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# Form 990

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2015

➤ 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.

| A                       | For the 2015 calendar year, or tax year beginning , 2015, and ending ,  |  |   |                |                      |  |                     |  |                       |              |                                     |                |                                       |            |  |  |  |  |  |
|-------------------------|---|--|---|----------------|----------------------|--|---------------------|--|-----------------------|--------------|-------------------------------------|----------------|---------------------------------------|------------|--|--|--|--|--|
| B                       | Check if ap   | plicable   | C Name of organ                                 | tzetion K      | DS & CL              | AYS FOUN   | DATION              |  |                       |              | D Employ                            | er Identif     | ication numbe                         | т          |  |  |  |  |  |
|                         | Addre   | ss change  | Doing business                                  | 85             |                      |  |                     |  |                       |              | 37-1                                | 4408           | 361                                   |            |  |  |  |  |  |
|                         | Name  | change   | Number and st                                   | real (or P O.  | box if mail is not d | elivered to street   | address)            |  | Room/s                | uite         | E Telepho                           | ne numb        | Br .                                  |            |  |  |  |  |  |
|                         | Initial   | return   | 823 FRANK                                       | LIN ST         | REET                 |  |                     |  | i                     |              | (219                                | 9) 87          | 79-4200                               |            |  |  |  |  |  |
|                         | Finalre   | eturn/terminated   |   |                | e, country, and Z    | IP or foreign posta  | l code              |  |                       |              |                                     |                |                                       |            |  |  |  |  |  |
|                         | Amen  | ded return   | MICHIGAN  | CITY           |                      |  | т                   | N 4                                    | 6360                  |              | G Gross re                          | celots S       | 701,3                                 | 51.        |  |  |  |  |  |
| 3                       | <del></del>   |  |   |                |                      |  |                     |  |                       |              |                                     |                |                                       | (es XINo   |  |  |  |  |  |
|                         |   | aren poneng  | BILL KEYSE                                      |                |                      | PPP MTCUTC   | ልክ ሮፐጥሃ             | TNI A                                  | 6360                  | H(b) Are all | subordinates i<br>stiach e iist. (s | ncluded?       | $\Box$                                | res No     |  |  |  |  |  |
| 13                      | Tay.eve   | empt status  | X 501(c)(3)                                     | 501(c)         |                      | (insert no.)   | 4947(a)(1           |  | 527                   | ll'No,' i    | atlach a iist. (s                   | ee insiru      | ctions)                               | _          |  |  |  |  |  |
| J                       | Websi   |  | W. KIDSAND                                      |                | <del></del>          | (msercino.)  | יאנטאני             | 1 01 1                                 |                       | Wal Group    | nortemexe                           | ahar 🕨         |                                       |            |  |  |  |  |  |
| <del></del>             |   |  | 7 7   |                | Association          | Other >  |                     | 1 4                                    | of formation          |              |                                     |                | gal domicite                          | T.)        |  |  |  |  |  |
| K<br>(Gr≅               |   | organization   | X Corporation                                   | Trust          | Association          | OBer   |                     | L Year                                 | oi tormatioi          | 2002         | <u> </u>                            | iate oi ret    | jai connene                           | IN         |  |  |  |  |  |
|                         |   | Summar   | y<br>e th <del>e</del> organizali               | log's missi    | on or most of        | anificant activ  | ltloo:              | CEE                                    | CCUE                  | VII E O      |                                     |                |                                       |            |  |  |  |  |  |
|                         | 1 01  | latily describ   | e ine organizan                                 | on a missi     | un ur most si        | yımıcanı acuv  | mas.                | 255                                    | 20HFF                 | OIFE O       |                                     |                |                                       |            |  |  |  |  |  |
| 8                       | _   |  |   |                |                      |  |                     |  |                       |              |                                     |                |                                       |            |  |  |  |  |  |
| Activities & Governance | -   |  |   |                |                      |  |                     |  |                       |              |                                     |                |                                       |            |  |  |  |  |  |
| Ve                      | 2 (1  | neck this how  | E Trithe  |                | on discontinu        | ed its operation   | ne or diena         | eed of                                 | more th               | an 25% o     | f Its net as                        | <br>sate       |                                       |            |  |  |  |  |  |
| တ္တ                     | 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a) |  |   |                |                      |  |                     |  |                       |              |                                     |                |                                       |            |  |  |  |  |  |
| બ્ઇ                     |   |  | ependent voting                                 |                |                      |  |                     |  |                       |              |                                     | 4              |                                       | 20         |  |  |  |  |  |
| <u>ë</u>                | <b>5</b> To   | tal number   | of Individuals en                               | nployed in     | calendar yea         | ar 2015 (Part  | V, line 2a)         |  |                       |              | 1                                   | 5              |                                       | 1          |  |  |  |  |  |
| ₹.                      | <b>6</b> To   | ital number  | of volunteers (e:                               | stimate if     | necessary) .         |  |                     |  |                       |              |                                     | 6              |                                       | 0          |  |  |  |  |  |
| Æ                       |   |  | d business reve                                 |                |                      |  |                     |  |                       |              |                                     | 7a             |                                       | 89.        |  |  |  |  |  |
|                         | b Ne  | et unrelated   | business taxabl                                 | e income       | from Form 99         | 0-T, line 34 .   |                     |  | · · · ·               |              | <u> </u>                            | 7b             |                                       | 0.         |  |  |  |  |  |
| - 1                     |   |  |   |                |                      |  |                     |  |                       | Р            | rior Year                           |                | Current                               | Year       |  |  |  |  |  |
| 90                      |   |  | and grants (Part                                |                | •                    |  |                     |  |                       | <u></u>      | 347,9                               | 56.            | 70                                    | 1,262.     |  |  |  |  |  |
| Revenue                 |   | -  | ce revenue (Pai                                 |                |                      |  |                     |  |                       | <u> </u>     |                                     |                |                                       |            |  |  |  |  |  |
| ě                       |   |  | ome (Part VIII,                                 |                |                      |  |                     |  |                       |              |                                     | 36.            |                                       | <u>89.</u> |  |  |  |  |  |
| -                       |   |  | (Part VIII, colu                                |                |                      |  |                     |  |                       |              |                                     |                |                                       |            |  |  |  |  |  |
|                         |   |  | <ul> <li>add lines 8 th</li> </ul>              |                |                      |  |                     |  |                       | <b></b>      | 347,9                               |                |                                       | 01,351.    |  |  |  |  |  |
|                         |   |  | nliar amounts p                                 | •              |                      | •  |                     |  |                       |              | 187,1                               | 13.            | 4]                                    | 11,156.    |  |  |  |  |  |
| ĺ                       |   | •  | o or for membe                                  | •              |                      | •  |                     |  |                       | ļ            |                                     |                |                                       |            |  |  |  |  |  |
| ιχ                      | <b>15</b> Sa  | ilaries, other   | compensation,                                   | employee       | e benefits (Pa       | rt IX, column  | (A), lines 5        | :194 ·                                 |                       | <u> </u>     | 27,4                                | 04.            |                                       | 78,346.    |  |  |  |  |  |
| Expenses                | 16a Pr  | rofessional fundraising fees (Part IX, column (A), line 11e) |   |                |                      |  |                     |  |                       |              |                                     |                | · · · · · · · · · · · · · · · · · · · |            |  |  |  |  |  |
| 8                       | <b>b</b> To   | tal fundrals   | ng expenses (P                                  | art IX, col    | umn (D) يامو         | STECK  | VED                 | 7831                                   | 476.                  |              |                                     |                |                                       |            |  |  |  |  |  |
| മ                       | 17 OI   | her expense  | s (Part IX, colu                                | mn (A), lin    | es 11a-11d,          | 1112401  |                     | .\Q\                                   | <del></del>           |              | 116,5                               | 93.            | 15                                    | 52,603.    |  |  |  |  |  |
|                         | <b>18</b> To  | tal expense  | s. Add lines 13-                                | 17 (must e     | equal Part IX        | column (A)   | ide 39 <i>)   b</i> | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | <b>\</b>              |              | 331,1                               |                |                                       | 12,105.    |  |  |  |  |  |
|                         | 19 Re   | venue less   | expenses. Subt                                  | ract line 1    | 8 from lines         | <sup>الل</sup> ِّ عَالِمَالِ . إِ  |                     | بيللسب                                 | * <b>)</b> <i>[</i> * |              | 16,8                                |                |                                       | 59,246.    |  |  |  |  |  |
| 8 8                     |   |  |   |                | 18                   |  | 111                 | 7                                      |                       | Beginnia     | g of Curren                         |                | End of                                |            |  |  |  |  |  |
| 2 5                     | <b>20</b> To  | ital essets (F   | Part X, line 16)                                | <b></b> .      | 15                   | Lagar.   | ENU                 |  |                       | Dogumen      | 254,4                               |                |                                       | 2,356.     |  |  |  |  |  |
| 88                      |   |  | (Part X, line 26                                |                | \ \                  |  | • • • • • •         |  |                       |              | 6,0                                 |                |                                       | 4,665.     |  |  |  |  |  |
| ž.                      |   |  | und balances. S                                 | •              | Σ.                   | Carried Street, Street |                     |  |                       |              | 248,4                               |                | 30                                    | 07,691.    |  |  |  |  |  |
| Pa                      |   | Signatur   |   | <u> </u>       | 10 2 1 110111 1111   | 020  |                     |  |                       | - J          | 24014                               | 13.1           |                                       | 777071.    |  |  |  |  |  |
|                         |   |  |   | land this salu | n Including accou    | manulan sehadul  | oe and statem       | note and                               | to the heat           | of my knowl  | odao and hall                       | of it to true  | in correct and                        |            |  |  |  |  |  |
| comb                    | lete Oeclar   | ation of prepare   | ere that I heve exami<br>r (other than officer) | is based on a  | ii information of w  | hich preparer has  | any knowledg        | 9.<br>9.                               | IND DIED DESC         | Of INITION   | euge and bei                        | ar, 11 15 UC   | 1 /                                   |            |  |  |  |  |  |
|                         |   | K  | 02 KV   |                |                      |  |                     |  |                       |              | 6/1                                 | .5             | 116                                   |            |  |  |  |  |  |
| Sin                     | n   | Signatur   | of officer                                      |                | ·                    | ·  |                     |  |                       | Da           | 10 -1 -                             | <del>-</del> / |                                       |            |  |  |  |  |  |
| Sig<br>He               | re  | RTLI   | KEYSER  |                |                      |  |                     |  |                       |              |                                     |                |                                       |            |  |  |  |  |  |
|                         | _   |  | orint name and title.                           |                |                      |  |                     |  |                       |              |                                     |                |                                       |            |  |  |  |  |  |
|                         |   | Print/Type pri   | aparer's name                                   |                | Prepared             | ynature /  | C11                 | Da                                     | ite                   |              | Check >                             | ( 1 5          | PTIN                                  |            |  |  |  |  |  |
| D - 1                   | هـ  | 1  | D J. HEIN                                       | 7              |                      |  | 7000                | اما                                    | 6/14/                 | 16           | self-employe                        | - 1            | 20065570                              | ን 1        |  |  |  |  |  |
| Pai                     |   | Firm's name  |   |                | RICHAR               | D 7. REA   | <del>"/"</del> —    | 10                                     | 0/13/                 | · ·          | TOW-OIL PROYE                       |                | . 000007                              | <u></u>    |  |  |  |  |  |
|                         | parer<br>Only   |  |   |                | OCIATES              |  | <u>′</u>            |  |                       |              | Firm's EIN                          |                |                                       |            |  |  |  |  |  |
| JJ                      | . Unity   | Firm's addres  |   |                | ON AVE               |  | TT (A               | E 1 4                                  |                       |              |                                     | 1630           | \ 00C 0                               | A75        |  |  |  |  |  |
| Mari                    | the IDC   | discuss this   |   | NDON H         |                      | 2 long leaters   |                     | 514                                    |                       |              | Phone no.                           | (630           | ) 986-0<br>X Yes                      |            |  |  |  |  |  |
| IVILLY                  | いほにんり   | นเจบบรร แปร  | return with the                                 | highniet:      | SHOWII RDOVE         | ะ ไวคด เมรนเกต   | ייי (פווטוו         |  |                       |              |                                     |                | IN TES                                | No         |  |  |  |  |  |

