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# Form 990

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

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A	For th	e 2014 calen		ear, or tax yea					and endir	ng				
В	Check if	applicable	CN	lame of organization	KIDS	& CLAY	YS FOUNDATIO	N N			D Employ	er identif	ication number	
	Add	dress change	D	oing business as							37-	14408	61	
	Na	me change	N	lumber and street (c	or PO box if n	nail is not deli	vered to street address)		Room	'suite	E Telepho	ne numbe	et .	
	$\vdash$	tial return	823	RANKLII	N STREE	. T.			1		(21)	3) 87	19-4200	
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_		<del></del>					T MICHIGAN CI			If 'No,	l subordinates ' attach a list (s	see instru	ctions)	Пио
<u> </u>		exempt status			01(c) (	<u>:</u>	nsert no ) 4947	(a)(1) or	527	4				
J	Web	osite: ► WW		IDSANDCLA	YS.COM	<u> </u>		····		H(c) Group	exemption nu	mber 🟲		
K	Form	of organization	Xc	Corporation T	rust A	ssociation	Other -	LY	ear of formati	on 200	2 <b>M</b> s	tate of leg	gal domicile IN	
Pa	rt I	Summar	ry											
· —	1	Briefly describ	be the	organization's	mission of	r most sigr	nificant activities	SE	E SCHE	DULE C	)			
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ತ್ತಿ ಕೃಷ್ಣ Governance	2	Check this bo	ox ►	If the orga	anization di	scontinued	d its operations or c	ispose	d of more	<u> </u>	of its net as	sets		<b>-</b>
ු ග්				nembers of the						<i>.</i>		3		18
) () () () () () () () () () () () () ()							ıng body (Part VI, lı				•	4		16
Activities							2014 (Part V, line )	2a).				5		
∯ ر				lunteers (estim				•				6		0
ñÃ	7a						ın (C), line 12	•		•		7a		36.
<u>_</u> _	b	Net unrelated	busir	ness taxable in	come from	Form 990	I-T, line 34 .		•			7b	<del></del>	0.
Revenue Aci	}				ے	0	CENTED	1			Prior Year		Current Ye	ar
∑ <b>3</b> 0	8		-	grants (Part VII	- 1	· 14 E	CEIVED	าเวา			600,4	63.	347,	956.
<b>7</b>	9			evenue (Part VI				S						
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Œ							c, 10c, and 11e)	長						
							art VIII, column (A)		2)		600,4	81.	347,	992.
	13	Grants and si	ımılar	amounts paid (	(Part IX, cd	lumh (A)	line3 1-31 1-1	السيب		.	293,2	62.	187,	.113.
	14	Benefits paid	to or	for members (F	Part IX, col	uman (A), ii	ne 4)							
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)													
Expenses	16 a	Professional f	fundra	aising fees (Pai	rt IX. colum	n (A), line	11e)							
ь	1			-					0					
Ä			-	xpenses (Part I		• •			0.					
	ļ .	-		art IX, column						·	165,1			997.
		-			•		column (A), line 25)			L	458,3	65.	331,	110.
	19	Revenue less	s expe	enses Subtract	t line 18 fro	m line 12		<u>.</u>			142,1	16.	16,	882.
0 O	1									Beginn	ing of Currer	nt Year	End of Ye	ar
eets alan	20	Total assets (	(Part )	X, line 16)							233,0	15.	254,	496.
₹ B	21	Total liabilities	s (Par	rt X, line 26)								0.	6,	051.
Net Assets or Fund Balances	22	Net assets or	r fund	balances Sub	tract line 2	1 from line	20				233,0	15	248	445.
	rt II	Signatur	re Ri	lock						<u> </u>	23370			
					this return inc	luding accomi	panying schedules and st	otomonte	and to the he	oct of my know	uladaa and bal	of it is to		
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				Clarendo	on Hill	.s	IL	6051	4		Phone no	(630	) 986-047	5
Ma	the IF	RS discuss thi	ıs retu				(see instructions)						X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

Pari	4 III   Ctatement of Program Conjugation	37-1	440861	Page 2
Pan				П
	Check if Schedule O contains a response or note to any line in this Part III	• • •		
1	Briefly describe the organization's mission			
	THE KIDS AND CLAYS FOUNDATION BENEFITING RONALD MCDONALD HOUSE CH		ES	
	IS COMMITTED TO IMPROVING THE LIVES OF CHILDREN AND THEIR FAMILIE	ES BY		
	See Form 990, Page 2, Part III, Line 1 (continued)			
				<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior		
	Form 990 or 990-EZ?		. 🗌 Ү	es X No
	If 'Yes,' describe these new services on Schedule O			Ш
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	·	. 🗆 🕥	res X No
	If 'Yes,' describe these changes on Schedule O			<u> </u>
	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other and revenue, if any, for each program service reported	s measur hers, the	ed by exp total expe	enses nses,
4 a	(Code ) (Expenses \$ 331,110. including grants of \$ 187,113.) (Re	evenue	\$	347,992.)
	SPORTING EVENTS ARE HELD DURING THE YEAR WHICH PROVIDES REVENUE	0,0,,00	Ť	341,332.1
	TO THE ORGANIZATION. IN ADDITION, CONTRIBUTIONS AND GIFTS ARE			
			<b></b>	
	RECEIVED FROM VARIOUS OUTSIDE SOURCES. ALL PROCEEDS ARE USED			
	SOLELY FOR THE PURPOSE OF OPERATING THIS NON-FOR-PROFIT ORGANIZAT			
	WHICH INCLUDES GRANTS AND DONATIONS PAID TO RONALD MCDONALD HOUSE			
	CHARITIES CHAPTERS.			<b>-</b>
				<b></b>
4 h	(Code ) (Expenses \$ including grants of \$ ) (Ri	evenue	ς	
	/ (Code) (Expenses $\gamma$ ) (IN	evenue	٧	·'
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		. <b>–</b> – –		
4 0	(Code ) (Expenses \$ including grants of \$ ) (Ri	evenue	\$	· ·
70	/ (Expenses y miniming grants of y ) (Ri	evenue		······································
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Δ d	Other program services (Describe in Schedule O.)			
	Other program services (Describe in Schedule O.)  (Expenses S uncluding grapts of S ) (Poyonia S			
	Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ 7 Total program service expenses \$ 331,110.			)

