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Fdrm 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Address change Name change Number and street (or PO box if mail is not delivered to street address) Initial return Application pending Application pending F Name and address of principal officer GLENN LUBEZNIK 823 FRANKLIN STREET MICHIGAN CITY IN 46360 G Gross receipts \$ 600, 481. Tax-exempt slatus X S01(c)(3) S01(c) () * (insert no) 4947(a)(1) or 527 Website:	Α	For ti	he 2013 calen							013, and	ending	g			<u>,</u>		
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2 Check this box - If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 24 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22 5 Total number of independent voting members of the governing body (Part VI, line 1b) 4 22 5 Total number of votindudusls employed in calendar year 2013 (Part VI, line 2b) 5 7 Total four inrelated business revenue from Part VIII, column (C), line 12 7a 18. 8 Net unrelated business taxable income from Form 990-T, line 34 Prior Year 8 Contributions and grants (Part VIII, line 1h) 503,755. 600, 463. 9 Program service revenue (Part VIII, line 1h) 503,755. 600, 463. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 23. 18. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 23. 18. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 290, 783. 299, 783. 293, 262. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 290, 783. 299, 783. 293, 262. 14 Benefits paid to or for members (Part IX, column (A), lines 4-1-3) 290, 783. 299, 783. 293, 262. 15 Total fundraising less (Part IX, Column (A), lines 4-1-3) 200, 11-2 165, 103. 16 Professional fundraising fees (Part IX, Column (A), lines 4-1-3) 200, 11-2 165, 103. 18 Total expenses (Part IX, column (A), lines 1-1-3) 200, 11-2 165, 103. 19 Revenue less expenses (Part IX, column (A), lines 4-1-3) 200, 11-2 165, 103. 19 Revenue less expenses (Part IX, column (A), lines 4-1-3) 200, 11-2 165, 103. 10 Total individual fundraising fees (Part IX, column (A), lines 4-1-3) 200, 11-2 200, 11					zatio	n's missio	n or most sig	gnificant activ	rities	SEE	SCHEI	DULE O					
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Total lassets (Part X, line 16)	6 8											Beginnir	a of Currer	it Year	Enc	of Yea	ar
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Print/Type or print name and title Print/Type preparer's name Prim's name Prim's name Prim's name Prim's address Prim's EIN Phone no (630) 986-0475	alar	20	Total assets (Part X, line	16) .								118,4	14.			
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Pint Type or print name and title Pint Type preparer's name Pirm's name Firm's name Firm's name Firm's address Clarendon Hills IL 60514 Phone no (630) 986-0475	Da					obti dot iiii	21 170111 1111	0 20 1 1 1			 -	<u> </u>	30,0	99.1		233,	015.
Sign Here Signature of officer Signature of officer Date 7-11-14 Proparer signature Proparer signatu							 										
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Type or print name and title Print/Type preparer's name Proparer signature Proparer				1		1	•	72						VI -	114		
Print/Type preparer's name Proparer signature Proparer signature	не	re	<u>ڪ</u>	lenn D	<u>J.</u>	PnB	SWIK	TRE	<u>ـ</u> ـ				<u> </u>	7-	19		
Paid Preparer Use Only RICHARD J. HEINZ D6/24/14 Self-employed P00655701				<u> </u>	-uue		In								DTIAL		
Preparer Use Only Heinz & Associates Firm's address Elim's address Firm's EIN Firm's EIN Phone no (630) 986-0475			Print/Type p	reparer's name			Proparer sig	gnanure /	14,	4		ĺ	Check 2	∐ıf '	FIIN		
Use Only Firm's address 200 W Burlington Ave Clarendon Hills IL 60514 Phone no (630) 986-0475	Pa	id	RICHAF	RD J. HE	INZ	Z		7/1/2		' 06	/24/	14	self-employe	d]	P0065	5701_	
Clarendon Hills IL 60514 Phone no (630) 986-0475				► <u>He</u> ı	nz	& Assc	ctates	<u>/_/</u> }									
Clarendon Hills IL 60514 · Phone no (630) 986-0475	Us	e On	Ily Firm's addre	ss 200	W	Burlin	igton Av	$_{ m e}^{-}$					Firm s EIN	·			
									IL 60)514			Phone no	(630) 986	-047	 5
	Ma	y the I	RS discuss this					? (see instruc							$\overline{}$		

Form 990 (2013)

Form 9901 (2013) KIDS & CLAYS FOUNDATION	37-144	0861 Page 2
Part Illa Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in this F	art III	<u> </u>
Briefly describe the organization's mission		
THE KIDS AND CLAYS FOUNDATION BENEFITING RONA	LD MCDONALD HOUSE CHARITIES	
IS COMMITTED TO IMPROVING THE LIVES OF CHILD	REN AND THEIR FAMILIES BY	
See Form 990, Page 2, Part III, Line 1 (continued)	·	
2 Did the organization undertake any significant program services during the y	ear which were not listed on the prior	
Form 990 or 990-EZ?		Yes X No
If 'Yes,' describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how in	t conducts, any program services?	Yes X No
If 'Yes,' describe these changes on Schedule O.		
4 Describe the organization's program service accomplishments for each of its Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts others, the total expenses, and revenue, if any, for each program service rep	are required to report the amount of grants and	by expenses I allocations to
4a (Code) (Expenses \$ 458, 365. including grants	of \$ 293,262.)(Revenue \$	600,481.)
SPORTING EVENTS ARE HELD DURING THE YEAR WHICH		
TO THE ORGANIZATION. IN ADDITION, CONTRIBUTION		
RECEIVED FROM VARIOUS OUTSIDE SOURCES. ALL PR		
SOLELY FOR THE PURPOSE OF OPERATING THIS NON-	FOR-PROFIT ORGANIZATION	
WHICH INCLUDES GRANTS AND DONATIONS PAID TO F		
CHARITIES CHAPTERS.		
4 b (Code.) (Expenses \$ including grants	of \$) (Revenue \$)
	-	
	~	
		 -
4 c (Code) (Expenses \$ including grants	of \$) (Revenue \$)
~~_		
~-~-~		
4 d Other program services (Describe in Schedule O.)		
(Expenses \$ including grants of \$) (Revenue \$)
4 e Total program service expenses ► 458, 365.		

