COST & DONATED VALUE
FMV	How FMV Determined
1,987.	PURCHASE COST & DONATED VALUE

BOOTS FOR KIDS 04-3774570 Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Purpose of Payment DONATIONS Grantee's Grantee's Name and Address Relationship Amount Given Class of Activity Business Person . l x BOOTS SOCKS MITTENS 45 KIDS AT KINGSLEY AREA SCHOOLS UNRELATED POOR 113 BLAIR STREET SCHOOL CHILDREN UNRELATED POOR 1,944. KINGSLEY ΜI 49649 If property other than cash was given, the following additional information needs to be provided Description of Property BOOTS SOCKS MITTENS HATS DENTAL SUPPLES Date of Gift . . . 11/28/14 Book Value How Book Value Determined PURCHASE COST & DONATED VALUE 1,944. **FMV** How FMV Determined PURCHASE COST & DONATED VALUE 1,944. Purpose of Payment DONATIONS

. dipodo di i dijilidi.it			
		Grantee's	
Class of Activity	Grantee's Name and Address	Relationship	Amount Given
	Business Person X		
BOOTS SOCKS MITTENS	78 KIDS AT LEELANAU CHRISTIAN NEIGHBORS, INC.	UNRELATED POOR	
HATS DENTAL SUPPLIES	P.O. BOX 32	SCHOOL CHILDREN	
	SUTTONS BAY MI 49682		3,370.
	_		

If property other than cash was given, the following additional information needs to be provided Description of Property

BOOTS SOCKS MITTENS HATS DENTAL SUPPLES

Date of Gift . 11/15/13

Во	ook Value	How Book Value Determined				
	3,370.	PURCHASE	COST	&	DONATED	VALUE
	FMV		How FMV Determined			
	3,370.	PURCHASE	COST	&	DONATED) VALUE
					A TO LIG	

Purpose of Payment . . . DONATIONS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
BOOTS SOCKS MITTENS HATS DENTAL SUPPLIES	Business Person X 11 KIDS AT MICHAEL'S PLACE 1144 BOONE ST. TRAVERSE CITY MI 49686	UNRELATED POOR SCHOOL CHILDREN	475.

Book Value	How Book Value Determined
475.	PURCHASE COST & DONATED VALUE
FMV	How FMV Determined
475.	PURCHASE COST & DONATED VALUE

	• • • • •	orm 990 or 990-EZ	Continued
ent	DONATIONS		
	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>s</u> .	Business . Person X 18 KIDS AT THE SALVATION ARMY 1239 BARLOW ST. TRAVERSE CITY MI 49685	UNRELATED POOR SCHOOL CHILDREN	778.
			ed
PUR	CHASE COST & DONATED VALUE		
	Grantee's Name and Address	Grantee's Relationship	Amount Given
S ES	Business Person . X 7 KIDS AT TBA-ISD P.O. BOX 6020 TRAVERSE CITY MI 49696	UNRELATED POOR SCHOOL CHILDREN	302.
perty	y. BOOTS SOCKS MITTENS HATS DE	· · · · · · · · · · · · · · · · · · ·	ed
	RCHASE COST & DONATED VALUE How FMV Det		
,	Grantee's Name and Address	Grantee's Relationship	Amount Given
S ES	Business Person X 255 KIDS AT TC AREA PUBLIC SCHOOLS 412 WEBSTER STREET TRAVERSE CITY MI 49684	UNRELATED POOR SCHOOL CHILDREN	10,951.
pert	y. BOOTS SOCKS MITTENS HATS DE		ed
	RCHASE COST & DONATED VALUE How FMV Det		
	PUF	Grantee's Name and Address Business . Person . X 18 KIDS AT THE SALVATION ARMY 1239 BARLOW ST. TRAVERSE CITY MI 49685 An cash was given, the following additional informenty. BOOTS SOCKS MITTENS HATS DEI 12/18/13 How Book Value PURCHASE COST & DONATED VALUE HOW FMV Det PURCHASE COST & DONATED VALUE TONATIONS Grantee's Name and Address Business Person . X 7 KIDS AT TBA-ISD 27 KIDS AT TBA-ISD 28 P.O. BOX 6020 TRAVERSE CITY MI 49696 An cash was given, the following additional informenty. BOOTS SOCKS MITTENS HATS DEI 21/28/13 How Book Value PURCHASE COST & DONATED VALUE HOW FMV Det PURCHASE COST & DONATED VALUE HOW FMV Det PURCHASE COST & DONATED VALUE TONATIONS Grantee's Name and Address Business . Person . X 255 KIDS AT TC AREA PUBLIC SCHOOLS 412 WEBSTER STREET TRAVERSE CITY MI 49684 An cash was given, the following additional informenty. BOOTS SOCKS MITTENS HATS DE 255 KIDS AT TC AREA PUBLIC SCHOOLS 412 WEBSTER STREET TRAVERSE CITY MI 49684 An cash was given, the following additional informenty. BOOTS SOCKS MITTENS HATS DE 257 KIDS AT TC AREA PUBLIC SCHOOLS 36 A12 WEBSTER STREET TRAVERSE CITY MI 49684 An cash was given, the following additional informenty. BOOTS SOCKS MITTENS HATS DE 37 CONTROL OF THE CONTRO	Grantee's Name and Address Grantee's Name and Address Business . Person . X 18 KIDS AT THE SALVATION ARMY 1239 BARLOW ST. TRAVERSE CITY MI 49685 An cash was given, the following additional information needs to be provided by the provid

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Continued

Purpose of Paym	ent DONATIONS			
Class of Activit	y Grantee's Name and Address	Grantee's Relationship	Amount Given	
BOOTS SOCKS MITTE HATS DENTAL SUPPL	IES 720 S. ELMWOOD ST.	X UNRELATED POOR SCHOOL CHILDREN		
	han cash was given, the following additional operty. BOOTS SOCKS MITTENS HATS 12/20/13	·	ded [.]	
Book Value	How Book Value Determined PURCHASE COST & DONATED VALUE			
FMV	How FMV Determined			
1,123.	PURCHASE COST & DONATED VALUE			

BOOTS FOR KIDS 04-3774570

Form 990-EZ: Line 28, Description

DISTRIBUTED BOOTS, SOCKS, MITTENS, AND HATS TO LOCAL ELEMENTARY SCHOOL CHILDREN FROM POOR FAMILIES. POTENTIAL RECEIPIENTS ARE IDENTIFIED AS POOR CHILDREN NEEDING ASSISTANCE BY SCHOOL TEACHERS, COUNSELORS, SOCIAL WORKERS, FOOD PANTRIES, CHURCHES, OTHER NON-PROFIT AGENCIES, ETC.