Par	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	_	-	
ŧ	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
I	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
(	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	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	ļ	X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	11f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
l	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	12 b		Х
13		13		Х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
1	h If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	.1	1

Pai	rt IV	Checklist of Required Schedules (continued)			
				Yes	No
21	Did th	e organization report more than \$5,000 of grants or other assistance to any domestic organization or stic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did th	ie organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, in (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	and fo	the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete dule J	23		х
24 a	the las	ne organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of st day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and lete Schedule K. If 'No, 'go to line 25a	24a		х
ŧ	Did th	e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did th	e organization maintain an escrow account other than a refunding escrow at any time during the year to defease ex-exempt bonds?	24c		
•	Did th	e organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a		on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit action with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ł	that th	organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and ne transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete dule L. Part I	25b		X
•			230		<u> </u>
26	forme If Yes	ne organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or or officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? or, complete Schedule L, Part II	26		х
27	contri	ne organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial butor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member or these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was t	the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV ctions for applicable filing thresholds, conditions, and exceptions)			
á	A cun	rent or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A fam Sched	ally member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete dule L, Part IV	28b		х
(	An en	atity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an r, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did th	e organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did th	ne organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation butions? If 'Yes,' complete Schedule M	30		х
31	Did th	ne organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did th Sched	ne organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete dule N, Part II	32		х
33	Did th	ne organization own 100% of an entity disregarded as separate from the organization under Regulations sections 701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was t	the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Part V, Inne 1 · · · · · · · · · · · · · · · · · ·	34		х
35 a		e organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	o If 'Yes entity	s' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section organ	on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related ization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	Did th treate	e organization conduct more than 5% of its activities through an entity that is not a related organization and that is id as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did th	ne organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  All Form 990 filers are required to complete Schedule O	38	х	

BAA

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			Г
	Check it ocheque o contains a response of note to any line in this hart vivia.	• • •	Yes	No
1aF	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	"
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		ļ	
с [	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2 a E	gambling) winnings to prize winners?	1 c		
	nents, filed for the calendar year ending with or within the year covered by this return			
	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	ļ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			١
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	f 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
<b>4</b> a A	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
ЬI	f 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c l	f '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
<b>b</b> I	f '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).			
a [	Old 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
	f '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			
F	Form 8282?	7с		X
	f 'Yes,' indicate the number of Forms 8282 filed during the year			. , <u>.</u> .
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	<u></u>	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	ļ	Х
á	f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
F	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		-	
	organization have excess business holdings at any time during the year?	8		ļ
	Sponsoring organizations maintaining donor advised funds.			
	Oid the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	ļ	
	Section 501(c)(7) organizations. Enter			
	nitiation fees and capital contributions included on Part VIII, line 12			
_	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ŀ
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
á	against amounts due or received from them.)			:
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	]	}
	s the organization licensed to issue qualified health plans in more than one state?	13 a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O		1	
	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			
Ct	Enter the amount of reserves on hand	1	1	ı

14 a

14 b

Form 990 (2014) KIDS & CLAYS FOUNDATION 37-1440861 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

	Month, Governing Body and management			
			Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year			,
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
Ŀ	Enter the number of voting members included in line 1a, above, who are independent   1b   16			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents	3	-	<u> </u>
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
-	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			<u> </u>
, ,	members of the governing body?	7 a		Х
_		7 4		
ŀ	o Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
	the following			i
	The governing body?	8 a	Х	
	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode )	
	The state of the state of the internation about policies not required by the internal reven	1	Yes	No
10:	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10 a		
	operations are consistent with the organization's exempt purposes?	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
ŧ	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
(	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
12		13	$\frac{x}{x}$	<del></del>
13				<del> </del>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
ā	a The organization's CEO, Executive Director, or top management official	15 a	Х	-
ı	o Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)			<u> </u>
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		Х
t	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	ction C. Disclosure	.00	<del></del>	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed See Form 990, Page 6, Line 17 (continued)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	· ıvaılab	 le	
	for public inspection. Indicate how you made these available. Check all that apply  Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available	e to		
	the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	_		
	BILL KEYSER 823 FRANKLIN STREET MICHIGAN CITY IN 46360 (2)	<u> 19)</u> 8	379-4	<u> 4200</u>

Form 990 (20.14)	KIDS	۲.	CLAVC	FOUNDATION
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Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

#### 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

-				(C)						
(A) Name and Title	(B) Average hours per	director/trustee)						(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week	Institutional trustee Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID BARON	2.00									
OFFICER				Χ				0.	0.	0.
(2) CURT BORCHERDING FINANCE				Х				0.	0.	0.
(3) JOEL GESKY OFFICER	2.00			Х				0.	0.	0.
(4) SCOTT GRANGE MARKETING	2.00			Х				0.	0.	0.
(5) DICK HAMMETT FINANCE CHAIR	2.00			Х				0.	0.	0.
(6) MICHAEL HAMPTON JR. OFFICER	2.00			х				0.	0.	0.
(7) BONNIE HOPKINS OFFICER	2.00			Х				0.	0.	0.
(8) DAN KAISER OFFICER	2.00			Х				0.	0.	0.
(9) TODD KEMMERER OFFICER	2.00			Х				0.	0.	0.
(10) BILL KEYSER PRESIDENT	4.00			Х				0.	0.	0.
(11) GREG KOSTECK OFFICER	2.00			х				0.	0.	0.
(12) PAT LIESKEOFFICER	2.00			х				0.	0.	0.
(13) GLENN LUBEZNIK PAST PRESIDENT	2.00			х				0.	0.	0.
(14) KATHY LUBEZNIK MARKETING CHAIR	2.00			х				0.	0.	0.