Part IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 3 Х 4 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 Χ 5 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 'Yes,' complete Schedule D. Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Χ 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' R X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian Х 9 Χ 10 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI. . Х 11 a 11 b Χ Х 11 c Χ 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e 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 . . . Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 12a Χ 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 and XII is optional Χ Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E........ 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ 14b 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or 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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a 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 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
t	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
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		Х
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)	& 1.	,	
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X	
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes, complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

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Form 990 (2013)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. [
			Yes	
1 :	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			<u> </u>
1	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a			
ı	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		^
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
ı	o If 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
i	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ŀ	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	-	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		i	
а	Did the organization make any taxable distributions under section 4966?	9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter		-	
	Initiation fees and capital contributions included on Part VIII, line 12	- 1		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			:
а	Gross income from members or shareholders	- 1	İ	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		-	-
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		-+	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			₽ C E E
	Is the organization licensed to issue qualified health plans in more than one state?	13 a		1
	Note. See the instructions for additional information the organization must report on Schedule O		\dashv	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	<u>X</u>
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	$\neg \uparrow$	

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members 24 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 22 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х a The governing body? Х 8 b is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Χ 10 a b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?........ Χ 11a 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Χ 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 Х 13 Χ 14 Х 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? a The organization's CEO, Executive Director, or top management official Х 15 a 15_b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х taxable entity during the year? . . b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Form 990, Page 6, Line 17 (continued) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization 823 FRANKLIN STREET MICHIGAN CITY IN 46360 (219) 879-4200 Form 990 (2013)

TEEA0106 07/02/13

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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

Check this box if neither the organization	The arry res	ated of	gan	(C		ompe	IISali	ed any current officer,	director, or trustee	
(A) Name and Title	(B) Average hours per week (list	one bo	x, uni er an	not c ess p d a di	heck erson	more that is both r/trustee	an)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional furstee		(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations			
(1) DAVID BARON										
OFFICER	2.00			Χ				0.	0.	0.
(2) CURT BORCHERDING										· · · · · · · · · · · · · · · · · · ·
OFFICER	2.00			Χ				0.	0.	0.
(3) JIM BRADY										
OFFICER	2.00			Χ			L. I	0.	0.	0.
(4) DEVIN COLE										
OFFICER	2.00			Χ				0.	0.	_ 0.
(5) CAREY COOPER									-	
OFFICER	2.00			Χ				0.	0.	0.
(6) NED COSTELLO										
OFFICER	2.00			Χ				0.	0.	0.
(7) JOEL GESKY				į						
OFFICER	2.00			Χ				0.	0.	0.
(8) SCOTT GRANGE										
OFFICER	2.00			Χ				0.	0.	0.
(9) DICK HAMMETT										
OFFICER	2.00			Χ				0.	0.	0.
(10) MICHAEL HAMPTON JR.	_									
OFFICER	2.00			Х				0.	0.	0.
(11) DAN HARBAUGH										
OFFICER	2.00			X				0.	0.	0.
(12) DAN KAISER						i				
OFFICER	2.00			X				0.	0.	0.
(13) TODD KEMMERER										
OFFICER	2.00			Х				0.	0.	0.
(14) BILL KEYSER										
VICE PRESIDENT	3.00			Х				0.	0.	0.

Form 990 (2013) KIDS & CLAYS FOUNDA									37-144086	1 Page 8
Part VII Section A. Officers, Directors	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A) Name and title	Average hours per week	Бох	, unle	Pos check ess pe	erson directo	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(15) PAT LIESKE OFFICER				x				0.	0.	0
(16) GLENN LUBEZNIK	2.00			 ``	<u> </u>	-	╁	-0.	0.	0.
PRESIDENT	4.00			Х				0.	0.	0.
(17) KATHY LUBEZNIK									· ·	
OFFICER	2.00			Х				0.	0.	0.
(18) GREG McMASTER										
OFFICER	2.00			Х				0.	0.1	0.
(19) PHIL MURRAY									-	
OFFICER	2.00	<u> </u>		Х				0.	0.	0.
(20) DAN O'CONNELL										
OFFICER	2.00		<u> </u>	X				0.	0.	0.
(21) KEN PALERMO										
OFFICER	2.00			_X				0.	0.	0.
(22) MINDY PLUMLEE										
TREASURER	5.00	1		Х		<u> </u>	-	0.	0.	0.
C23) ED RENSI OFFICER				Х						_
(24) BUD WHEATON	2.00							0.	0.	0.
SECRETARY				Х				0.	0	0
(25)	7.00							<u> </u>	0.	0.
		١.,								
1 b Sub-total		· · ·	• •			• •	-	0.	0.	0.
c Total from continuation sheets to Part VII,	Section A					'	►	<u></u>	<u>.</u>	
d Total (add lines 1b and 1c)						'	►	0.	0.	0.
2 Total number of individuals (including but not from the organization ►	limited to those I	ısted	abo	ve)	who	rece	ivec			npensation
nom the organization										Yes No
3 Did the organization list any former officer, di on line 1a? If 'Yes,' complete Schedule J for s	rector, or trustee	, key	em					t compensated em		. 3 X
4 For any individual listed on line 1a, is the sum the organization and related organizations gresuch individual	eater than \$150.0	2000	If 'Y	es' c	come	olete	Sch	nedule J for		,
Did any person listed on line 1a receive or according for services rendered to the organization? If 'N	crue compensati	on fro	om a	anv ı	unrel	lated	ora	anization or individ	ual	5 X
Section B. Independent Contractors	cs, complete of	criedi	uie J	, 101	Suci	<i>i per</i>	3011	<u> </u>	<u> </u>	5 X
Complete this table for your five highest comp	ensated indeper	ndent	con	itrac	tors	that	rece	eived more than \$1	00,000 of	
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.										
(A) Name and business address (B) Description of services Compensation										
			_				-			
						_				
							\dashv			
2 Total number of independent contractors (incli	uding but not lim	ited t	o the	ose	liste	d abo	ve)	who received more	l e than	
\$100,000 of compensation from the organization	on 🟲									

Pa	rt VI	II Statement of Re	venue			· · · · · · · · · · · · · · · · · · ·		37 1440001	- rage
		Check if Schedule O		respor	nse or note to any l	ne in this Part VIII.			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a b c c c c c c c c c c c c c c c c c c		ons)	· -	600,463. 394,648. 	600,463.			
ROGRAM SERVICE	d e f	All other program service		<u>-</u>					
<u>.</u>	3 4 5	Investment income (incluother similar amounts). Income from investment Royalties	ding divide	ends, II	nterest and	18.	0.	18.	0.
	b	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss	(i) Re		(II) Personal		,		
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(ı) Secun		(II) Other				
OTHER REVENUE	8 a	Gross income from fundr (not including. \$	aising eve	nts a					
	b	Gross income from gamil See Part IV, line 19 . Less direct expenses . Net income or (loss) from		a b					
	b	Gross sales of inventory, and allowances Less cost of goods sold Net income or (loss) from	sales of u	a b	ry				
	11 a b c	Miscellaneous Revenue			Business Code				
	е	All other revenue Total. Add lines 11a-11d Total revenue. See instru				600,481.	0.	18.	0.