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

TEEA0101 10/12/15

Form 990 (2015)

| Form           | 990 (2015) KIDS & CLAYS FOUNDATION   | 37-1440861 Page 2         |
|----------------|--|---------------------------|
| Par            | 如此 Statement of Program Service Accomplishments  |                           |
|                | Check if Schedule O contains a response or note to any line in this Part III                                     |                           |
| 1              | Briefly describe the organization's mission.   |                           |
|                | SEE SCHEDULE O   |                           |
|                |  |                           |
|                |  |                           |
|                |  |                           |
| 2              | Did the organization undertake any significant program services during the year which were not listed on the pr  | rior                      |
|                | Form 990 or 990-EZ?  | Yes X No                  |
|                | If 'Yes,' describe these new services on Schedule O.   |                           |
| 3              | Did the organization cease conducting, or make significant changes in how it conducts, any program services?     | · · · · · Yes X No        |
|                | If 'Yes,' describe these changes on Schedule O   |                           |
| 4              | Describe the organization's program service accomplishments for each of its three largest program services, as   | s measured by expenses.   |
|                | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | ners, the total expenses, |
|                | and revenue, if any, for each program service reported   |                           |
|                |  | <del></del>               |
| 4 a            | (Code:) (Expenses \$ 642,106. including grants of \$ 411,156. ) (Re  | evenue \$ 701,352.)       |
|                | SPORTING EVENTS ARE HELD DURING THE YEAR WHICH PROVIDES REVENUE  |                           |
|                | TO THE ORGANIZATION. IN ADDITION, CONTRIBUTIONS AND GIFTS ARE  |                           |
|                | RECEIVED FROM VARIOUS OUTSIDE SOURCES. ALL PROCEEDS ARE USED   |                           |
|                | SOLELY FOR THE PURPOSE OF OPERATING THIS NON-FOR-PROFIT ORGANIZAT  | ION                       |
|                | WHICH INCLUDES GRANTS AND DONATIONS PAID TO RONALD MCDONALD HOUSE  |                           |
|                | CHARITIES CHAPTERS.  |                           |
|                |  |                           |
|                |  |                           |
|                |  |                           |
|                |  |                           |
|                |  |                           |
|                |  |                           |
|                | (Code: ) (Expenses \$ including grants of \$ ) (Re   |                           |
| 4 D            | (Code:) (Expenses \$ including grants of \$) (Re   | evenue \$)                |
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|                |  |                           |
|                |  |                           |
| 4 c            | (Code ) (Expenses \$ including grants of \$ ) (Re  | evenue \$ )               |
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|                |  |                           |
| <del> :-</del> |  |                           |
|                | Other program services (Describe in Schedule O )   |                           |
|                | (Expenses \$ including grants of \$ ) (Revenue \$  | )                         |
| 4 e            | Total program service expenses ► 642,106.  |                           |

|      |   |      | 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    |     | x  |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II  | 7    |     | 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.  |      |     |    |
| á    | 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   |    |
| ł    | 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 ь |     | 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  |
| - (  | 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   |    |
| 6    | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X   | 11 e |     | Х  |
| 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  | 11 f |     | Х  |
| 12 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   |    |
|      | 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  |
|      | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | 13   |     | Х  |
|      | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a  |     | X  |
| t    | 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  |

| For | n 990 (2015) KIDS & CLAYS FOUNDATION 37-144086  | i 1       | F   | age 4    |
|-----|---|-----------|-----|----------|
| Pa  | Checklist of Required Schedules (continued)   |           |     |          |
| -   | ·   |           | Yes | No       |
|     | a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H   | 20a       |     | Х        |
| t   | o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b       |     | <u> </u> |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If Yes, complete Schedule I, Parts I and II   | 21        | Х   |          |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III   | 22        |     | Х        |
| 23  | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J  | 23        |     | Х        |
| 24  | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a                          | 24a       |     | Х        |
| !   | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b       |     |          |
| (   | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c       |     |          |
|     | d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?  | 24d       | -   |          |
| 25  | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |           |     |          |
|     | transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I   | 25a       |     | X        |
| ì   | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I                                     | 25b       |     | х        |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes', complete Schedule L, Part II                                | 26        |     | x        |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27        |     | х        |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |           |     |          |
| 1   | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   | 28a       |     | Х        |
| ı   | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  | -28b      |     | х        |
| (   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  | 28c       |     | x        |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete Schedule M  | 29        | Х   |          |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M  | 30        |     | х        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  | 31        |     | Х        |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II  | 32        |     | х        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I  | 33        |     | х        |
| 34  |   |           |     |          |
| 35: | 3 Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 34<br>35a |     | X        |
|     | o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled  | 33a       |     |          |
|     | entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  | 35b       |     | X        |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2  | 36        |     | х        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI   | 37        |     | х        |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O   | 38        | X   |          |

# 

| 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  |          | Yes   | No        |
|---|----------|-------|-----------|
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  |          |       |           |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  | 1 c      |       |           |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |          |       |           |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2 b      | Х     |           |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |          | 3.0   | 打論        |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3 a      |       | Х         |
| b if 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O  | 3 b      |       |           |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4 a      |       | Х         |
| b If '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)   | 84       |       |           |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5 a      |       | X         |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5 b      |       | X         |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  | 5 c      | [     |           |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                   | 6 a      |       | Х         |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6 b      |       |           |
| 7 Organizations that may receive deductible contributions under section 170(c).   |          |       |           |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7 a      |       | X         |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   | 7 b      |       |           |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7 c      |       | Х         |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year   |          |       |           |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7 e      |       | Х         |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7 f      |       | Х         |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7 g      |       |           |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a   | 7 h      |       |           |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 741424 I |       |           |
|   |          |       | 特徵        |
| a Did the sponsoring organization make any taxable distributions under section 4966?  | 9 a      | 20000 | RETORNEY. |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9 b      |       |           |
| 10 Section 501(c)(7) organizations. Enter   |          |       | . 531     |
| a Initiation fees and capital contributions included on Part VIII, line 12  |          |       |           |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b  |          |       |           |
| 11 Section 501(c)(12) organizations. Enter  |          |       |           |
| a Gross income from members or shareholders   |          |       |           |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  |          |       |           |
| 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12 a     |       |           |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b   |          |       | 1.15      |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?   | 13 a     |       |           |
| Note. See the instructions for additional information the organization must report on Schedule O  |          |       | 1117      |
| b Enter the amount of reserves the organization is required to maintain by the states in  |          |       |           |
| which the organization is licensed to issue qualified health plans  |          |       |           |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  | 14 a     | 4 4   | X         |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O   | 14 b     |       |           |
|   | Form 9   | 90 (2 | 015)      |

Part VIS 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.