BAA

Part VII   Section A. Officers, Directors, 110	(B)	Ley	EIII	1 <u>010</u>		es,	and	a nignest con	ipensated Emp	loyee	<b>S</b> (con	linued)
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	unles cer an	Pos heck ss pe	ition more rson i	than both Highest compensated comployee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	amo com f org an	(F) stimated unt of oth upensation rom the anization d related anization	her on d
(15) PHIL MURRAY OFFICER	2.00_			X	-			0.	0.			
(16) MINDY PLUMLEE TREASURER	5.00			X				0.	0.			0.
(17) KIM RHODE HARRYMAN OFFICER	2.00			X				0.				0.
(18) BUD WHEATON	4.00_					ļ			0.		_	0.
VICE-PRESIDENT  (19) DOUG JEANNERET	40.00			X			-	0.	0.			0.
					Х			27,404.	0.			0.
(21)									· · · ·			
(22)												
(23)									·		<del></del>	
(24)												
(25)												
1 b Sub-total			• •	•	• •		<u>▶</u>	27,404.	0.			0.
d Total (add lines 1b and 1c)							<b></b>	27,404.	0.			0.
2 Total number of individuals (including but not limited from the organization ►							eive			npensa	tion	
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	, or trustee Idividual	e, key • • •	em	ploy	ee, (	or hig	ghes 	st compensated em	nployee	. 3	-	х
4 For any individual listed on line 1a, is the sum of repetithe organization and related organizations greater to such individual	han \$150,	000?	nsati <i>If "</i> Y	ion a	and com	other olete	r cor Sch	mpensation from hedule J for				
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensat	on fr	om a	ny i	unre	lated	org	anization or individ	iual	5		X ;
Section B. Independent Contractors										<u> </u>	ı	X
Complete this table for your five highest compensation from the organization. Report compe	nsation fo	r the	cale	nda	r yea	that ar end	reco	with or within the	100,000 of organization's tax ye	ar		
(A) Name and business addre	ess 							(B) Description o	f services	Compe	C) ensatio	nn
	-						_					
Total number of independent contractors (including	but not lin	nited	to the	ose	liste	d ab	ove	) who received moi	re than			
\$100,000 of compensation from the organization	<b>&gt;</b>	TEFAN								Form	000 /	2014)

Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to any lin	e 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 Federated campaigns	347,956.			
Program S	e f All other program service revenue g Total. Add lines 2a-2f				
	other similar amounts)	36.	0.	36.	0.
	7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses . c Gain or (loss) . d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18				
	c Net income or (loss) from gaming activities				
	b c d All other revenue	347,992.	0.	36.	0.

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	187,113.	187,113.							
2	individuals See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members	27,404.	13.702.	13,702.	0.					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	= 1, 20 1		20,7027						
7	Other salanes 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										
	Management	26 700	10 254	20.254						
-	D Legal.	36,708.	18,354.	18,354.	0.					
	Accounting	5,512.	0.	5,512.	0.					
		1,600.	0.	1,600.	0.					
	Lobbying									
	Professional fundraising services See Part IV, line 17									
-	Investment management fees									
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)									
12	Advertising and promotion	3,833.	2,052.	1,781.	0.					
13		3,631.	0.	3,631.	0.					
14	Information technology		<u> </u>	3,631.	<u> </u>					
15	Royalties									
16	Occupancy				*					
	Travel	17.040	35.040							
17 18		17,948.	17,948.	0,	0.					
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
	Insurance	3,078.	0.	3,078.	0.					
á	PROMOTIONS	1,714.	1.714.	0.	0.					
	PAMMUNITION	31.611.	31,611.	0.	0.					
	PRIZES AND AWARDS	443.	443.	0.	0.					
	•	0.	0.	0.	0.					
	STORAGE All other expenses	10,515.	4,347.							
	Total functional expenses. Add lines 1 through 24e.			6,168.	<u> </u>					
	·	331,110.	277,284.	53,826.	<u> </u>					
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   Graph of the complete this line only if following SOP 98-2 (ASC 958-720).									

Form 990 (2014) KIDS & CLAYS FOUNDATION Page 11 37-1440861 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 68,957 1 Cash - non-interest-bearing 96,545. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net . . . 4 Accounts receivable, net . . . . 0 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Notes and loans receivable, net . . . 7 Assets Inventories for sale or use . . . . . 8 R Prepaid expenses and deferred charges . . 9 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . 10 a 64 b Less accumulated depreciation . . . 10 b 22 164 10 c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Other assets See Part IV, line 11 . 15 15 164,058 157,951. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 233,015 254,496. 17 Accounts payable and accrued expenses. . . . . 17 0 6.051 18 Grants payable. 18 Deferred revenue . . 19 19 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 Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties . . . . 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25. 26 0 6,051 Organizations that follow SFAS 117 (ASC 958), check here ▶ 📈 and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34.

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27

28

29

31

32

33

Unrestricted net assets.......

and complete lines 30 through 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

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

Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . .

254,496 Form 990 (2014)

248,445

248,445

233,015

233,015

233,015

27

28

29

30

31

32

33

34

Forn		37-1	440	861		Pa	ge <b>12</b>
Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					<u></u>	. []
1	Total revenue (must equal Part VIII, column (A), line 12)	. [	1		3	47,9	392.
2	Total expenses (must equal Part IX, column (A), line 25)	[	2		3	31,1	10.
3	Revenue less expenses Subtract line 2 from line 1		3			16,8	382.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[	4		2	33,0	015.
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			-1,4	152.
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		2	48,4	145.
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						. $\square$
						Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			[			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?				2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis	on a					
	b Were the organization's financial statements audited by an independent accountant?				2 b	Х	
	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  X  Separate basis  Consolidated basis  Both consolidated and separate basis  If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?				2 c	Х	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle • •		[	3 a		Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requir	ed au	dit	[			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u> .		3 ь		<u> </u>
BAA					Form	990 (	2014)

#### 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.

2014

Open to Public Inspection

OMB No 1545-0047

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.