	rt IX Statement of Functional Expen				
Sec	tion 501(c)(3) and 501(c)(4) organizations must co.	mplete all columns All ot	her organizations must o	complete column (A)	
	Check if Schedule O contains a res	sponse or note to any line	e in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	293,262.	293,262.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2337202.	233,202.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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)				
ā	Management	54,867.	0.	54,867.	0.
Ł	Legal	461.	0.	461.	0.
(Accounting				<u>-</u>
(Lobbying		-		
e	Professional fundraising services See Part IV, line 17 .			3 > 4 "	
f	Investment management fees	543.	0.	543.	0.
g	Other (If line 11g amt exceeds 10% of line 25, column				<u> </u>
40	(A) amount, list line 11g expenses on Schedule O)	1 010			
	Advertising and promotion	1,810.	1,036.	774.	0.
13	Office expenses	4,666.	0.	4,666.	0.
14	Information technology				
15	Royalties		 		
16	Occupancy				
17	Travel	13,676.	13,676.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,733.	1,733.	0.	0.
23	Insurance	2,007.	0.	<u>2,</u> 007.	0.
24	Other expenses Itemize expenses not covered 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	40,000.	40,000.	0.	0.
	AMMUNITION	29,487	29,487.	0.	0.
	PRIZES AND AWARDS	5,265	5,265.	0.1	
	STORAGE	2,750.	0.	2.750.	
	All other expenses	7,838.	3,233.	4,605.	0.
	Total functional expenses Add lines 1 through 24e	458,365.	387,692.	70,673.	0.
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	100,000.	33,7032.	70,073.	

Balance Sheet Beginning of year End of year Cash - non-interest-bearing 42,335 1 68,957. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net . . 3 3 Accounts receivable, net 6,334 4 0. Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 8 Prepaid expenses and deferred charges . . . 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a . 164 b Less: accumulated depreciation 10 b 22,164 733 10 c 0 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 14 15 Other assets See Part IV, line 11 15 68,012 164,058 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 118,414 16 233,015 Accounts payable and accrued expenses. 17 27,515 17 0. Grants payable...... 18 18 19 Deferred revenue . . . 19 Tax-exempt bond liabilities . . 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons. 22 Secured mortgages and notes payable to unrelated third parties . . 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 Total liabilities. Add lines 17 through 25 26 27, 515 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 90,899 27 233,015 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 õ Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 BALANCES

BAA

32

33

34

233,015 Form 990 (2013)

233,015

32

33

34

90,899

118,414

Retained earnings, endowment, accumulated income, or other funds.

Total net assets or fund balances.

		7-14	40861		Р	age 12
Pa	rt XI Reconciliation of Net Assets		_	-		
	Check if Schedule O contains a response or note to any line in this Part XI		· · · ·	<u></u>	<u></u>	. X
1	(), mile (), m		1	6	00,	481.
2	Total expenses (must equal Part IX, column (A), line 25)		2	4	58,	365.
3	Revenue less expenses Subtract line 2 from line 1		3	1	42,	116.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. [4			899.
5	Net unrealized gains (losses) on investments		5	•		
6	Donated services and use of facilities	. 🗔	6			
7	Investment expenses	. 🗀	7		_	
8	Prior period adjustments	.	8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
,	column (B))	. 10	0	2	33,	015.
Pa	rt XII Financial Statements and Reporting			_	-	
	Check if Schedule O contains a response or note to any line in this Part XII					Г
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				163	110
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
ŀ	Were the organization's financial statements audited by an independent accountant?			2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	s If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,		2 c		. 32, 36 81
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					,
3 a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	gle		3 a		X
ŀ	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit				
•	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 ы		
BAA				1	990 /	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.

OMB No 1545-0047 2013

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

		& CI	LAYS FOUNDA	ATION						37-14	14086	1		
Par	<u>t I</u>	Re	ason for Pub	lic Charity Statu	s (All organizations	must co	omplet	e this p	art.) S	ee inst	ruction	ıs		
The o	orga	anızatı	on is not a private	foundation because	it is: (For lines 1 through	11, chec	k only or	ne box)						
1	Г	A ch	urch, convention	of churches or associ	ation of churches describ	ed in se	ction 17	0(b)(1)(A	۸)(i).					
2	ſ	A sc	hool described in	section 170(b)(1)(A)	(ii). (Attach Schedule E)									
3	T	A ho	spital or a coopei	rative hospital service	organization described in	n section	170(b)	(1)(A)(iii).					
4	٦	A me	edical research or	rganization operated i	n conjunction with a hosp	ital desc	ribed in	section	170(b)(1)(A)(iii)	Enter th	ne hospital's		
	L	_ nam	e, city, and state.	-										
5		ີ An o		ated for the benefit of a	a college or university ow	ned or o	perated	by a gov	ernmen	tal unit d	escribed	I in section		
6	Γ	A fed	deral, state, or loc	cal government or gov	ernmental unit described	ın sectio	on 170(b	o)(1)(A)(v	/).					
7	֓֞֝֞֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֟	An o	rganization that nection 170(b)(1)(/	normally receives a su A)(vi). (Complete Par	bstantial part of its support t II)	ort from a	governi	mental u	nit or fro	m the ge	eneral pu	ıblıc describ	ed	
8	. L	_ A co	mmunity trust des	scribed in section 17 0	O(b)(1)(A)(vi). (Complete	Part II)								
9	>	from inve:	activities related stment income an	to its exempt function	more than 33-1/3% of its is – subject to certain ex taxable income (less sec mplete Part III)	ceptions,	and (2)	no more	than 33	3-1/3% oʻ	fits supp	oort from gro	ss	
10		An d	rganization organ	nized and operated ex	clusively to test for public	safety	See sec	tion 509	(a)(4).					
11		more desc	e publicly support cribes the type of	ed organizations desc supporting organization	clusively for the benefit of cribed in section 509(a)(1 on and complete lines 11) or secti e through	on 509(a า 11h	functions a)(2) Sec	e section	on 509(a)	(3). Che	ck the box t	hat	
	_	ຼa L	∐Type I b	☐ 7 1	c ∐ Type III — Function				ш			inctionally in	itegrat	ed
е	. [ا othe	hecking this box, r than foundation ion 509(a)(2)	managers and other	nization is not controlled of than one or more publicly	support	r indirect ed orgar	nizations	e or mor describ	ed in sec	tion 509	rsons (a)(1) or		
f		If the	e organization rec		nination from the IRS that			e II or Ty	pe III su	ipporting	organiza	ation,		. 🔲
ç	J	Sinc	e August 17, 200	6, has the organizatio	n accepted any gift or co	ontributio	n from a	ny of the	followir	ng persor	าร?		 -	
		(i)	A nerson who d	lirectly or indirectly col	ntrols, either alone or tog	ether with	h nerson	e describ	ned in (i	ı) and (ııı	١		Yes	No_
		.,	below, the gove	erning body of the sup	ported organization?							. 11 g (i)		
		(ii)			ed in (i) above?							. 11g (ii)		
		(iii)			escribed in (i) or (ii) above							11 g (iti)		
<u> </u>	1	Prov	ride the following	information about the	supported organization(s	i) ———								<u>'</u>
		(i) Na	ame of supported organization	(ii) E!N	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organiza column (ij your go docur	ation in) listed in	(v) Did you the organia column (i) suppo	zation in of your	(vi) Is organiza colum organized U S	ition in in (i) d in the	(vii) Amount sup		etary
						Yes	No	Yes	No	Yes	No			
(A)						<u></u>	<u></u>							
(B)]]			l i				
												_		
(C)						1								
(D)					<u> </u>					<u> </u>	I	<u> </u>		
(E)							L							
Tota	ı			<u> </u>	1		<u> </u>			<u> </u>	_			