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

| Sec  | tion A. Governing Body and Management   |                |         |             |
|------|---|----------------|---------|-------------|
|      |   |                | Yes     | No          |
| 1 a  | Is Enter the number of voting members of the governing body at the end of the tax year  |                |         |             |
|      |   |                |         |             |
| 2    | 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              | X       |             |
| 3    | Did the organization delegate control over management duties customarily performed by or under the direct supervision   | <del>  _</del> |         | <del></del> |
| 3    | 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 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           |
| 7 8  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  | 7 a            |         | X           |
| ,    | Are any governance decisions of the organization reserved to (or subject to approval by) members,   |                |         |             |
| •    | stockholders, or persons other than the governing body?   | 7 Ь            |         | X           |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |                |         |             |
|      | The governing body?   | 8 a            | Х       |             |
| ŀ    | Each committee with authority to act on behalf of the governing body?   | 8 b            | Х       |             |
| 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  |                |         | Х           |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Rever   | " • C          | -do 1   |             |
| 000  | tion b. I ondies Time decision b requests information about policies not required by the internal Never   | ue C           | Yes     | No          |
| 10 a | Did the organization have local chapters, branches, or affiliates?  | 10 a           | 103     | X           |
|      | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their   | 1.00           |         |             |
|      | operations are consistent with the organization's exempt purposes?  | 10 b           |         | ļ           |
| 11 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           | -X      |             |
|      | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |                |         |             |
|      | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·   | 12 a           | Х       |             |
| t    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12 b           | X       |             |
| C    | 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           | х       |             |
| 13   | Did the organization have a written whistleblower policy?   | 13             | X       |             |
| 14   | Did the organization have a written document retention and destruction policy?  | 14             | Х       |             |
| 15   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |                |         |             |
| а    | The organization's CEO, Executive Director, or top management official  | 15a            | Х       |             |
| b    | Other officers or key employees of the organization   | 15 b           |         | X           |
| 16 a | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a   |                |         |             |
| h    | taxable entity during the year?   | 16 a           | Fig. 12 | X           |
|      | 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           |         |             |
|      | tion C. Disclosure  |                |         |             |
| 17   | 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) of for public inspection. Indicate how you made these available Check all that apply.  Own website  Another's website  X Upon request  Other (explain in Schedule O) | ıvaılab        | le      |             |
| 19   | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year   | e to           |         |             |
| 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)  | 19) 8          | 79-4    | 200         |

| Form 990 (2015)         | KIDG    | r  | CIAVE | FOUNDATION  |   |
|-------------------------|---------|----|-------|-------------|---|
| FUITH <b>330</b> (2013) | K 1 115 | ۸. | LLATS | FUNINDATION | ١ |

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Page 7

# Rart VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.   |   |             |                       |                 |              |                              |           |                                     |  |  |
|--|---|-------------|-----------------------|-----------------|--------------|------------------------------|-----------|-------------------------------------|--|--|
|  | (C)   |             |                       |                 |              |                              |           | <u> </u>                            |  |  |
| (A)<br>Name and Title  | (B)<br>Average<br>hours<br>per  | thar        | n one<br>s both       | box, u<br>an of | unless       | ,                            |           | (D) Reportable compensation from    | (E) Reportable compensation from         | (F) Estimated amount of other  |
| <u>-</u>   | week<br>(list any<br>hours for<br>related<br>organiza-<br>tions<br>below<br>dotted<br>line) | or director | Institutional trustee | Officer         | Key employee | Highest compensated employee | Former    | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) DAVID BARON  | 2.00  |             |                       |                 |              |                              | -         |                                     |  |  |
| DIRECTOR   |   | Х           | <u> </u>              |                 |              |                              | _         | 0.                                  | 0.                                       | 0.   |
| (2) CURT BORCHERDING   | 2.00  | l           |                       |                 |              |                              |           |                                     |  |  |
| DIRECTOR   |   | Х           |                       |                 |              | <b> </b>  -                  | _         | 0.                                  | 0.                                       | 0.   |
| _(3) MARK FREEMAN  | 2.00  | 1,,         |                       |                 |              |                              |           |                                     |  |  |
| DIRECTOR   | +   | X           |                       |                 |              |                              | _         | 0.                                  | 0.                                       | 0.   |
| ··(4)- JOEL GESKY  | 2.00  | v           | İ                     |                 |              |                              | ı         | _                                   |  | -  |
| DIRECTOR   | +   | Х           | _                     |                 |              |                              | -4        | 0.                                  | 0.                                       | 0.   |
| (5) SCOTT GRANGE   | 2'00  | Х           |                       |                 |              |                              |           | _                                   |  |  |
| DIRECTOR   |   | <u>  ^</u>  | $\vdash$              |                 |              |                              | -         | 0.                                  | 0.                                       | 0.   |
| (6) DICK HAMMETT   | 2.00  | x           |                       |                 |              |                              | ı         |                                     | _  | _  |
| DIRECTOR IN TO THE PROPERTY OF |   |             | Н                     | _               |              |                              | 4         | 0.                                  | 0.                                       | 0.   |
| (7) MICHAEL HAMPTON JR.  | 2.00  | $ _{X} $    |                       |                 |              | 1                            |           |                                     | •  | _  |
| DIRECTOR   | 1 2 00  | <u> </u>    |                       |                 |              |                              | $\dashv$  | 0.                                  | 0.                                       | 0.   |
| (8) BONNIE HOPKINS OFFICER   | 2.00  |             |                       | $_{\rm x}$      |              |                              |           | 0                                   |  | •  |
| (9) DAN KAISER   | 2.00  |             |                       | ^               |              |                              | 4         | 0.                                  | 0.                                       | 0.   |
| DIRECTOR   | - -2.00   | х           |                       | ł               |              |                              |           | 0.                                  | _  | 0  |
| (10) TODD KEMMERER   | 2.00  |             | -                     | $\dashv$        |              |                              | $\dashv$  |                                     | 0.                                       | 0.   |
| DIRECTOR   | - - 2.00  | х           |                       |                 |              |                              |           | 0.                                  | 0.                                       | 0  |
| (11) BILL KEYSER   | 4.00  |             |                       | $\dashv$        |              | $\dashv$                     | +         |                                     | <u> </u>                                 | 0.   |
| PRESIDENT  | - - =   |             |                       | х               |              |                              | -         | 0.                                  | 0.                                       | 0.   |
| (12) GREG KOSTECK  | 2.00  |             | $\neg$                |                 |              |                              | $\forall$ | 0.                                  | ··                                       | <u> </u>   |
| DIRECTOR   | - -2.00   | х           |                       |                 |              |                              |           | 0.                                  | 0.                                       | 0.   |
| (13) PAT LIESKE  | 2.00  |             |                       |                 |              |                              | 1         |                                     |  |  |
| DIRECTOR   | -   | Х           |                       |                 |              |                              | - [       | 0.                                  | 0.                                       | 0.   |
| (14) GLENN LUBEZNIK  | 2.00  |             |                       | _               | $\neg$       | +                            | 7         |                                     |  |  |
| PAST PRESIDENT   |   |             |                       | х               |              |                              |           | 0.                                  | 0.                                       | 0.   |
|  | •   |             | <u>_</u>              |                 |              | <del></del>                  |           |                                     | <u> </u>                                 |  |