Name of the organization					Employer identifica	ation number
KIDS & CLAYS FOUNDATION					37-144086	1
Part I Reason for Public Cha	rity Status (All or	rganizations must co	omplete	this p	art.) See instruction	ns.
The organization is not a private foundation	on because it is: (For	lines 1 through 11, check	k only on	e box )		
1 A church, convention of church	es, or association of	churches described in se	ction 17	0(b)(1)(A	۸)(i).	
2 A school described in section	170(b)(1)(A)(ii). (Atta	ch Schedule E )				
3 A hospital or a cooperative hos			170(b)(	1)(A)(iii)		
4 A medical research organizatio	_					he hospital's
name, city, and state	,					no noopharo
5 An organization operated for the 170(b)(1)(A)(iv). (Complete Pa	e benefit of a college art II )	or university owned or o	perated b	y a gove	ernmental unit described	in section
6 A federal, state, or local govern	ment or governmenta	al unit described in <b>sectio</b>	on 170(b	)(1)(A)(v	).	
7 An organization that normally rein section 170(b)(1)(A)(vi). (C	eceives a substantial omplete Part II)	part of its support from a	governm	nental ur	ut or from the general pu	ublic described
8 A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)				
9 X An organization that normally refrom activities related to its exe investment income and unrelated June 30, 1975 See section 50	mpt functions — subje ed business taxable ii 9(a)(2). (Complete Pa	ect to certain exceptions, ncome (less section 511 art III )	and (2) r tax) from	no more busines	than 33-1/3% of its supplies acquired by the org	port from gross
10 An organization organized and		' '				
11 An organization organized and or more publicly supported organized lines 11a through 11d that descriptions.	anizations described i	n section 509(a)(1) or se	ection 50	)9(a)(2).	See section 509(a)(3).	urposes of one Check the box in
a Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elec	sed, or controlled by its so to a majority of the director	upported ors or tru	organiza stees of	ation(s), typically by givi the supporting organiza	ng the supported tion <b>You must</b>
b Type II. A supporting organizate management of the supporting must complete Part IV, Section	ion supervised or con organization vested i	ntrolled in connection with n the same persons that	its supp control o	orted org r manag	ganization(s), by having e the supported organiz	control or ation(s) <b>You</b>
c Type III functionally integrate organization(s) (see instruction	ed. A supporting organs) You must comple	nization operated in conr ete Part IV, Sections A,	ection w <b>D, and E</b>	ith, and i	functionally integrated w	rith, its supported
d Type III non-functionally integrated The org instructions) You must compl	anızatıon generally m	iust satisfy a distribution i	connecti requirem	on with i ent and	ts supported organization attentiveness require	on(s) that is not ement (see
e Check this box if the organization integrated, or Type III non-func	tionally integrated sup	oporting organization	RS that is	а Туре	I, Type II, Type III functi	onally
f Enter the number of supported org						
g Provide the following information a	bout the supported or	rganızatıon(s)				
(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organization in your go docum	n listed verning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
7-1			<del>                                     </del>			
<u>(D)</u>				- <u></u> .		
(E)						
Total			!			

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

Schedule A (Form 990 or 990-EZ) 2014

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 )

Sec	ction A. Public Support						
Cale beg	endar year (or fiscal year inning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sed	ction B. Total Support						
	endar year (or fiscal year inning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) 2014	(f) Total
7	Amounts from line 4						_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
	ction C. Computation of Pu						
	Public support percentage for 201		· -	7.77			
15	Public support percentage from 20	013 Schedule A, Pa	art II, line 14 · · ·			15	%
16	a 33-1/3% support test — 2014. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo cly supported orga	ox on line 13, and thinization	ne line 14 is 33-1/3	% or more, check t	his box
	b 33-1/3% support test — 2013. If t and stop here. The organization of	he organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a anization	and line 15 is 33-1/3	3% or more, check	this box
17	a 10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te	st, check this box a	ind stop here. Exp	lain in Part VI how	
	b 10%-facts-and-circumstances to or more, and if the organization mo- organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' te t. The organization	st, check this box a n qualifies as a pub	ind stop here. Exp licly supported org	lain in Part VI how anization	the
	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1			
					•	000	

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)

Section A. Public Support			<del>-</del>			
Calendar year (or fiscal yr beginning in) 🕨 📗	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gifts, grants, contributions     and membership fees     received (Do not include		510 005				
any 'unusual grants ')  2 Gross receipts from admis-	273,886.	512,307.	503,755.	600,463.	347,956.	2,238,367.
sions, 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.	0.	0.	37,898.
3 Gross receipts from activities that are not an unrelated trade or business under section 513		23, 1301	9,700			,
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
organization without charge.	0.770 0.06	5.44 0.05				0.056.065
6 Total. Add lines 1 through 5 . 7 a Amounts included on lines 1, 2, and 3 received from	273,886.	541,805.	512,155.	600,463.	347,956.	2,276,265.
disqualified persons .	48,108.	22,565.	0.	0.	0.	70,673.
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	48,108.	22,565.	0.	0.	0.	70,673.
8 Public support (Subtract line 7c from line 6).		,				2,205,592.
Section B. Total Support						
Calendar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	273,886.	541,805.	512,155.	600,463.	347,956.	2,276,265.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26.	14.	23.	18.	36.	117.
c Add lines 10a and 10b	26.	14.	23.	18.	36.	117.
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 VI)						
10c, 11 and 12)	273, 912.	541,819.	512,178.		347, 992.	2,276,382.
organization, check this box and st						<u></u> . ► 🗍
Section C. Computation of Pul						
15 Public support percentage for 2014		•			15	96.89 %
16 Public support percentage from 20				· · · · · · · · · · · · · · · · · · ·	16	94.36 %
Section D. Computation of Inv						
17 Investment income percentage for	2014 (line 10c, col	umn (f) divided by	line 13, column (f)	)	17	0.01 %
18 Investment income percentage from	m <b>2013</b> Schedule A	A, Part III, line 17			18	0.01 %
19 a 33-1/3% support tests — 2014. If is not more than 33-1/3%, check the						e 17 ► X
b 33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%, o	the organization di check this box and	d not check a box of stop here. The org	on line 14 or line 1 ganization qualifie:	9a, and line 16 is i s as a publicly supp	more than 33-1/3% ported organization	6, and n ►
20 Private foundation. If the organization	ation did not check	a box on line 14, 1	19a, or 19b, check	this box and see in	nstructions	<u></u> ▶ 🗍
DAA		TEEADAD3 (	7/47/4	0-	bodulo A /Form Of	20