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) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge. . . Total. Add lines 1 through 3 . . 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 12 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 14 Public support percentage from 2012 Schedule A, Part II, line 14 15 % 16 a 33-1/3% support test - 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . 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 . . . b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . .

Part III Support Schedule for Organizations Described in 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	dar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions						
	and membership fees received (Do not include						
_	any 'unusùal grants ')	284,926.	273,886.	512,307.	503,755.	600,463	3. 2,175,337.
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.	8,400.	C	37,898.
3	Gross receipts from activities			22,100.			
	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	facilities furnished by a						
	governmental unit to the						
_	organization without charge	204 226	272 006	E41 005		600 455	1 0 010 005
	Total. Add lines 1 through 5 Amounts included on lines 1.	284,926.	273,886.	541,805.	512,155.	600,463	3. 2,213,235.
7 6	2, and 3 received from						
	disqualified persons	53,991.	48,108.	22,565.	0.		124,664.
Ł	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	53,991.	48,108.	22,565.	0.		124,664.
	Public support (Subtract line	, ,	10,100.	22,000.	, , ,		124,004.
	7c from line 6)						2,088,571.
Sec	tion B. Total Support						
Caler	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	284,926.	273,886.	541,805.	512,155.	600,463	3. 2,213,235.
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents,				ľ		
	royalties and income from					_	
L	sımılar sources	47.	26.	14.	23.	18	128.
	income (less section 511	ļ	İ]		
	taxes) from businesses						
_	acquired after June 30, 1975 : Add lines 10a and 10b	17		7.4		3.0	100
11		47.	26.	14.	23.	18	128.
• •	activities not included in line 10b,		ŀ		ļ		
	whether or not the business is regularly carried on	Ì	Ì	j	j		
12	Other income Do not include						
	gain or loss from the sale of		Į				
	capital assets (Explain in Part IV)		ĺ		ĺ		
13	Total Support. (Add Ins 9,10c, 11 and 12)	284,973.	273,912.	541,819.	512,178.	600,481	. 2,213,363.
14	First five years. If the Form 990 is	for the organization					
	organization, check this box and st	top here					▶
	tion C. Computation of Pub			 			
15	Public support percentage for 2013		•	, , , ,			71.50
	Public support percentage from 20					<u> 1</u> 6	91.05 %
	tion D. Computation of Inv						
17	Investment income percentage for	· ·					
18	Investment income percentage from						
19 a	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	the organization did is box and stop he	d not check the boare. The organization	k on line 14, and lii on qualifies as a pi	ne 15 is more than ublicly supported o	33-1/3%, and l rganization	ine 17
ь	33-1/3% support tests — 2012. If the line 18 is not more than 33-1/3%, c	the organization die heck this box and	d not check a box o stop here. The org	on line 14 or line 19 janization qualifies	9a, and line 16 is n as a publicly supp	nore than 33-1/ orted organiza	3%, and tion ►
						structions	F=1

	(Form 990 or 990-EZ) 2013 KIDS & CLAYS FOUNDATION	<u>37-1</u> 440 <u>8</u> 61	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line or 17b; and Part III, line 12. Also complete this part for any additional informati (See instructions).	10; Part II, line 17a on.	
			-

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

n990. Inspection
Employer identification number

מדא	S & CLAYS FOUNDATION	37-1440861
Par		
Fai	Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.	or Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(D) I dilus and other accounts
	· · · · · · · · · · · · · · · · · · ·	
_	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advise are the organization's property, subject to the organization's exclusive legal control?	ed fundsNo
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be if for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose of impermissible private benefit?	used only conferring Yes No
Par		
	Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		historically important land area
		certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form clast day of the tax year	of a conservation easement on the
	Task day of the tax year	Held at the End of the Tax Year
_	a Total number of conservation easements	2 a
	o Total acreage restricted by conservation easements	2 b
	Number of conservation easements on a certified historic structure included in (a)	20
		26
d	I Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ►	organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of v and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements du	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during to \$	the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(and section 170(h)(4)(B)(ii)?	(h)(4)(B)(ı) · · · · · · No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that describes the conservation easements.	e statement, and balance sheet, and ne organization's accounting for
Par	till Organizations Maintaining Collections of Art, Historical Treasures, or Ot Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	ther Similar Assets.
па	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statem art, historical treasures, or other similar assets held for public exhibition, education, or research in furth in Part XIII, the text of the footnote to its financial statements that describes these items	
ь	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement historical treasures, or other similar assets held for public exhibition, education, or research in furtherar following amounts relating to these items	t and balance sheet works of art, nce of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1	▶\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1	▶\$
	Assets included in Form 990, Part X	