| PartiVII   Section A. Officers, Directors, Tru   | ustees,   | Key            | En                     | nplo                    | oye          | es,                           | an           | d Highest Con                       | npensated Emp                            | loyees (continued)   |
|--|---|----------------|------------------------|-------------------------|--------------|-------------------------------|--------------|-------------------------------------|--|--|
| ,  | (B)   |                |                        | •                       | C)           |                               |              |                                     |  |  |
| (A)<br>Name and title  | Average<br>hours<br>per<br>week   | box            | icer a                 | heck<br>ss pe<br>nd a c | เรอก         | than c<br>is both<br>or/trust | an           | (D) Reportable compensation from    | (E)  Reportable compensation from        | (F) Estimated amount of other  |
|  | (list any<br>hours<br>for<br>related<br>organiza<br>- tions<br>below<br>dotted<br>line) | or director    | Institutional frustee  | Officer                 | Key employee | Highest compensated employee  | Former       | the organization<br>(W-2/1099-MISC) | related organizations<br>(W-2/1099-MISC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (15) KATHY LUBEZNIK  | 2.00_   |                |                        |                         |              |                               |              |                                     |  |  |
| DIRECTOR   |   | X              |                        |                         |              |                               | L.           | 0.                                  | 0.                                       | 0.   |
| (16) PHIL MURRAY   | 2.00_   |                |                        |                         |              |                               |              |                                     | _  | 1  |
| DIRECTOR (17) JASON NASH   | 2.00  | X              |                        |                         |              | <u> </u>                      |              | 0.                                  | 0.                                       | 0.   |
| DIRECTOR   | 12.00_  | X              |                        |                         |              |                               |              | 0.                                  | 0.                                       | 0.   |
| (18) MINDY PLUMLEE TREASURER   | 5.00_   |                |                        | x                       |              |                               | -            | 0.                                  | 0.                                       | 0.   |
| (19) KIM RHODE HARRYMAN DIRECTOR   | 2.00_   | Х              |                        |                         |              |                               |              | 0.                                  | 0.                                       | 0.   |
| (20) BUD WHEATON   | 2.00  |                |                        |                         |              |                               |              |                                     |  |  |
| VICE PRESIDENT   | _   |                |                        | X                       |              |                               | <u></u> .    | 0.                                  | 0.                                       | 0.   |
| (21) DOUG JEANNERET  | 40.00   |                |                        |                         | v            |                               |              | 70.246                              |  |  |
| C22)   |   | -              |                        |                         | X            |                               |              | 78,346.                             | 0.                                       | 0.   |
| (23)   |   |                |                        |                         |              |                               |              |                                     |  |  |
| (24)   | <del>-</del>  |                |                        |                         |              |                               |              |                                     |  |  |
| (25)   |   |                |                        |                         |              |                               |              |                                     |  |  |
| 1 b Sub-total  |   |                | <del></del> -          | <del>-</del> -          |              |                               | <b>*</b>     | 78,346.                             | 0.                                       | 0.   |
| c Total from continuation sheets to Part VII, Section  | n A   |                |                        |                         |              |                               | ▶            |                                     |  | <u> </u>   |
| d Total (add lines 1b and 1c)  |   |                |                        |                         |              |                               | <b>&gt;</b>  | 78,346.                             | 0.                                       | 0.   |
| 2 Total number of individuals (including but not limited from the organization ►   | to those I  | ısted          | abo                    | ve) v                   | who          | rece                          | ived         | d more than \$100,0                 | 00 of reportable cor                     | npensation   |
| Did the organization list any former officer, director, on line 1a? If 'Yes.' complete Schedule J for such in                  |   |                |                        |                         |              |                               |              |                                     |  | Yes No   |
| For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual | ortable co  | mper           | nsatı<br><i>If 'Ye</i> | on a                    | and o        | other<br>olete                | cor<br>Sch   | mpensation from                     |  | . 4 X  |
| 5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or                | mpensati  | on fro         | om a                   | ny u                    | ınrel        | ated                          | org          | anization or individ                | ual                                      | MATERIAL CONTROL   |
| Section B. Independent Contractors   |   |                |                        |                         |              |                               |              |                                     |  |  |
| <ol> <li>Complete this table for your five highest compensation from the organization. Report compensation.</li> </ol>         | ed indeper  | ndent<br>the c | con                    | traci                   | tors         | that i                        | rece<br>lina | eived more than \$1                 | 00,000 of                                |  |
| (A) Name and business addre  |   |                |                        |                         | ,,,,         |                               |              | (B) Description of                  |  | (C)<br>Compensation  |
|  |   |                |                        |                         |              |                               |              |                                     |  |  |
|  |   |                |                        |                         |              |                               |              |                                     |  |  |
|  |   |                |                        |                         |              |                               |              |                                     |  |  |
| Total number of independent contractors (including I \$100,000 of compensation from the organization.)                         | out not lim   | ited t         | o the                  | ose l                   | isted        | d abo                         | ve)          | who received mor                    | e than                                   |  |

| Рa                           | Part.VIII Statement of Revenue  |                   |  |                  |                   |                   |  |   |  |  |  |  |  |
|------------------------------|---|-------------------|--|------------------|-------------------|-------------------|--|---|--|--|--|--|--|
|                              | Check if Schedule O contains a response or note to any line in this Part VIII |                   |  |                  |                   |                   |  |   |  |  |  |  |  |
| <b>新作士位置</b>                 |   |                   |  |                  |                   | (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |  |  |  |  |
| Contributions, Gifts, Grants | b Membership dues   |                   |  |                  | 1 b<br>1 c<br>1 d |                   |  |   |  |  |  |  |  |
| Sontributi<br>and Other      |   | g                 | All other contributions, gifts, gisumilar amounts not included a Noncash contributions include Total. Add lines 1a-1f                                      | d in lines 1a-1i |                   | 701,262.          |  |   |  |  |  |  |  |
| Program Service Revenue      |   | 2a<br>b<br>c<br>d |  |                  | Business Code     |                   |  |   |  |  |  |  |  |
| Program                      |   |                   | All other program service Total. Add lines 2a-2f   |                  |                   | <b>-</b>          |  |   |  |  |  |  |  |
|                              |   | 3<br>4<br>5       | Investment income (incluother similar amounts) . Income from investment Royalties  | of tax-exem      | pt bond proceeds  | <b>.</b>          | 0 -                                    | 89.                                     | ering prop Kolserskogenistik                         |  |  |  |  |
|                              |   | b<br>d            | Gross rents  Less' rental expenses  Rental income or (loss) .  Net rental income or (loss)  Gross amount from sales of                                     | (i) Real         |                   | <b>→</b>          |  |   |  |  |  |  |  |
|                              |   | b<br>c            | assets other than inventory  Less cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)   |                  |                   |                   |  |   |  |  |  |  |  |
| Other Revenue                | 1   | b                 | Gross income from fundr<br>(not including. \$<br>of contributions reported<br>See Part IV, line 18<br>Less: direct expenses .<br>Net income or (loss) from | on line 1c).     | . a               |                   |  |   |  |  |  |  |  |
| O                            |   | 9 a<br>b          | Gross income from gamin<br>See Part IV, line 19<br>Less. direct expenses .<br>Net income or (loss) from  | ng activities    | a<br>. b          |                   |  |   |  |  |  |  |  |
|                              | 11  | 0a<br>b           | Gross sales of inventory, and allowances Less cost of goods sold Net income or (loss) from   | less returns     | . a               |                   |  |   |  |  |  |  |  |
|                              | 1   | 1 a               | Miscellaneous Revenue  |                  | Business Code     |                   | 如海峡沿海市低                                |   |  |  |  |  |  |
|                              | 12  | е                 | All other revenue  Total. Add lines 11a-11d  Total revenue. See instru   |                  |                   | 701,351.          |  | 89                                      |  |  |  |  |  |

89.

|          | not include amounts reported on lines<br>7b, 8b, 9b, and 10b of Part VIII.   | (A) Total expenses  | (B)<br>Program service  | (C)<br>Management and | (D)<br>Fundraising |
|----------|--|---------------------|---|-----------------------|--------------------|
| 1        | Grants and other assistance to domestic organizations and domestic governments See Part IV. line 21  | 411,156.            | expenses 411,156.   | general expenses      | expenses           |
| 2        | Grants and other assistance to domestic individuals. See Part IV, line 22  | 411,130.            | 411,150.  |                       |                    |
| 3        | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16  |                     |   |                       |                    |
| 4        | Benefits paid to or for members  |                     |   |                       |                    |
| 5        | Compensation of current officers, directors, trustees, and key employees   | 78,346.             | 26,115.   | 26,115.               | 26,116.            |
| 6        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                     |   |                       |                    |
| 7        | Other salaries and wages   | ,                   |   |                       |                    |
| 8        | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                     |   |                       |                    |
| 9        | Other employee benefits  |                     |   |                       |                    |
| 10       | Payroll taxes  |                     | <del></del>   |                       |                    |
| 11       | Fees for services (non-employees)  |                     |   |                       |                    |
|          | Management   | 12,942.             | 6,471.  | 6,471.                | 0.                 |
|          | Legal  | -2,090.             | 0.  | -2,090.               | 0.                 |
| _        | Lobbying   | 2,525.              | 0.  | 2,525.                | 0.                 |
|          | Professional fundraising services See Part IV, line 17   |                     |   |                       |                    |
|          | Investment management fees   |                     | V Seeka British British British British British British See See British British |                       |                    |
| g        | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   |                     |   |                       |                    |
|          | Advertising and promotion  | 3,239.              | 3,129.  | 110.                  | 0.                 |
| 13       | Office expenses  | 5,-025.             | <u> 0 .</u>   | 5,025.                | 0.                 |
| 14       | Information technology   |                     |   |                       |                    |
| 15       | Royalties  | <del></del>         |   |                       |                    |
| 16<br>17 | Occupancy  | 25 001              | 16 701  |                       | 0 200              |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials   | 25,081.             | 16,721.   | 0.                    | 8,360.             |
| 19       | Conferences, conventions, and meetings   |                     |   |                       |                    |
| 20       | Interest   |                     | <del></del>   |                       | ·                  |
| 21       | Payments to affiliates   |                     | <del></del>   |                       |                    |
| 22       | Depreciation, depletion, and amortization Insurance  | 0.700               | ^   | 0.700                 |                    |
| 23<br>24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)                   | 2,796.              | O.  | 2,796.                |                    |
| а        |  |                     |   |                       |                    |
| b        | <u></u>  | 9,854.              | 9,854.  | 0.                    | 0.                 |
| C        |  | 39,489.             | 39,489.   | 0.                    | <u> </u>           |
| d        | 355  | 7,040.              | 7,040.  | 35 655                | 9.                 |
|          | All other expenses   | 46,702.<br>642,105. | 31,047.<br>551,022.   | 15,655.<br>56,607.    | 0.                 |
|          |  | 042,103.            | 331,022.  | 36,607.               | 34,476.            |
| 26       | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here   if following  SOP 98-2 (ASC 958-720) |                     |   |                       |                    |

Unrestricted net assets . . . . . .

and complete lines 30 through 34.

Temporarily restricted net assets . . . .

Permanently restricted net assets . . . . . . . .