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations			
		r	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4 a	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
Ó	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
ı	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7° If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 a	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?  If 'Yes,' provide detail in Part VI	9a		
ı	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10 a	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
ı	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10ь		

Pa	art IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?	Ye	es	No
•	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	а		
	b A family member of a person described in (a) above?	<b>b</b>		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	c		
Se	ction B. Type I Supporting Organizations			
	Control description of the control o	Ye	es	No
7	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in			
	Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove			j
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any		_	
_	applied to such powers during the tax year	+	$\dashv$	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such			
	benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	-		
Se	ction C. Type II Supporting Organizations			
		Υє		No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	1		
	of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
Se	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
	Stion B. All Type III Oupporting Organizations	Ye		No
		\ \		<del>-NO</del>
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	98 sk	Š.	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	$\dashv$	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		` *	) }
	organization(s) or (ii) serving on the governing body of a supported organization? If No, explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	-		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant	7*		1
	voice in the organization's investment policies and in directing the use of the organization's income or assets at			
	all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c I ne organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test Answer (a) and (b) below.	Ye	es	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was			į
	responsive to those supported organizations, and how the organization determined that these activities constituted			j
	substantially all of its activities	<u>}</u>		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
	the organization's position that its supported organization(s) would have engaged in these activities but for the	.		1
	organization's involvement	<del> </del>	-	
3	Parent of Supported Organizations. Answer (a) and (b) below.			i
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	o		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	Novemb	per 20, 1970 See instruction through E	uctions. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		_
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1 a		_
t	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
	I Total (add lines 1a, 1b, and 1c)	1 d		
6	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
	Recoveries of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	d Type	III supporting organiza	tion

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Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizatio	ns,	
_3	Administrative expenses paid to accomplish exempt purposes of support	ted organizations		
4	Amounts paid to acquire exempt-use assets	<u>.</u>		
5	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizat in <b>Part VI</b> ) See instructions	ion is responsive (provid	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			_
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
С				·
d	I			_
е	From 2013		~ ~ ~ ~ .	
f	Total of lines 3a through e		A	
g	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
1	Carryover from 2009 not applied (see instructions)			<u> </u>
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
a				
b				
С				·- ·
d	Excess from 2013			
е	Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### SCHEDULE D (Form 990)

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.

OMB No 1545-0047 2014

Open to Public Inspection Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

KIDS & CLAYS FOUNDATION 37-1440861 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items 