-Schedule D (Form 990) 2013 KIDS & CLAYS	FOUNDATION		37-144	0861 Pag
Part III Organizations Maintaining Coll	ections of Art, Hist	orical Treasures, or	Other Similar As	sets (continued)
3 Using the organization's acquisition, accession, items (check all that apply)	and other records, check	any of the following that a	are a significant use of it	s collection
a Public exhibition	d Loan	or exchange programs		
b Scholarly research	e Other			
c Preservation for future generations				
Provide a description of the organization's collect Part XIII	ctions and explain how th	ey further the organization	's exempt purpose in	
5 During the year, did the organization solicit or re to be sold to raise funds rather than to be maintain				
Part IV Escrow and Custodial Arranger line 9, or reported an amount on F	ments. Complete if t Form 990, Part X, lin	he organization ansv e 21.	vered 'Yes' to Form	990, Part IV,
1 a Is the organization an agent, trustee, custodian, on Form 990, Part X?	or other intermediary for	contributions or other ass	ets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII and	complete the following to	able		
				Amount
c Beginning balance				
d Additions during the year				
e Distributions during the year			. 1 e	
f Ending balance				
2 a Did the organization include an amount on Form	n 990, Part X, line 21?			Yes No
b If 'Yes,' explain the arrangement in Part XIII Ch	eck here if the explantion	has been provided in Part	XIII	
Part V Endowment Funds. Complete if	the organization ans	swered 'Yes' to Form	990, Part IV, line 1	0.
(a) Current	t year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance				
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				_
2 Provide the estimated percentage of the current	year end balance (line 1	g, column (a)) held as:		
a Board designated or quasi-endowment ►	9	·		
b Permanent endowment ►) 0			
c Temporarily restricted endowment ►	96			
The percentages in lines 2a, 2b, and 2c should e	egual 100%			
3 a Are there endowment funds not in the possession		t are held and administered	d for the	<u></u>
organization by (i) unrelated organizations				Yes No
(ii) related organizations				3a(i)
b If 'Yes' to 3a(ii), are the related organizations list				
4 Describe in Part XIII the intended uses of the org				. 3b
	`	unus		
Part VI Land, Buildings, and Equipmen		000 Bort IV June 11e	Coo Form 000 D-	
Complete if the organization answ			See Form 990, Pa	π X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			* ,	<u> </u>
b Buildings				
c Leasehold improvements				
d Equipment		22,164.	22,164.	0
e Other				
Total Add lines 1a through 1e (Column (d) must equi	al Form 000 Part V colu	mn (P) kno 10(a))		

Schedule **D** (Form 990) 2013

BAA

Part VII Investments – Other Securities. Complete if the organization answered	Ves' to Form 990 I	Part IV line 11h See Form 000 F	Port V. line 12
(a) Description of security or category (including name of security)	(b) Book value		
(1) Financial derivatives	(b) Book value	(c) Method of valuation Cost or end-o	r-year market value
(2) Closely-held equity interests			
(3) Other			
(A)			_
(B)			
(c)			
(D)			
(E)			
(F)			- ·
(G)			
(H)			
(I)	<u> </u>		
Total (Column (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII Investments — Program Related. Complete if the organization answered	Voc' to Form 990 F	Part IV June 11e See Form 900 B	ort V line 12
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-c	art X, line 13.
(1)	(b) book value	(c) Method of Valdation Cost of end-t	n-year market value
(2)			-
(3)			-
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13) . ►			xx
Other Assets. Complete if the organization answered "	Yes' to Form 990. F	Part IV. line 11d. See Form 990. P	art X line 15
	scription		(b) Book value
(1) PROMOTIONAL INVENTORY			164,058
(2)			
(3)			
(4) (5)			
(6)			· · · · · · · · · · · · · · · · · · ·
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B), I	ine 15)		164,058.
Complete if the organization answered 'Yes' to Fo	orm 990 Part IV line 11	Le or 11f See Form 000 Part V line 25	
(a) Description of liability	(b) Book value	Te of Fit See Form 770, Part X, line 23	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5) (6)		 	
(7)			
(8)			
(9)			
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	•		
2. Liability for uncertain tax positions In Part XIII, provide the text of the footr	ote to the organization's final	ncial statements that reports the organization's liabi	
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote h	ias been provided in Parl XIII		

Schedule **D** (Form 990) 2013

BAA

Schedule D (Form 990) 2013 KIDS & CLAYS FOUNDATION	37-1440861	Page 5
Part XIII Supplemental Information (continued)		
		-
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		-
	-	-
		-
		-

SCHEDULE I

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. ► Attach to Form 990.

OMB No. 1545-0047

4

Open to Public Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

37-1440861

% ⊠

Yes Employer identification number 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? KIDS & CLAYS FOUNDATION

Part | General Information on Grants and Assistance Name of the organization

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE	000000000000000000000000000000000000000		L				
(2) RONALD MCDONALD HOUSE	74-7804490		14,540.	9,064.	BOOK	P. INVENTORY	DONATION
E E	9660202-76			227 30	£	d Certain	
D_HOUSE				.001.	Vi Ood	F. INVENIORI DONALLON	DOINALLON
!							
Ī	43-1160478			24,201.	BOOK	P. INVENTORY	DONATION
(4) RONALD MCDONALD HOUSE							
CHICAGO IL 60611				37,165.	BOOK	P. INVENTORY	DONATION
(5) RONALD MCDONALD HOUSE		_					
- - -			,				
1	35-1788444			12,363.	BOOK	P. INVENTORY	DONATION
(6) RONALD MCDONALD HOUSE							
730_HAWKINS_DRIVE							
	42-1189783			18,066.	BOOK	P. INVENTORY	DONATION
(7) RONALD MCDONALD HOUSE							
1441_PLEASANT_STREET							
DES MOINES IA 50314	42-1117423			14.170.	ВООК	P TNVENTORY	DONATION
18) RONALD MCDONALD HOUSE							
<u> Treet</u>							
Σ	58-2473799		7,880.	27,197.	BOOK	P. INVENTORY DONATION	DONATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government organ	izations listed in the	line 1 table			A	

Schedule I (Form 990) (2013)

TEEA3901 07/12/13

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

3 Enter total number of other organizations listed in the line 1 table.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Schedule I Cont (Form 990) 2013 , --1 (h) Purpose of grant or assistance ŏ P. INVENTORY DONATION DONATION P. INVENTORY DOANTION Continuation Page 1 Employer Identification number Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 37-1440861 INVENTORY (g) Description of non-cash assistance Δ, (f) Method of valuation (book, FMV, appraisal, other) BOOK BOOK BOOK 7,975. (e) Amount of non-cash assistance 34,580 39,822 (d) Amount of cash 5,860 TEEA4001 07/12/13 grant (c) IRC section if applicable 47-0755104 31-0890152 (p) EIN - 711 W.LIVINGSTON AVE. _ RONALD_MCDONALD_HOUSE__ (a) Name and address of organization or government - RONALD MCDONALD HOUSE. - RONALD MCDONALD HOUSE. KIDS & CLAYS FOUNDATION _1613 E. MOREHEAD ST. __620_SQUTH_38TH_AVE. CHARLOTTE NC 28207 COLUMBUS OH 43205 OMAHA NE 68105 1 1 1 Name of the organization