Capital stock or trust principal, or current funds

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

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

Retained earnings, endowment, accumulated income, or other funds

Form 990 (2015) KIDS & CLAYS FOUNDATION 37-1440861 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (A) Beginning of year End of year 96,545 1 181,863. Cash — non-interest-bearing . . . . . . . . 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net . . . . . Loans and other receivables from current and former officers, directors, 5 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 7 8 Prepaid expenses and deferred charges . 9 Land, buildings, and equipment cost or other basis 10 a 10 a 10 b 10 c 9,000 11 Investments - publicly traded securities . . . . . 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets See Part IV, line 11 . . . . 15 15 157,951 121,493 Total assets. Add lines 1 through 15 (must equal line 34) 254,496 16 312,356. 16 Accounts payable and accrued expenses . . . . 6,051 17 4,665 17 Grants payable . 18 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, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  $\ldots$ 25 25 26 Total liabilities. Add lines 17 through 25 051 26 665 Organizations that follow SFAS 117 (ASC 958), check here ► x and complete or Fund Balances lines 27 through 29, and lines 33 and 34.

BAA

Assets

Set?

27

28

30

32

33

34

312,356 Form 990 (2015)

307,691

307,691

248,445

248,445

254,496

27

28

29

30

31

32

33

34

| Fori | m 990 (2015) KIDS & CLAYS FOUNDATION 37-   | 1440861 |           | Pa       | ige 1: |
|------|--|---------|-----------|----------|--------|
| Рa   | Reconciliation of Net Assets   |         |           |          |        |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |         | . <b></b> |          | . [    |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1       | 7         | 01,3     | 351.   |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2       |           | 42,1     |        |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3       |           | 59,2     |        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4       |           | 48,4     |        |
| 5    | Net unrealized gains (losses) on investments   | 5       |           | <u>,</u> |        |
| 6    | Donated services and use of facilities   | 6       |           |          |        |
| 7    | Investment expenses  | 7       |           |          |        |
| 8    | Prior period adjustments   | 8       |           |          |        |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)   | 9       |           |          |        |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  | 10      | 31        | 07,6     | 91     |
|      | Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII   |         |           | <b>.</b> | . Г    |
| 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                                    |         | W-12      | Yes      | No     |
| 2    | a Were the organization's financial statements compiled or reviewed by an independent accountant?  |         | 2 a       |          | X      |
| -    | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis   |         |           |          |        |
|      | <b>b</b> Were the organization's financial statements audited by an independent accountant?  |         | 2 b       | X        |        |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both    X   Separate basis  |         |           |          |        |
|      | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant? | it,     | 2 c       | Х        |        |
|      | If the organization changed either its oversight process or selection process during the tax year, explain   |         |           |          |        |

3 a

Form 990 (2015)

Х

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b if Yes, did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

# 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.

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

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

|                | & CLAYS FOUNDATION  |   |   |   |                     | 37-144086  |   |
|----------------|---|---|---|---|---------------------|--|---|
| Part           | Reason for Public Ch  | arity Status (All o                                 | rganizations must co  | omplete                                       | this p              | art.) See instruction                                  | ns.   |
| The or         | ganization is not a private founda  | tion because it is: (For                            | lines 1 through 11, chec  | k only on                                     | e box.)             |  |   |
| 1              | A church, convention of church  | ches, or association of                             | churches described in se  | ction 17                                      | D(b)(1)(            | A)(i).   |   |
| 2              | A school described in section   | n 170(b)(1)(A)(ii). (Atta                           | ch Schedule E (Form 99  | 0 or 990-                                     | EZ))                |  |   |
| 3              | A hospital or a cooperative ho  | spital service organiza                             | tion described in <b>sectior</b>  | 170(b)(                                       | 1)(A)(iii           | ).   |   |
| 4              | A medical research organizat  | ion operated in conjunc                             | ction with a hospital desc  | ribed in s                                    | ection              | 170(b)(1)(A)(iii) Enter t                              | he hospital's                                   |
|                | name, city, and state:  |   |   |   |                     |  | ·   |
| 5              | An organization operated for 1170(b)(1)(A)(iv). (Complete F   | the benefit of a college<br>Part II.)               | or university owned or o  | perated b                                     | y a gov             | ernmental unit described                               | d in section                                    |
| 6              | A federal, state, or local gove   |   |   |   |                     |  |   |
| 7              | An organization that normally in section 170(b)(1)(A)(vi).  | Complete Part II.)                                  |   | governm                                       | nental u            | nit or from the general pi                             | ublic described                                 |
| 8              | A community trust described in  | n section 170(b)(1)(A)                              | (vi). (Complete Part II.)   |   |                     |  |   |
| 9              | X An organization that normally from activities related to its ex investment income and unrelations 30, 1975. See section 5 | tempt functions — subje<br>ated business taxable ii | ect to certain exceptions,<br>ncome (less section 511   | and (2) r                                     | no more             | than 33-1/3% of its sun                                | nort from aross                                 |
| 10             | An organization organized an  | d operated exclusively                              | to test for public safety \$  | See <b>sect</b> i                             | ion 509             | (a)(4).  |   |
| 11             | An organization organized and or more publicly supported organizes 11a through 11d that de                                  | ganizations described i                             | n section 509(a)(1) or se   | ection 50                                     | 09(a)(2).           | See section 509(a)(3).                                 | urposes of one<br>Check the box in              |
| а              | Type I. A supporting organization(s) the power to recomplete Part IV, Sections A  | egularly appoint or elec                            | sed, or controlled by its si<br>ct a majority of the director   | upported<br>ors or trus                       | organız<br>stees of | ation(s), typically by givi<br>the supporting organiza | ng the supported<br>tion You must               |
| Ь              | Type II. A supporting organizar<br>management of the supporting<br>must complete Part IV, Sect                              | g organization vested ii                            | trolled in connection with<br>n the same persons that   | its supp<br>control o                         | orted or<br>r manag | ganızation(s), by havıng<br>e the supported organız    | control or<br>ation(s) You                      |
| C              | Type III functionally integral organization(s) (see instruction   | ns) You must comple                                 | ete Part IV, Sections A,  | D, and E                                      |                     |  |   |
| <sup>-</sup> q | Type III non-functionally into functionally integrated. The or instructions) You must comp                                  | ganization generally m                              | ust satisfy a distribution i  | connection<br>requirement                     | on with<br>ent and  | ts supported organization attentiveness require        | n(s) that is not<br>ment (see                   |
| е              | Check this box if the organiza integrated, or Type III non-fun  | tion received a written ctionally integrated sur    | determination from the IF   | RS that it                                    | іѕ а Тур            | e I, Type II, Type III fund                            | ctionally                                       |
| -              | Enter the number of supported or  | _   |   |   |                     |  |   |
| _ g            | Provide the following information   | about the supported or                              | ganızatıon(s)   |   |                     |  |   |
|                | (I) Name of supported<br>organization   | (II) EIN  | (iii) Type of organization<br>(described on lines 1-9<br>above (see instructions))  | (IV) is<br>organizatio<br>in your go<br>docum | n listed<br>verning | (v) Amount of monetary support (see instructions)      | (vI) Amount of other support (see instructions) |
|                |   |   |   | Yes   | No                  |  |   |
|                |   |   |   |   |                     |  |   |
| (A)            |   |   |   |   |                     |  |   |
| • • •          |   |   |   |   |                     |  | <del>~~</del>                                   |
| (B)            |   |   |   |   |                     |  |   |
| (C)            |   |   |   |   |                     |  |   |
| <u> </u>       | -   |   |   |   | ~ •                 | <del></del>  |   |
| (D)            |   |   |   |   |                     |  |   |
| <u>(E)</u>     |   |   | TO THE PROPERTY OF THE PERSON NAMED AND ADDRESS OF THE PERSON | REGONATION -                                  | erene savel         |  |   |
| Total          |   |   |   |   |                     |  |   |

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

Part III 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.)

| Se          | ction A. Public Support   |  |   |  |  |                                 |           |
|-------------|---|--|---|--|--|---------------------------------|-----------|
| Cald<br>beg | endar year (or fiscal year<br>inning in) ►  | (a) 2011   | (b) 2012                                  | (c) 2013                                     | (d) 2014   | (e) 2015                        | (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   |  |   |  |  |                                 |           |
| Sec         | tion B. Total Support   |  |   |  |  |                                 |           |
|             | endar year (or fiscal year<br>inning in) ►  | (a) 2011   | ( <b>b)</b> 2012                          | (c) 2013                                     | (d) 2014   | (e) 2015                        | (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 activities  | es, etc (see instru  | ctions)                                   |  |  | 12                              |           |
| 13          | First five years. If the Form 990 is organization, check this box and st  | for the organization for the o | on's first, second, th                    | nırd, fourth, or fifth                       | tax year as a secti                              | on 501(c)(3)                    | ▶ □       |
| Sec         | tion C. Computation of Pul  |  |   |  | -  |                                 |           |
| 14          | Public support percentage for 2015  |  |   |  |  | <del></del>                     |           |
| 15          | Public support percentage from 20   | 14 Schedule A, Pa  | rt II, line 14                            | . <i>.</i>                                   | • • • • • • • • •                                | 15                              | %         |
| 16 a        | a 33-1/3% support test — 2015. If t<br>and stop here. The organization q  | he organization did<br>ualifies as a public  | f not check the box<br>ly supported organ | on line 13, and linization                   | ne 14 is 33-1/3% oi                              | r more, check this              | box ►     |
| ŧ           | o 33-1/3% support test — 2014. If the and stop here. The organization of  | ne organization did<br>jualifies as a public   | not check a box o<br>ly supported orgar   | n line 13 or 16a, ar<br>nization             | nd line 15 is 33-1/3                             | % or more, check                | this box  |
| 17 a        | a 10%-facts-and-circumstances te<br>or more, and if the organization me<br>the organization meets the 'facts-a  | eets the 'facts-and-   | circumstances' tes                        | t, check this box ar                         | nd stop here. Expl                               | ain in Part VI how              |           |
|             | o 10%-facts-and-circumstances te<br>or more, and if the organization me<br>organization meets the 'facts-and-c  | eets the 'facts-and-<br>proumstances' test   | circumstances' tes<br>The organization    | t, check this box ar<br>qualifies as a publi | nd <b>stop here.</b> Expl<br>icly supported orga | ain in Part VI how<br>anization | / the ▶   |
| 18          | Private foundation. If the organiza   | ation did not check  | a box on line 13, 1                       | 6a, 16b, 17a, or 1                           | 7b, check this box                               | and see instruction             | ons ►     |