▶ \$

3 Using the organizations accusation, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):  a   Public exhibition   d   Loan or exchange programs   b   Scholarly research   c   Preservation for future generations   d   Denote a state of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solice for receive donations of art, historical treasures, or other similar assets   5 During the year, did the organization solice for receive donations of art, historical treasures, or other similar assets   5 During the year, did the organization solice for the organization collection?   Yes   Ne    Part IV   Scrow and Custodial Arrangements. Complete if the organization answered Yes' to Form 990, Part IV.   Inte 9, or reported an amount on Form 990, Part X, line 21.   1 als the organization an apart, historiae, quistodian or other intermediary for contributions or other assets not included   Yes   No   b if Yes', explain the arrangement in Part XIII and complete the following table:  c Beganning bilance   1 d   Amount   c Beganning of user bilance   Amount   c Beginning of year bilance   (a) Current year   (b) Prior years back   (d) Three years back   (d) Free y	Part III   Organizations Maintaining (	Collections of A	<u>rt, Historica</u>	I Treasures, or	Other Similar Ass	ets (cc	<u>ntinu</u>	ied)
b   Scholarly research   c   Other	3 Using the organization's acquisition, access items (check all that apply)	sion, and other record	ds, check any o	f the following that ar	re a significant use of its	collection	on	
c   Preservation for future generations 4 Part XIII 5 Device a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 5 (be sold to raise funds rather than to be maintained as part of the organization's collection? 5 (be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' to Form 990, Part IV, 10 part IV   Ecrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, 11 at is the organization an agent, fustee, custodial, or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: 1	a Public exhibition	d	Loan or exc	hange programs				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive dinations of art, historical treasures, or other similar assets to to solid for rease funds rather than to be maintained as part of the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a is the organization angent in Part XIII and complete the following table:    Complete the following tables:	<b>b</b> Scholarly research	е	Other					_
Part XII.  5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  1 Part IV Excoro and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If Yes, explain the arrangement in Part XIII and complete the following table:  1	~							
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4 Provide a description of the organization's of Part XIII.	collections and explai	n how they furt	her the organization's	s exempt purpose in			
Inite 9, or reported an amount on Form 990, Part X, line 21.  1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?    Initiation   In	to be sold to raise funds rather than to be n	naintained as part of	the organization	n's collection?				
on Form 990, Part X?  It is a Manual to the arrangement in Part XIII and complete the following table:  C Beginning balance	Escrow and Custodial Arrar line 9, or reported an amount	ngements. Compon Form 990, Pa	olete if the oi	ganization answ	ered 'Yes' to Form	990, P	art IV	,
c Beginning balance	1 a Is the organization an agent, trustee, custo on Form 990, Part X?	dian, or other interme	ediary for contri	outions or other asse	ts not included	Yes		No
e Beginning balance	<b>b</b> If 'Yes,' explain the arrangement in Part XII	I and complete the fo	llowing table:					
d Additions during the year e Distributions during the year f Ending balance. 11 2 a Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability?					,	Amount		
e Distributions during the year  f Ending balance. 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?					<b>—</b>			
f Ending balance. 11   11   2 a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?	• ,							
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?					<del>}</del>			
Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.  1 a Beginning of year balance . (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back contributions	_					1,,		T.:
Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.  1 a Beginning of year balance					- L	Yes	-	⊣ <sup>No</sup>
1 a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Contributions (b) Contributions (c) Accumulated depreciation of property (a) Cost or other basis (b) Cost or other basis (b) Cost or other basis (c) Two years back (e) Four years back (e) F	bit res, explain the arrangement in Part All	Check here ii the e	xpianation has	been provided in Par	τχ		• _	╛
1 a Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Contributions (b) Contributions (c) Accumulated depreciation of property (a) Cost or other basis (b) Cost or other basis (b) Cost or other basis (c) Two years back (e) Four years back (e) F	Part V   Endowment Funds Complete	e if the organizat	tion answers	nd 'Yes' to Form 9	990 Part IV line 10	`		
1 a Beginning of year balance	<del></del>			T			ur voarc	
b Contributions	<del> </del>	diretti yedi	y Hor year	(c) The Jeans back	(d) Thice years back	(6)10	ui years	) Dack
and losses								
and losses	e Not investment comings, going		· <u>·</u>			1		
e Other expenditures for facilities and programs								
and programs	d Grants or scholarships					1		
g End of year balance			-					
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment    b Permanent endowment    c Temporarily restricted endowment    c Temporarily restricted endowment    The percentages in lines 2a, 2b, and 2c should equal 100%  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations    (ii) related organizations    3a(i)    3a(i)    3a(ii)    3b    4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property    (a) Cost or other basis   (investment)    (b) Cost or other depreciation    4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property    (a) Cost or other basis   (b) Cost or other depreciation    4 Describe in Part XIII the intended to use of the organization's endowment funds  Description of property    (a) Cost or other basis   (b) Cost or other depreciation    4 Describe in Part XIII the intended to use of the organization's endowment funds  Description of property    (a) Cost or other basis   (b) Cost or other depreciation    4 Describe in Part XIII the intended to use of the organization's endowment funds  Description of property    (a) Cost or other basis   (b) Cost or other depreciation    (c) Accumulated depreciation    (d) Book value depreciation    (d) Book value depreciation    (d) Book value depreciation    (e) Accumulated   (f) Accumulated   (f) Accumulated   (g) Book value   (h) Book value	f Administrative expenses							
a Board designated or quasi-endowment   b Permanent endowment   c Temporarily restricted endowment   The percentages in lines 2a, 2b, and 2c should equal 100%  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations   (ii) related organizations   3a(ii)    bif Yes' to 3a(ii), are the related organizations listed as required on Schedule R?   3b    4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value basis (other) (c) Accumulated depreciation (d) Book value dequipment (e) Calasehold improvements (e) Calasehold improvements (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d) Column (d) must equal Form 990, Part X, column (B), line 10c) (e) Column (d)	g End of year balance			_				
b Permanent endowment   c Temporarily restricted endowment   The percentages in lines 2a, 2b, and 2c should equal 100%  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations   (ii) related organizations   (iii) related organizations   (iii) related organizations   (iii) related organizations   (iv) a (iii) related organizations   (iv) a (i	2 Provide the estimated percentage of the cu	rrent year end baland	ce (line 1g, colu	mn (a)) held as				
c Temporarily restricted endowment   The percentages in lines 2a, 2b, and 2c should equal 100%  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations	a Board designated or quasi-endowment		5					
The percentages in lines 2a, 2b, and 2c should equal 100%  3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations		<u> </u>						
3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	c Temporarily restricted endowment							
organization by:  (i) unrelated organizations	The percentages in lines 2a, 2b, and 2c sho	ould equal 100%						
organization by:  (i) unrelated organizations	3 a Are there endowment funds not in the poss	ession of the organiz	ation that are h	eld and administered	I for the	_		_
(ii) related organizations	•						Yes	No
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation  1 a Land (investment) (a) Book value (investment) (b) Buildings (c) Leasehold improvements (c) Leasehold im	•							
Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation  1 a Land						<del></del>		
Part VI Land, Buildings, and Equipment.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (investment) (investment) (a) Equipment (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (d) Equipment (d) Equipment (e) Column (d) must equal Form 990, Part X, column (B), line 10c) (o)	-	•		'		3b		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other)  1a Land			owment tungs		<del></del>			
Description of property   (a) Cost or other basis (b) Cost or other basis (other)   (c) Accumulated depreciation			Form 990	Part IV line 11a	Soo Form 000 Do	et V lin	- 10	
(investment)         basis (other)         depreciation           1 a Land					<del></del>			
b Buildings		(investme				(d) B	ook va	lue
c Leasehold improvements	· <del></del>		<u> </u>					
d Equipment								
e Other	•	<del></del>			-		_	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)		<u> </u>		22,164.	22,164.			<u>       0 .                            </u>
			1					
		t equal Form 990, Pa	rt X, column (B	), line 10c )		ıle <b>D</b> (Fo	rm 990	

Part VII Investments — Other Securities.	Vaa'ta Farra 000 D		- 4 V P 40
Complete if the organization answered	(b) Book value		
(a) Description of security or category (including name of security)	(b) book value	(c) Method of valuation Cost or end-of-	year market value
(1) Financial derivatives			<del></del>
(2) Other			<u> </u>
(A)	<u> </u>		<u> </u>
(B)			
(C)			<del>-</del>
(D)			<u> </u>
(E)			<u></u>
(F)			
(G)			
(H)			
<u>(I)</u>			
Total (Column (b) must equal Form 990, Part X, column (B) line 12) >	<u> </u>		
Part VIII Investments — Program Related. Complete if the organization answered	Yes' to Form 990. P	art IV. line 11c. See Form 990. Pa	art X. line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-o	
_(1)			<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)	<del></del>		
(7)			
(8)			
<u>(9)</u> (10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶			<del></del>
Part IX Other Assets.			<del></del> -
Complete if the organization answered '		art IV, line 11d. See Form 990, Pa	
(1) PROMOTIONAL INVENTORY	scription		(b) Book value
(2)			157,951
(3)			·
(4)			
(5)			
(6)	<del> </del>		
(7) (8)			
(9)	· · · · · · · · · · · · · · · · · · ·		
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15 )	· · · · · · · · · · · · · · · · · · ·	157,951.
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to F		e or 11f. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
(a) Description of liability (1) Federal income taxes	(b) Book value		
(2)		<del></del>	
(3)			
(4)			
(5)			
(6)			
(7) (8)	<del></del>	<del> </del>	
(9)		<del> </del>	
(10)		$\dashv$	
(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 foot	note to the organization's finan		
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote	has been provided in Part XIII	· · · · · · · · · · · · · · · · · · ·	<u> </u>

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	347,992.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	347,992.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	347,992.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		_
1 Total expenses and losses per audited financial statements	1	331,110.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII )	l	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	331,110.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	,	-
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII )		
C Add lines 4a and 4b		· · · · · - · - ·
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	331,110.
Part XIII Supplemental Information.		