Schedule I (Form 990) (2013) KIDS & CLAYS FOUNDATION Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.	CLAYS FOUNDATION	United States. Co	mplete if the organi	37 zation answered 'Yes' to	37-1440861 Page 2 ro Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(6) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4				į	
ı,					
9					
Part IV Supplemental Information. Provide the information		equired in Part I, li	ne 2, Part III, colun	required in Part I, line 2, Part III, column (b), and any other additional information.	tional information.
		† 1 1 1 1 1	 		
	1 1 1 1 1 1	 			
	1 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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	1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ; ;		
	} 	! ! ! ! !	 		
	1 	 			
ВАА					Schedule I (Form 990) (2013)

3

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

KIDS & CLAYS FOUNDATION

Employer identification number

37-1440861

	(a) Name of disqua	ified person	(b) R		between dis		(c) Descriptio	n of transa	ction			(d) Cor	rected?
1 _				person a	nd organizat 	ion						Yes	No
(1)					_								
(2)	_										_		
(3)													
(4)				_									
(5)				<u> </u>				· ·					
(6)													
se	ection 4958				·	squalified persons d			т.				
Part I	I Loans to ≀												
	Complete if to organization	he organization reported an am	answered 'Yes	s' on For 990, Par	m 990-E t X, line !	r 				_		(1) 10/-	***
	Complete If t	he organization	answered 'Yes	s' on For 990, Par (d) Los from	m 990-E	Z, Page V, line 38a (5, 6, or 22 (e) Original principal amount	or Form 990, Part IV		o, Or If	(h) App	ard or	(ı) Wr agreer	
(a) Nam	Complete if to organization	he organization reported an am	answered 'Yes	s' on For 990, Par (d) Los from	m 990-E rt X, line !	5, 6, 0r 22 (e) Original				(h) App	ard or		
(a) Nam	Complete if to organization	he organization reported an am	answered 'Yes	s' on For 990, Par (d) Loa from organi	m 990-E rt X, line ! an to or the ization?	5, 6, 0r 22 (e) Original		(g) In c	efault?	(h) App by boa	ard or ittee?	agreer	nent?
(a) Nam	Complete if to organization	he organization reported an am	answered 'Yes	s' on For 990, Par (d) Loa from organi	m 990-E rt X, line ! an to or the ization?	5, 6, 0r 22 (e) Original		(g) In c	efault?	(h) App by boa	ard or ittee?	agreer	nent?
(a) Nam (1) (2) (3)	Complete if to organization	he organization reported an am	answered 'Yes	s' on For 990, Par (d) Loa from organi	m 990-E rt X, line ! an to or the ization?	5, 6, 0r 22 (e) Original		(g) In c	efault?	(h) App by boa	ard or ittee?	agreer	nent?
(1) (2) (3) (4)	Complete if to organization	he organization reported an am	answered 'Yes	s' on For 990, Par (d) Loa from organi	m 990-E rt X, line ! an to or the ization?	5, 6, 0r 22 (e) Original		(g) In c	efault?	(h) App by boa	ard or ittee?	agreer	nent?
(1) (2) (3)	Complete if to organization	he organization reported an am	answered 'Yes	s' on For 990, Par (d) Loa from organi	m 990-E rt X, line ! an to or the ization?	5, 6, 0r 22 (e) Original		(g) In c	efault?	(h) App by boa	ard or ittee?	agreer	nent?
(a) Nam (1) (2) (3) (4)	Complete if to organization	he organization reported an am	answered 'Yes	s' on For 990, Par (d) Loa from organi	m 990-E rt X, line ! an to or the ization?	5, 6, 0r 22 (e) Original		(g) In c	efault?	(h) App by boa	ard or ittee?	agreer	nent?
(1) (2) (3) (4) (5)	Complete if to organization	he organization reported an am	answered 'Yes	s' on For 990, Par (d) Loa from organi	m 990-E rt X, line ! an to or the ization?	5, 6, 0r 22 (e) Original		(g) In c	efault?	(h) App by boa	ard or ittee?	agreer	nent?
(a) Nam (1) (2) (3) (4) (5) (6)	Complete if to organization	he organization reported an am	answered 'Yes	s' on For 990, Par (d) Loa from organi	m 990-E rt X, line ! an to or the ization?	5, 6, 0r 22 (e) Original		(g) In c	efault?	(h) App by boa	ard or ittee?	agreer	nent?
(a) Nam (1) (2) (3) (4) (5) (6) (7)	Complete if to organization	he organization reported an am	answered 'Yes	s' on For 990, Par (d) Loa from organi	m 990-E rt X, line ! an to or the ization?	5, 6, 0r 22 (e) Original		(g) In c	efault?	(h) App by boa	ard or ittee?	agreer	nent?

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)				<u> </u>	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2013

Part IV	Business Transactions Inv Complete if the organization answer	rolving Interested Persered 'Yes' on Form 990, Part	ons. IV, line 28a, 28b, or 28	С		
	(a) Name of interested person ·	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shar organiza reveni Yes	ues ⁷
(1) CT F	CNNHAVEN MANAGEMENT	OFFICER	2.750	STORAGE RENT	Tes	No X
(2)	INNHAVEN MANAGEMENT	OFFICER	2,750.	STORAGE RENT		<u> </u>
(3)					+	\vdash
(4)					_	
(5)						
(6)						
(8)						\vdash
(9) (10)						
	Supplemental Information			· · · · · ·		L
	Provide additional information for res	sponses to questions on Sche	edule L (see instruction	s)		
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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization Employer identification number KIDS & CLAYS FOUNDATION 37-1440861 Types of Property

		(a) Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash		etermını	
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							
25	Other (RETAIL) .	Х	13	227,666.				
26	Other () .							
27	Other • () .							
28	Other► () .							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A				29			
		_				T	Yes	No
30a	During the year, did the organization receive by cont hold for at least three years from the date of the initial purposes for the entire holding period?	al contribution	i, and which is not requir	red to be used for exemp	t ot	30 a	- 	X
h	If 'Yes,' describe the arrangement in Part II.	•					-	
31	Does the organization have a gift acceptance policy	that requires	the review of any non-st	tandard contributions? .		31		X
	Does the organization hire or use third parties or rela	ated organiza	tions to solicit, process,	or sell		32 a		
ь	If 'Yes,' describe in Part II					72 a		
_	If the organization did not report an amount in colum describe in Part II	n (c) for a typ	e of property for which o	column (a) is checked,				