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

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

| Sec   | tion A. Public Support   |                      |   |   |   |                                  |                | <del></del>         |
|-------|--|----------------------|---|---|---|----------------------------------|----------------|---------------------|
|       | dar year (or fiscal year beginning in) 🟲   | (a) 2011             | (b) 2012                                  | (c) 2013                                      | (d) 2014                                  | (e) 2015                         |                | (f) Total           |
| 1     | Gifts, grants, contributions<br>and membership fees<br>received. (Do not include<br>any 'unusual grants.')   | 512,307.             | 503,755.                                  | 600,463.                                      | 347,956.                                  | 701,20                           | : 2            | 2 665 742           |
| 2     | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's  |                      |   |   |   | 701,20                           | 02.            | 2,665,743.          |
|       | tax-exempt purpose   | 29,498.              | 8,400.                                    | 0.  | 0.  |                                  |                | 37,898.             |
|       | Gross receipts from activities that are not an unrelated trade or business under section 513 .   |                      |   |   |   |                                  |                |                     |
|       | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                      |   |   |   |                                  |                |                     |
|       | facilities furnished by a governmental unit to the organization without charge   |                      |   |   |   |                                  |                |                     |
| 6     | Total. Add lines 1 through 5   | 541,805.             | 512,155.                                  | 600,463.                                      | 347,956.                                  | 701,26                           | 52.            | 2,703,641.          |
| 7 a   | Amounts included on lines 1,<br>2, and 3 received from<br>disqualified persons   | 22,565.              | 0.  | 0.  | 0.  |                                  |                | 22,565.             |
| 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   | 22,303.              | 0.  | 0.  | 0.  |                                  |                | 227303.             |
| С     | Add lines 7a and 7b  | 22,565.              | 0.  | 0.  | 0.  |                                  |                | 22,565.             |
| 8     | Public support. (Subtract line 7c from line 6)   |                      |   |   |   |                                  |                | 2,681,076.          |
| Sec   | tion B. Total Support  |                      | . =                                       |   |   |                                  |                |                     |
| Calen | dar year (or fiscal year beginning in) 🕨   | (a) 2011             | ( <b>b</b> ) 2012                         | (c) 2013                                      | (d) 2014                                  | (e) 2015                         |                | (f) Total           |
| . 9   | Amounts from line 6  | 541,805.             | 512,155.                                  | 600,463.                                      | 3.47,956.                                 | - 701,26                         | 52. <b>.</b> . | _2,703,641.         |
|       | Gross income from interest, dividends, payments received on securilies loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses | 14.                  | 23.                                       | 18.   | 36.                                       | 8                                | 39.            | 180.                |
| _     | acquired after June 30, 1975   | 1.4                  |   | 1.0   | 2.6                                       |                                  |                | 100                 |
|       | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  | 14.                  | 23.                                       | 18.   | 36.                                       |                                  | 39.            | 180.                |
| 12    | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)   |                      |   |   |   |                                  |                |                     |
| 13    | Total support. (Add lines 9, 10c, 11, and 12)  | 541,819.             | 512,178.                                  | 600,481.                                      | 347,992.                                  | 701,35                           | 1.             | 2,703,821.          |
| 14    | First five years. If the Form 990 is organization, check this box and st   | for the organization | on's first, second, the                   | hird, fourth, or fifth                        | tax year as a sect                        | on 501(c)(3)                     |                |                     |
| Sec   | tion C. Computation of Pul   |                      |   |   |   |                                  |                | <u>L</u>            |
|       | Public support percentage for 2015   |                      |   | , column (f)) .                               |   |                                  | 15             | 99.16 %             |
|       | Public support percentage from 20  |                      | •   |   |   |                                  | 16             | 96.89 %             |
|       | tion D. Computation of Inv   |                      |   |   |   |                                  |                |                     |
| 17    | Investment income percentage for   | <del></del>          |   |   | )   |                                  | 17             | 0.01 %              |
| 18    | Investment income percentage from  |                      |   |   | •   | <u> </u>                         | 18             | 0.01 %              |
| 19 a  | 33-1/3% support tests — 2015. If is not more than 33-1/3%, check the   | the organization di  | d not check the bo<br>ere. The organizati | ix on line 14, and li<br>ion qualifies as a p | ne 15 is more than<br>ublicly supported o | n 33-1/3%, and<br>organization . |                | • 17<br>► X         |
|       | 33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%, c   | check this box and   | stop here. The or                         | ganızatıon qualıfies                          | s as a publicly supp                      | ported organiz                   | zatior         | i <b>≻</b> ∐        |
| 20    | Private foundation. If the organiza  | ation did not check  | a box on line 14, 1                       | 19a, or 19b, check                            | this box and see ii                       | nstructions                      |                | <i>.</i> <b>≻</b> □ |

Part Va Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

# Section A. All Supporting Organizations

|      |  |     | 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)  | 2   |         |    |
| 3 8  | 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  |         |    |
| ı    | 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 Part VI when and how the organization made the determination  | 3b  |         |    |
| (    | 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  | 3c  |         |    |
| 4 :  | 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  |         |    |
| ı    | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations   | 4b  |         |    |
| (    | c 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 Part VI 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  |         | 4  |
| 5 8  | 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  | 1 -14 - |    |
| ŀ    | 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  | Tipe 1  |    |
| C    | Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5c  |         |    |
| 6    | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b>  | 6   |         |    |
| 7    | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)  | 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 or 990-EZ)   | 8   |         |    |
| 9 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  |         |    |
| t    | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI   | 9b  |         |    |
| Ċ    | Did a disqualified person (as defined in line 9a) 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  | 9с  |         |    |
| 10 a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below  | 10a |         |    |
| t    | 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.)  | 10b |         |    |

| Pa | 計劃V警 Supporting Organizations (continued)   |   |          |    |
|----|---|---|----------|----|
| 11 | `Has the organization accepted a gift or contribution from any of the following persons?  | 71348   | Yes      | 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?   | 11a   |          |    |
|    | b A family member of a person described in (a) above?   | 11b   |          |    |
|    | 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  | 11c   |          |    |
| Se | ction B. Type I Supporting Organizations  |   | <u>'</u> | •  |
|    |   |   | Yes      | No |
| 1  | 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year |   |          |    |
| 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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | 2   |          |    |
| Se | ction C. Type II Supporting Organizations   |   |          |    |
|    |   |   | Yes      | No |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)  | 1   |          |    |
| Se | ction D. All Type III Supporting Organizations  |   |          | ·  |
|    |   | ( FFEE  | Yes      | No |
| 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  |   |          |    |
| 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).   | 2   |          |    |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a significant 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 Part VI the role the organization's supported organizations played in this regard   | 3   |          |    |
| 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  |   |          |    |
|    | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruct  | ions)   |          |    |
|    |   | ſ   |          |    |
| 2  | Activities Test Answer (a) and (b) below.   | a de la compania del compania del compania de la compania del compania | Yes      | 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 responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.   | 2a  |          |    |
|    | 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 organization's involvement   | 2b  |          |    |
| 3  | Parent of Supported Organizations. Answer (a) and (b) below.  | 100   | 酬        |    |
|    | 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   | 3a  |          |    |
|    | 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  | 3b  |          |    |

| Par | t蚁震 Type III Non-Functionally Integrated 509(a)(3) Supporting Orga   | ıniza          | tions                                    |                                |
|-----|--|----------------|--|--------------------------------|
| 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                          | loven<br>tions | nber 20, 1970 See instrud<br>A through E | ctions. All                    |
| Sec | tion A – Adjusted Net Income   | _              | (A) Prior Year                           | (B) Current Year<br>(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) Prior Year                           | (B) Current Year<br>(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)   |                |  |                                |
| а   | Average monthly value of securities  | 1 a            |  |                                |
| b   | Average monthly cash balances  | 1 b            |  |                                |
| С   | Fair market value of other non-exempt-use assets   | 1 c            |  |                                |
| d   | Total (add lines 1a, 1b, and 1c)   | 1 d            |  |                                |
| е   | 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              |  |                                |
| 7   | Recoveries of prior-year distributions   | 7              |  |                                |
| 8   | Minimum Asset Amount (add line 7 to line 6)  | 8              |  | · -                            |
| Sec | tion C — Distributable Amount  | <del>r</del>   |  | Current Year                   |
| _1  | Adjusted net income for prior year (from Section A, line 8, Column A)  | -              |  |                                |
| 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-integrated (see instructions)   | Турі           | e III supporting organizatio             | n                              |
| BAA |  |                | Schedule A (For                          | m 990 or 990-EZ) 2015          |