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

BAA

Schedule **D** (Form 990) 2014

SCHEDULE	(Form 990)

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.

2014

OMB No 1545-0047

Open to Public. Inspection

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

**%** ⊠ **Employer Identification number** ∏Yes 37-1440861 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance KIDS & CLAYS FOUNDATION Part | General Information c Name of the organization

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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.

י סורי 350, ו מונוץ, ווופ בדוסן מון ופטוקופות תומו פספולפט וווסופ תומו עס,ססט. ו מונון כמו מכ מטוונסופט וומטומו אף מספס ואינון אינון	any recipient in	מנופספוגפת וווסופ	: נוומון ¢ט,000. ו מונו	can be auplicated	ii addiiioiiai shaca	d is recorded.	
(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
(1) RONALD MCDONALD HOUSE 9161_RANDALL WAY	94-2864490	:		28,595.	ВООК	P. INVENTORY DONATION	DONATION
(2) RONALD MCDONALD HOUSE 101_WARM_SPRINGS_AVENUE_ BOISE ID 83712	94-3030996			30,813.	BOOK	P. INVENTORY DONATION	DONATION
(3) RONALD MCDONALD HOUSE	43-1160478			10,257.	ВООК	P. INVENTORY	DONATION
(4) RONALD MCDONALD HOUSE 211-E-GRAND AVENUE CHICAGO IL 60611				21,068.	ВООК	P. INVENTORY	DONATION
HOUSE SLE, 46204	35-1788444			. 66, 799.	ВООК	P. INVENTORY	DONATION
1 1	42-1189783			9,050.	BOOK	P. INVENTORY	DONATION
JSE TI	42-1117423			7,549.	BOOK	P. INVENTORY	DONATION
(8) RONALD MCDONALD HOUSE 1160_FORSYTH_STREET MACON GA 31201	58-2473799		6,690.	11,209.	ВООК	P. INVENTORY DONATION	DONATION
2 Enter total number of section 501(c)(3) and government organizations lis	and government orgar		led in the line 1 table			•	

Schedule I (Form 990) (2014)

TEEA3901 06/19/14

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.

o,

Continuation Page 1

Schedule I Cont (Form 990) 2014 (h) Purpose of grant or assistance P. INVENTORY DONATION INVENTORY DONATION INVENTORY DONATION P. INVENTORY DONATION DONATION Employer identification number Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments. (Schedule I (Form 990), Part II. 37-1440861 INVENTORY (g) Description of non-cash assistance Д, (f) Method of valuation (book, FMV, appraisal, other) BOOK 9,770. BOOK 18,080. BOOK 5,913. BOOK BOOK 12,992. (e) Amount of non-cash assistance 14,621 (d) Amount of cash 5,460 grant (c) IRC section if applicable 57-0725736 31-0890152 47-0755104 (b) EIN \_\_620\_SOUTH\_38TH\_AVE\_\_\_\_ 1613 E. MOREHEAD ST \_\_\_\_\_ \_\_711\_W.LIVINGSTON\_AVE.\_\_ RONALD MCDONALD HOUSE \_ (a) Name and address of organization or government \_ RONALD\_MCDONALD\_HOUSE\_ RONALD MCDONALD HOUSE 2800 COLONIAL DRIVE \_ \_ RONALD MCDONALD HOUSE \_ RONALD\_MCDONALD\_HOUSE\_ KIDS & CLAYS FOUNDATION SACRAMENTO CA 95817 CHARLOTTE NC 28207 COLUMBIA SC 29203 COLUMBUS OH 43205 \_\_2555\_49th\_St\_\_\_ **OMAHA NE 68105** Name of the organization 1 1 1 1 1 1 1 1 1

TEEA4001 06/19/14

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) KIDS & CLAYS FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance ~ က 4 S 9

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Open To Public Inspection

Employer identification number

KID	)S &	· CL	AYS FOUNDATION				1440	861			
Par	tΙ	Тур	es of Property							_	
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g				etermi	ning amounts
1	Art -	– Wor	ks of art	,							
2	Art -	– Hıst	orical treasures			· · · · · · · ·					
3	Art -	– Frac	ctional interests								
4	Boo	ks and	f publications								
5	Clot	hing a	nd household goods		,						
6	Cars	s and	other vehicles								_
7	Boa	ts and	planes								
8	Intel	llectua	l property								
9	Sec	urities	- Publicly traded								
10	Sec	urities	- Closely held stock								
11	Sec	urities	- Partnership, LLC, or trust interests.								
12			- Miscellaneous								
13			conservation contribution –								
14	Qua	lified o	conservation contribution – Other								
15	Rea	I estat	e – Residential				i -			•	
16	Rea	l estat	e – Commercial								
17	Rea	l estat	e – Other								
18	Coll	ectible	······································				<del> </del>			-	
19			ntory								
20			I medical supplies								
21		-	· · · · · · · · · · · · · · · · · · ·		-						
22			artıfacts								
23			specimens				<del></del>				
24			ical artifacts	<u></u>			<del> </del>				
25		-	( <u>RETAIL</u> ) .	X	3	02 011	LOME	D 01		m 00	MYDYDT
26	Othe			<u> </u>		92,811.	POME	K OF		1 UK	MAKVET
27	Othe		() . (			<del> </del>	-				<del></del> .
28	Othe		() .								
			( T 2002			<u> </u>					
29	Orga	nber o anızatı	f Forms 8283 received by the organization on completed Form 8283, Part IV, Donee A	auring the ta Acknowledge	ax year for contributions i	for which the	29	1			
	0.90		on completed to an ezec, tall iv, Believ	.oooogo			25		$\neg$	Yes	No
								Г		162	140
30a	hold	l for at	e year, did the organization receive by cont least three years from the date of the initia for the entire holding period?	al contribution	n, and which is not requi	red to be used for exemp	ot		30 a		-
b	If Y	es,' de	scribe the arrangement in Part II.					ſ			
31	Doe	s the	organization have a gift acceptance policy	that requires	the review of any non-s	tandard contributions?			31		X
32a			organization hire or use third parties or relation to the contributions?						32 a		Х
b	If Y	es,' de	scribe in Part II					ſ			
33			nization did not report an amount in colum n Part II	n (c) for a typ	pe of property for which o	column (a) is checked,					