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

Schedule M (Form 990) 2013

·Schedule	M (Form 990) 2013 KIDS & CLAYS FOUNDATION	37-1440861	Page 2
Part II	Supplemental Information. Provide the information required by F the organization is reporting in Part I, column (b), the number of coreceived, or a combination of both. Also complete this part for any	art I, lines 30b, 32b, and 33, and who intributions, the number of items additional information.	ether
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Schedule M (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

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 2013 Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 37-1440861 KIDS & CLAYS FOUNDATION Pt VI, Line 2 RELATED PARTY INFORMATION AMONG OFFICERS GLENN LUBEZNIK-PRESIDENT (SPOUSE) KATHY LUBEZNIK-DIRECTOR Pt VI, Line 11b ORGANIZATION'S PROCESS TO REVIEW FORM 990: THE RETURN WAS REVIEWED BY THE BOARD TREASURER, THE EXECUTIVE COMMITTEE AND THEN THE FULL BOARD BEFORE THE RETURN WAS FILED. Pt VI, Line 19 GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ORGANIZATION HAS ACCRUED LIABILITIES. Pt VI, Line 12c CONFLICT OF INTEREST POLICY IS DISCUSSED AND REVIEWED AT MEETINGS THROUGHOUT THE YEAR. IF THERE IS A CONFLICT OF _INTEREST, THEN THE MEMBER IS PROHIBITED FROM VOTING ON THE MATTER. PART I PAGE 1 LINE 1 FORM 990- ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES THE KIDS AND CLAYS FOUNDATION BENEFITTING 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, AMD RONALD MCDONALD MOBILE MEDICAL UNITS.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

2013

179

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

Attachment Sequence No

KIDS & CLAYS FOUNDATION 37-1440861 Business or activity to which this form relates Form 990 / Form 990EZ 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. 1 Total cost of section 179 property placed in service (see instructions)..... 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 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. 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11. . 12 12 Carryover of disallowed deduction to 2014 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 Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Other depreciation (including ACRS) 16 1,733 Part III | MACRS Depreciation (Do not include listed property) (See instructions) Section A MACRS deductions for assets placed in service in tax years beginning before 2013. . . Section B — Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (a) (b) Month and (C) Basis for depreciation (d) (e) (f) Melhod (g) Depreciation Classification of property yéar placed in service (business/investment use Recovery period Convention see instructions) **19 a** 3-year property **b** 5-year property c 7-year property . . . d 10-year property e 15-year property **f** 20-year property . . . g 25-year property 25 yrs S/L 27.<u>5 yrs</u> h Residential rental MM S/L property . . . 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System **20 a** Class life S/L **b** 12-year 12 yrs S/L **c** 40-year. 40 yrs MM S/L Part IV | Summary (See instructions) Listed property Enter amount from line 28. 21

the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

1,733.

1

	recreation Note: For columns	on, or amusemer or any vehicle foi s (a) through (c) (nt) r which you are of Section A, ai	e using the	standar n_B, and	d mileag Section	je rate o C if apj	or de olica	ducting ble	g leas	expen	se, com	plete on	ly 24a, 2	?4b,	
	Sectio	n A – Deprecia	tion and Othe	r Informa	tion (Ca	ution: S	ee the i	nstru	ictions	for lın	uts for p	asseng	er autom	obiles)		
24 a	Do you have evide	nce to support the b	usiness/investmer	nt use claime	ed?	· · · [Yes		No 2	4b If	Yes,' is th	e evidenc	e written?		Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost other t	or	(busine	(e) or deprecia ss/investr ise only)		Red	(f) covery eriod	M	(g) ethod/ evention		(h) reciation duction	- 1	(i) lected ction 179 cost
25		ation allowance	for qualified lis												-	
26		n <u>50% in a qualifi</u> more than 50% ir				3)		<u></u>	· · · ·	· · ·	<u></u>	25	<u></u>		!	
	, roporty about	THOTO WILLIAM GO 70 II														
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27	Property used 5	0% or less in a 0	ualified busine	ess use		1										
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		<u> </u>										100		·		
28 29		n column (h), line n c <u>olumn (i),</u> line :	•									28		29		
	Add amounts ii	r column (i), line .	ZO LINE HEIE	Section							<u> </u>	· · · ·	····	. 123		
		n for vehicles use rst answer the qu													ehicles	
30	during the year	investment miles (do not include		(a Vehi	cle 1	(b) Vehic		,	(c) /ehicle	3	(c Vehi	l) cle 4	(€ Veh	e) icle 5		f) icle 6
31		es)			_			\vdash					 			
32	J	niles driven during th sonal (noncomm	•				-	1					 			
				ļ <u></u> -		_		 	_				<u> </u>		_	
33	lotal miles driv	en during the ye.	ar Add 	.												
	J			Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
34		e available for pe hours?														
35	Was the vehicle than 5% owner	e used primarily l or related perso	by a more n?													
36		cle available for							ļ							
_	pordonar doc		C – Question		loyers V	Vho Pro	vide Ve	hicl	es for	Use b	y Their	Employ	yees	<u> </u>		Ь
		ons to determine I persons (see in		exception	to comp	oleting S	ection B	for	vehicle	s use	d by em	ployees	who are	not mo	re than	
37	Do you maintai	n a written policy ees?	statement tha			nal use	of vehic	les,	ıncludı	ng cor	nmuting	, ,			Yes	No
38		n a written policy e the instructions														
39	Do you treat all	use of vehicles b	by employees a	as person	al use?.											
40	Do you provide vehicles, and re	more than five vetain the informat	ehicles to your tion received?.	employee	es, obtair	n informa	ation fro	m yc	ur emp	oloyee	s about	the use	of the			
41	Do you meet th Note: If your ar	e requirements on swer to 37, 38, 3	concerning qua 39, 40, or 41 is	lified auto 'Yes,' do	mobile d	emonstr	ation us	e? (or th	See ins e cove	struction red ve	ons). chicles					<u> </u>
Par	t VI Amor	ization		_												
	De	(a) escription of costs		Date an	(b) nortization egins		(C) Amortizabl amount	le		C	d) ode stion	pe	(e) ortization eriod or rcentage		(f) Amortization for this year	
42	Amortization of	costs that begin	s during your 2	013 tax y	ear (see	instruction	ons)							<u> </u>		
	Amediant	f poots that the	- hofors (2012 4===				_	_L_				140	 		
43		f costs that bega ounts in column						• •		• •			43	 		