| Pai | Type III Non-Functionally Integrated 509(a)(3) Su   | upporting Organiza             | tions (continued)   |  |
|-----|---|--------------------------------|---|--|
| Sec | tion D – Distributions  |                                |   | Current Year   |
| 1   | Amounts paid to supported organizations to accomplish exempt purpos   | ses                            |   |  |
| 2   | Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity   | of supported organization      | ns,   |  |
| 3   | Administrative expenses paid to accomplish exempt purposes of suppo   | orted organizations            |   |  |
| 4   | Amounts paid to acquire exempt-use assets   |                                |   |  |
| 5   | Qualified set-aside amounts (prior IRS approval required)   |                                |   |  |
| 6   | Other distributions (describe in Part VI). See instructions   | <u></u>                        |   |  |
| 7   | Total annual distributions. Add lines 1 through 6   |                                |   |  |
| 8   | Distributions to attentive supported organizations to which the organization Part VI) See instructions  |                                |   |  |
| 9   | Distributable amount for 2015 from Section C, line 6  |                                |   | <del>-</del>   |
| 10  | Line 8 amount divided by Line 9 amount  |                                |   | <del></del>  |
| Sec | tion E – Distribution Allocations (see instructions)  | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2015  | (iii)<br>Distributable<br>Amount for 2015  |
| 1   | Distributable amount for 2015 from Section C, line 6  |                                |   |  |
| 2   | Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)  |                                |   |  |
| 3   | Excess distributions carryover, if any, to 2015   |                                |   |  |
| а   | 据是是的政治和最终是在1973年以下,1974年1974年1974年1974年1974年1974年1974年1974年   | <b>化氢化甲酰基甲基甲基</b>              |   |  |
| b   |   |                                |   |  |
| С   | <b>化等的保护和 2015年 1915年 1918年 191</b> |                                | <b>新成型計畫以及計畫者</b>   |  |
| d   | From 2013   |                                |   |  |
| е   | From 2014   |                                | THE PROPERTY OF TAXABLE PARTY OF THE PROPERTY OF THE PROPERTY OF TAXABLE PARTY. |  |
| f   | Total of lines 3a through e   |                                |   |  |
| g   | Applied to underdistributions of prior years  |                                |   |  |
| h   | Applied to 2015 distributable amount  |                                |   |  |
| i   | Carryover from 2010 not applied (see instructions)  |                                |   |  |
| j   | Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                |   |  |
| 4   | Distributions for 2015 from Section D, line 7:  |                                |   |  |
| а   | Applied to underdistributions of prior years  |                                | advantage as the ed course and address and include                              |  |
| b   | Applied to 2015 distributable amount  |                                |   | TO SERVICE WHITE THE CHARLE A STREET AS THE SERVICE OF WHITE SHARE   |
|     | Remainder. Subtract lines 4a and 4b from 4  |                                |   |  |
| 5   | Remaining underdistributions for years prior to 2015, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)   |                                |   |  |
| 6   | Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)  |                                |   |  |
| 7   | Excess distributions carryover to 2016. Add lines 3j and 4c   |                                |   | Table 2 February   |
| 8   | Breakdown of line 7   |                                |   |  |
| а   |   |                                |   | ACCESSION DE LA COMPANION DE L |
| b   |   | THE THE PARTY OF THE           |   |  |
| С   | Excess from 2013  |                                |   |  |
| d   | Excess from 2014  |                                |   |  |
| е   | Excess from 2015  |                                |   |  |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

|            | <b>20.0</b>          |
|------------|----------------------|
| n990.      | Openito Publicate    |
| Employer i | dentification number |
|            | •                    |

|     | KIDS & CLAYS FOUNDATION  |  |   | 27 1440061   |
|-----|--|--|---|--|
| 75  | Organizations Maintaining Donor Advi   | sad Funds or Of                              | her Similar Funds                       | 37-1440861<br>or Accounts  |
| Ra  | Complete if the organization answered 'Y   | es' on Form 990.                             | Part IV. line 6.                        | of Accounts.   |
|     |  | (a) Donor advised                            |   | (b) Funds and other accounts                                     |
| 1   | Total number at end of year  | (a) Donor advised                            | lands                                   | (b) I unus and other accounts                                    |
| 2   | Aggregate value of contributions to (during year)  |  |   |  |
| 3   | Aggregate value of grants from (during year)   |  |   |  |
| 4   | Aggregate value at end of year   |  | · · · · · · · · · · · · · · · · · · ·   | ·  |
| 4   |  |  |   |  |
| 5   | Did the organization inform all donors and donor advisors are the organization's property, subject to the organization   |  |   |  |
| 6   | Did the organization inform all grantees, donors, and don for charitable purposes and not for the benefit of the dono impermissible private benefit?                                   | or or donor advisor, or                      | for any other purpose co                | nferring   |
| Pa  | Conservation Easements.  |  |   |  |
|     | Complete if the organization answered 'Y   | es' on Form 990,                             | Part IV, line 7.                        |  |
| 1   | Purpose(s) of conservation easements held by the organi  | zation (check all that                       | apply)                                  |  |
|     | Preservation of land for public use (e.g., recreation of   | r education)                                 | Preservation of a his                   | storically important land area                                   |
|     | Protection of natural habitat  |  | Preservation of a cei                   | rtified historic structure                                       |
|     | Preservation of open space   |  | _                                       |  |
| 2   | Complete lines 2a through 2d if the organization held a qualitate day of the tax year  | ualified conservation of                     | ontribution in the form of              | a conservation easement on the                                   |
|     | last day of the tax year   |  | in the second                           | Held at the End of the Tax Year                                  |
|     | Total number of conservation easements   |  | 4                                       | Held at the End of the Tax Year                                  |
|     | o Total acreage restricted by conservation easements   |  | <u> </u>                                | 2 b  |
|     | : Number of conservation easements on a certified historic   |  | ļ                                       | 2 c  |
|     |  |  | ` ' <u></u>                             | 20   |
| (   | I Number of conservation easements included in (c) acquir structure listed in the National Register  |  |   | 2 d  |
| 3   | Number of conservation easements modified, transferred tax year ►  | , released, extinguish                       | ed, or terminated by the o              | organization during the  |
| 4   | Number of states where property subject to conservation  | easement is located 1                        | -                                       |  |
| 5   | Does the organization have a written policy regarding the  | periodic monitoring, i                       | nspection, handling of vio              | elations,  |
|     | and enforcement of the conservation easements it holds?  | ·  |   | Yes No   |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting  | ng, handling of violation                    | ns, and enforcing conser                | vation easements during the year                                 |
| 7   | Amount of expenses incurred in monitoring, inspecting, ha  | andling of violations, a                     | nd enforcing conservatio                | n easements during the year                                      |
|     |  |  | _                                       |  |
| 8   | Does each conservation easement reported on line 2(d) a and section 170(h)(4)(B)(ii)?  |  |   | Yes No   |
|     | In Part XIII, describe how the organization reports conser-<br>include, if applicable, the text of the footnote to the organi-<br>conservation easements.                              | zation's financial state                     | ments that describes the                | organization's accounting for                                    |
| Pai | Organizations Maintaining Collections Complete if the organization answered 'Ye  | <b>of Art, Historica</b><br>es' on Form 990, | I Treasures, or Oth<br>Part IV, line 8. | er Similar Assets.   |
| 1 a | If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for puin Part XIII, the text of the footnote to its financial stateme | iblic exhibition, educat                     | ion, or research in further             | ent and balance sheet works of rance of public service, provide, |
| I   | If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for public following amounts relating to these items                       | exhibition, education,                       | or research in furtheranc               | e of public service, provide the                                 |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |  |   |  |
|     | (ii) Assets included in Form 990, Part X   |  |   |  |
|     | If the organization received or held works of art, historical amounts required to be reported under SFAS 116 (ASC 9  | 158) relating to these if                    | ems                                     | •  |
|     | Revenue included on Form 990, Part VIII, line 1  |  |   |  |
| ı   | Assets included in Form 990, Part X  | <u> </u>                                     |   | ▶ \$   |
|     |  |  |   |  |