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

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

2014

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number 37-1440861 KIDS & CLAYS FOUNDATION FORM 990- ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES Other 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 Other MOBILE MEDICAL UNITS. RELATED PARTY INFORMATION AMONG OFFICERS GLENN LUBEZNIK- PAST PRESIDENT Pt VI, Line 2 (SPOUSE) KATHY LUBEZNIK-DIRECTOR ORGANIZATION'S PROCESS TO REVIEW FORM 990: THE RETURN WAS REVIEWED BY THE BOARD TREASURER, THE EXECUTIVE COMMITTEE AND THEN THE FULL BOARD BEFORE Pt VI, Line 11b THE RETURN WAS FILED. 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. Pt VI, Line 12c THE BOARD OF DIRECTORS ESTABLISHED A SUBCOMMITTEE TO CREATE A JOB DESCRIPTION FOR DIRECTOR OF KIDS & CLAYS FOUNDATION. THE SUBCOMMITTEE THEN REVIEWED SIMILAR JOB DESCRIPTIONS WITH COMPARABLE COMPENSATION RANGES TO DETERMINE AN APPROPRIATE DIRECTORS PAY. SUBSEQUENTLY, THE BOARRD OF DIRECTORS HIRED A DIRECTOR FOR KIDS & CLAYS FOUNDATION BASED Pt VI, Line 15a ON THIS INFORMATION.

# Form 8868

Department of the Treasury Internal Revenue Service

(Rev January 2014)

#### 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.

OMR No. 1545-1709

 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Chanties & Nonprofits Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . . . . All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file ıncome tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print KIDS & CLAYS FOUNDATION 37-1440861 Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) File by the due date for 823 FRANKLIN STREET filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See instructions MICHIGAN CITY 46360 Application Return **Application** Return Is For Code ls For Code 01 Form 990 or Form 990-EZ Form 990-T (corporation) Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 ● The books are in the care of ► <u>BILL\_KEYSER</u> Telephone No ► (219) 879-4200 Fax No ► If the organization does not have an office or place of business in the United States, check this box. . If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, . . F If it is for part of the group, check this box. . . . F and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time  $\underline{\text{Aug}}$   $\underline{17}$  \_ \_ , 20  $\underline{15}$  \_ , to file the exempt organization return for the organization named above. The extension is for the organization's return for X calendar year 20 14 or \_ \_ \_ \_ , 20 \_ \_ \_ , and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period 3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . . . . . . 3 a | \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . 3 blS c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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)

Illinois

Indiana

#### **Supporting Statement of:**

Sch D, page 3/Part IX, End Oth Assets -1

Description	Amount
PROMOTIONAL INVENTORY	157,951.
Total	157,951.

#### Supporting Statement of:

Schedule I/Smart Wks Noncash Grt Amt-1

Description	Amount
AMMO PROMOTIONAL INVENTORY	7,440.
Total	28,595.

# **KIDS & CLAYS FOUNDATION**

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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, 2014 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, 2014 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

Herz + Associates

Clarendon Hills, IL June 24, 2015

# KIDS & CLAYS FOUNDATION STATEMENTS OF ASSETS AND NET ASSETS DECEMBER 31, 2014

# **ASSETS**

Cash			<u>2014</u>				2013		
Non-Interest Bearing Ac Interest Bearing Accoun		\$ \$	96,5	0 45			\$ \$	100 68,857	
Accounts Receivable				0			\$	0	
Promotional Inventory			157,9	51			\$ [	164,058	
Fixed Assets Equipment \$ 22,164 Equipment- Acc. Dep. \$ -22,164					\$ 22,1 \$ <u>-22,</u> 1				
Total Fixed Assets		\$		0			\$	0	
Total Assets		<u>\$_7</u>	<u>254,4</u>	<u>96</u>			<u>\$ 7</u>	233,015	
LIABILITIES									
Other Current Liabilities Credit Card Payable Payroll Liabilities Accrued Expenses Total Current Liabilities	\$ 4,761 \$ 1,290 \$0	<u>\$</u>	6,0	<u>51</u>	\$ \$ \$	0 0 <u>0</u>	<u>\$</u>	0	
NET ASSETS									
Unrestricted Net Assets		\$ 2	48,44	15			\$ 2	233,015	
Total Liabilities & Net Assets \$254,496 \$233,015 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, 2014

# Revenues

	<u>2014</u>	<u>2013</u>
Contributions and Direct Public Support Gross Receipts Less: Expenses	\$ 347,956 (143,997)	\$ 600,463 (165,103)
Net Revenue from Contributions and Direct Public Support	203,959	435,360
Fund Raising Events	0	0
Investment Income, Including Unrealized (Depreciation) Appreciation of Securities Net Revenue	36 _203,995	18 _435,378
Grant Allocations	187,113	293,262
Prior Period Adjustments	(1,452)	0
Excess of (Expenses over Revenues) Revenues over Expenses and (Decrease) Increase in Net Assets for Year Net Assets, Beginning of Year	15,430 _233,015	142,116 90,899
Net Assets, End of Year	\$ 248,445	<u>\$ 233,015</u>

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, 2014**

#### 1. Nature of Activities

KIDS & CLAYS FOUNDATION is organized in the State of Illinois as a notfor-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.