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

PARTNERING WITH SHOOTING ENTHUSIASTS TO DEVELOP PROGRAMS THAT GENERATE FUNDS TO SUPPORT THE OPERATING NEEDS OF RONALD MCDONALD HOUSE.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 6, Line 17 (continued)

Illınois

Indiana

KIDS & CLAYS FOUNDATION FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

YEAR ENDED DECEMBER 31, 2013

KIDS & CLAYS FOUNDATION

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YEAR ENDED DECEMBER 31, 2013

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HEINZ & ASSOCIATES CERTIFIED PUBLIC ACCOUNTANTS 200 W. BURLINGTON AVENUE CLARENDON HILLS, IL 60514-1137

Phone: (630) 986-0475 Email: heinztax@aol.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors KIDS & CLAYS FOUNDATION Michigan City, Indiana

I have audited the accompanying statement of assets and net assets of KIDS & CLAYS FOUNDATION (a non-profit organization) as of December 31, 2013 and the related statements of revenue collected, expenses paid and change in net assets arising from transactions for the year then ended. These financial statements are the responsibility of the organization's management. My responsibility is to express an opinion on these financial statements.

I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the assets and net assets arising from transactions of KIDS & CLAYS FOUNDATION as of December 31, 2013 and its revenues collected and expenses paid for the year then ended, and changes in its net assets for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Richard J Heinz, CPA

Henry & Associates

Clarendon Hills, IL

June 24, 2014

KIDS & CLAYS FOUNDATION STATEMENTS OF ASSETS AND NET ASSETS DECEMBER 31, 2013

ASSETS

Cash			<u>2013</u>				
Non-Interest Bearing Accounts Interest Bearing Accounts		\$ \$	100 68,857				
Accounts Receivable		\$	0				
Promotional Inventory		\$	164,058				
Fixed Assets Equipment Equipment- Accumulated Depreciation	\$ \$	22,164 -22,164					
Total Fixed Assets		\$	0				
Total Assets		<u>\$</u>	233,015				
LIABILITIES							
Other Current Liabilities Credit Card Payable Payroll Liabilities Accrued Expenses Total Current Liabilities NET ASSETS	\$ \$ \$	0 0 <u>0</u> \$	0				
NEI ASSEIS							
Unrestricted Net Assets		\$	233,015				
Total Liabilities & Net Assets See Independent Auditor's Report The accompanying notes are an integral part of the financial statements.							

KIDS & CLAYS FOUNDATION STATEMENTS OF REVENUE, EXPENSES AND CHANGE IN NET ASSETS YEAR ENDED DECEMBER 31, 2013

Revenues

		2013
Contributions and Direct Public Support Gross Receipts Less: Expenses	\$	600,463 (165,103)
Net Revenue from Contributions and Direct Public Support		435,360
Fund Raising Events		0
Investment Income, Including Unrealized (Depreciation) Appreciation of Securities o Net Revenue	f	18 <u>435,378</u>
Grant Allocations		293,262
Excess of (Expenses over Revenues) Revenues over Expenses and (Decrease) Increase		142.116
in Net Assets for Year Net Assets, Beginning of Year		142,116 90,899
Net Assets, End of Year	\$	233,015

See Independent Auditor's Report
The accompanying notes are an integral part of the financial statements.

KIDS & CLAYS FOUNDATION NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2013

1. Nature of Activities

KIDS & CLAYS FOUNDATION is organized in the State of Illinois as a not-for-profit organization to raise funds for Ronald McDonald House Charities to improve the lives of children and their families by partnering with shooting sports enthusiasts to develop programs that generate funds to support this cause. It operates throughout the United States and funds raised are allocated to the various operating needs of Ronald McDonald House, Ronald McDonald House Family Rooms, and Ronald McDonald Mobil Medical Units.

2. Summary of Significant Accounting Policies

<u>Basis of Accounting</u> --- The accompanying financial statements have been prepared on the accrual basis of accounting.

<u>Donations of Goods and Services</u> --- Goods offered at auction and as raffle prizes are donated; they are recorded as both receipts and disbursements at their estimated fair market values. Services provided by volunteers do not meet criteria for recognition as contributed services and are therefore not recorded in the financial statements.

Form 8868

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No 1545-1709

Internal Revenue			istructions is at www.irs.gov/io/iiioooo.				
	e filing for an Automatic 3-Month Extension, comp	-				· · · · · • 🛛	
	e filing for an Additional (Not Automatic) 3-Month						
	plete Part II unless you have already been granted		•				
corporation request an ex Associated V	ling (e-file). You can electronically file Form 8868 if equired to file Form 990-T), or an additional (not aut xtension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which musting of this form, visit www.irs.gov/efile and click on e-	omatic) 3-m I or Part II v be sent to t	onth extension of time You can electronic with the exception of Form 8870, Information ne IRS in paper format (see instructions). F	ally file on Retu	Form 8868 Jrn for Tran	sfers	
Part I	Automatic 3-Month Extension of Time	Only sub	omit original (no copies needed)				
	required to file Form 990-T and requesting an auto			to Pari	t Lonly		
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income tax re	porations (including 1120-C filers), partnerships, REI eturns	viics, and tr					
	Name of exempt organization or other filer, see instructions		Enter filer's identi				
Tungar	Name of exempt organization or other filer, see instructions			Emplo	yer identificatio	n пumber (EIN) or	
Type or print		•					
	KIDS & CLAYS FOUNDATION Number, street, and room or suite number If a P O box, see instru	ictions			1440861 security number		
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Application Is For		Return Code	Application Is For			Return Code	
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL	-	02	Form 1041-A	-		08	
Form 4720 (I	individual)	03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
	(section 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T	(trust other than above)	06	Form 8870			12	
Telephor If the org If this is to check the exter 1 I reque until The ex	The No (219) 879-4200 Inanization does not have an office or place of busine for a Group Return, enter the organization's four digits box . If it is for part of the group, che resion is for less an automatic 3-month (6 months for a corporation Aug 15	Fax No ss in the Un t Group Exect this box. In required to ization return, and ending	emption Number (GEN)	this is	for the who	▶ ☐ lle group, members	
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b If this a tax pay	application is for Forms 990-PF, 990-T, 4720, or 606 ments made Include any prior year overpayment a	9, enter any llowed as a	refundable credits and estimated credit	3 b	\$	0.	
EFTPS	ce due. Subtract line 3b from line 3a. Include your page (Electronic Federal Tax Payment System) See ins	tructions .	<u></u>	3 c		0.	
Caution. If y payment inst	ou are going to make an electronic funds withdrawa tructions.	I (dırect deb	it) with this Form 8868, see Form 8453-EC	and F	orm 8879-E	EO for	