| Part III Organizations Maintaining  | Collections       | of Art, Hist           | orical Treasures, o             | or Other Similar Ass                    | ets (continu                            | ed)         |
|---|-------------------|------------------------|---------------------------------|---|---|-------------|
| 3 Using the organization's acquisition, acces items (check all that apply)  | sion, and other r | records, check         | any of the following that       | t are a significant use of its          | collection                              |             |
| a Public exhibition   |                   | d Loan                 | or exchange programs            |   |   |             |
| <b>b</b> Scholarly research   |                   | e Other                | <u> </u>                        |   |   |             |
| c Preservation for future generations   |                   |                        |                                 |   |   |             |
| <ol> <li>Provide a description of the organization's<br/>Part XIII.</li> </ol>  |                   | •                      |                                 |   |   |             |
| 5 During the year, did the organization solicit to be sold to raise funds rather than to be r                                 | naintained as pa  | art of the organ       | nization's collection?          |   | Yes [                                   | No          |
| Escrow and Custodial Arrai  | on Form 990       | ), Part X, lin         | ne organization ans<br>e 21.    | swered Yes on Form                      | 990, Part IV                            | ',<br>      |
| 1 a Is the organization an agent, trustee, custo<br>on Form 990, Part X?      b If 'Yes,' explain the arrangement in Part XII |                   |                        |                                 | sets not included                       | Yes                                     | No          |
| -   |                   |                        |                                 |   | Amount                                  |             |
| c Beginning balance   |                   |                        |                                 | . 1 c                                   |   |             |
| d Additions during the year   |                   |                        |                                 |   |   |             |
| e Distributions during the year   |                   |                        |                                 |   |   |             |
| f Ending balance  |                   |                        |                                 |   | <del></del>                             | т.          |
| 2 a Did the organization include an amount on<br>b If 'Yes,' explain the arrangement in Part XII                              |                   |                        |                                 | - L                                     |   | No          |
| Part Vis Endowment Funds. Comple  | te if the organ   | nization ans           | wered 'Yes' on For              | m 990. Part IV. line 1                  | 0.                                      |             |
| · · · · · · · · · · · · · · · · · · ·   | current year      | (b) Prior year         |                                 |   | (e) Four years                          | back        |
| 1 a Beginning of year balance   | 0.                | .,,                    |                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (2, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |             |
| b Contributions   | 25,000.           |                        |                                 |   |   |             |
| c Net investment earnings, gains, and losses  |                   |                        |                                 |   |   |             |
| d Grants or scholarships  |                   |                        |                                 |   |   |             |
| e Other expenditures for facilities and programs  |                   |                        |                                 |   |   |             |
| f Administrative expenses   |                   |                        |                                 |   |   |             |
| g End of year balance   | 25,000.           |                        |                                 |   | <u> </u>                                |             |
| 2 Provide the estimated percentage of the cu  | irrent year end b | alance (line 1ç        | g, column (a)) held as          |   |   |             |
| a Board designated or quasi-endowment   |                   | <sup>8</sup>           |                                 |   |   |             |
| b Permanent endowment ►   | <sup>8</sup>      | •                      |                                 |   |   |             |
| c Temporarily restricted endowment  |                   | 9                      |                                 |   |   |             |
| The percentages on lines 2a, 2b, and 2c sh  | nould equal 100%  | /o.                    |                                 |   |   |             |
| 3 a Are there endowment funds not in the poss<br>organization by  | ession of the org | ganization that        | are held and administer         | red for the                             | Yes                                     | No          |
| (i) unrelated organizations   |                   |                        |                                 |   | 3a(i)                                   |             |
| (ii) related organizations  |                   |                        |                                 | <i></i>                                 | 3a(ii)                                  | <del></del> |
| b If 'Yes' on line 3a(ii), are the related organiz  | ations listed as  | required on So         | chedule R?                      |   | 3b                                      |             |
| 4 Describe in Part XIII the intended uses of the  | ne organization's | endowment f            | unds                            |   | -                                       |             |
| Part VII Land, Buildings, and Equip   | ment.             |                        |                                 |   |   |             |
| Complete if the organization a  | inswered 'Ye      | s' on Form             | 990, Part IV, line 11           | la. See Form 990, Pa                    | art X, line 10.                         |             |
| Description of property   |                   | other basis<br>stment) | (b) Cost or other basis (other) | (c) Accumulated depreciation            | (d) Book val                            | lue         |
| 1 a Land  |                   |                        |                                 |   |   |             |
| ъ Buildings   |                   |                        |                                 |   |   |             |
| c Leasehold improvements  |                   |                        |                                 |   |   |             |
| d Equipment   |                   |                        | 31,164.                         | 22,164.                                 | 9,                                      | 000.        |
| e Other   |                   |                        |                                 |   |   |             |
| Total. Add lines 1a through 1e (Column (d) must   | equal Form 990    | ), Part X, colui       | mn (B), line 10c )              |   |   | 000.        |
| BAA   |                   |                        |                                 | Schedu                                  | le D (Form 990                          | ) 2015      |

| Name   | 'Voc' on Form 000               | Part IV line 11h See Form 000          | Dort V. line 10         |
|--|---------------------------------|--|-------------------------|
| (a) Description of security or category (including name of security)   | (b) Book value                  |  |                         |
| (1) Financial derivatives  | (b) book value                  | (c) Method of valuation Cost or end-   | or-year market value    |
| (1) Financial derivatives  |                                 |  | <del></del>             |
| (0) Other  |                                 |  |                         |
|  |                                 |  |                         |
| (A)  |                                 |  |                         |
| (B)  |                                 |  |                         |
| (C)  | · <del></del>                   |  |                         |
| (D)  |                                 |  |                         |
| (E)  | · <u>·</u>                      |  |                         |
| (F)  | ·                               | <del></del>                            |                         |
| (G)  | ļ <del></del>                   |  |                         |
| (H)  |                                 |  |                         |
| (1)  |                                 |  |                         |
| Total (Column (b) must equal Form 990, Part X, column (B) line 12) ▶  Part VIII Investments — Program Related. | <u> </u>                        |  | <b>中国的中央公司</b>          |
| Complete if the organization answered  | Yes' on Form 990.               | Part IV. line 11c. See Form 990        | Part X line 13          |
| (a) Description of investment  | (b) Book value                  | (c) Method of valuation Cost or end    |                         |
| (1)  |                                 |  | ···· <del>·</del>       |
| (2)  |                                 |  |                         |
| (3)  |                                 |  | <del></del>             |
| (4)  |                                 |  | ·-·                     |
| (5)  |                                 |  |                         |
| (6)  |                                 |  | ··                      |
| (7)  |                                 |  |                         |
| (8)  |                                 |  |                         |
| (9)  |                                 |  | · · ·                   |
| (10)   |                                 |  |                         |
| Total (Column (b) must equal Form 990, Part X, column (B) line 13) >   |                                 | <b>医过滤性的线性的心脏性的变形</b>                  |                         |
| Partitx Other Assets.  |                                 | D 1011 1110 5 000                      |                         |
| Complete if the organization answered (2) Do   | Yes' on Form 990, escription    | Part IV, line 11d. See Form 990,       |                         |
| (1) PROMOTIONAL INVENTORY  | scription                       |  | (b) Book value 95, 243. |
| (2) GUN INVENTORY  |                                 |  | 26,250.                 |
| (3)  |                                 |  | 20,230.                 |
| (4)  |                                 |  |                         |
| (5)  |                                 |  |                         |
| (6)  |                                 |  |                         |
| (7)  |                                 |  |                         |
| (8)  |                                 |  |                         |
| (9)  |                                 |  |                         |
| (10)   |                                 |  |                         |
| Total. (Column (b) must equal Form 990, Part X, column (B) in  | ne 15)                          |  | 121,493.                |
| PartXIII Other Liabilities.  | orm 000 Dort IV line 1          | 110 or 11f Coo Form 000 Dort V line 25 |                         |
| Complete if the organization answered 'Yes' on F  (a) Description of liability                                 | (b) Book value                  |  |                         |
| (1) Federal income taxes   | (b) Book value                  |  |                         |
| (2)  |                                 |  |                         |
| (3)  |                                 |  |                         |
| (4)  |                                 |  | Property and            |
| (5)  |                                 |  |                         |
| (6)  |                                 |  |                         |
|  |                                 |  |                         |
| (8)  | 1                               |  |                         |
| 46.  |                                 |  |                         |
| (9)  |                                 |  |                         |
| (10)   |                                 |  |                         |
| (10)<br>(11)   |                                 |  |                         |
| (10) (11) Total (Column (b) must equal Form 990, Part X, column (B) line 25)                                   |                                 |  |                         |
| (10)<br>(11)   | note to the organization's fina |  | bility for uncertain    |

| Partix Reconciliation of Revenue per Audited Financial Statements With Revenue per R   | eturn.        |
|--|---------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  |               |
| 1 Total revenue, gains, and other support per audited financial statements   | . 1           |
| 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.)   | 一般主義を<br>は登場を |
| e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·  | . 2 e         |
| 3 Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·   | . 3           |
| 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 4a  |               |
| b Other (Describe in Part XIII.)   |               |
| c Add lines 4a and 4b  | . 4c          |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)   | . 5           |
| PartXII Reconciliation of Expenses per Audited Financial Statements With Expenses per  | Return.       |
|  |               |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  |               |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements                                | . 1           |
|  | · 1           |
| 1 Total expenses and losses per audited financial statements   | . 1           |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities | . 1           |
| 1 Total expenses and losses per audited financial statements   |               |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities | - 1           |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities |               |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities |               |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities | 2 e           |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities | 2 e           |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities | 2 e           |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Qonated services and use of facilities | 2 e 3         |
| 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities | 2 e 3         |

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

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

| OMB No | OMB |
|--------|-----|
|--------|-----|

2015

% ⊠

| (Form 990)                               | Governments, and Individuals in the United States  | 6                              |
|--|--|--------------------------------|
|  | Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.   | 70                             |
| Department of the Treasury               | ► Attach to Form 990.  | Copenito                       |
| Internal Revenue Service                 | ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.  | edsul                          |
| Name of the organization                 | Emp  | Employer Identification number |
| KIDS & CLAYS FOUNDATION                  |  | 37-1440861                     |
| Partil/ General Ir                       | Part: 1/2 General Information on Grants and Assistance   |                                |
| 1 Does the organize the selection criter | 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  | Yes                            |
| 1 to Canada and C                        | December of Data Notice and an artist of the second of the |                                |

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

| Partil Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answere 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. | ince to Domestic<br>for any recipient the          | Organizations nat received mor   | ions and Domestic Goved more than \$5,000. Part I | ernments. Comple                  | ete if the organiza                                   | Complete if the organization answered 'Yes' on policated if additional space is needed. | s' on                              |
|---|--|----------------------------------|---|-----------------------------------|---|---|------------------------------------|
| 1 (a) Name and address of organization or government  | (b) EIN  | (c) IRC section<br>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   | 94-2864490   |                                  |   | 075 66                            | AOOd  | VOCHWRYINT  | root H                             |
| 12) RONALD MCDONALD HOUSE<br>101_ WARM SPRINGS AVENUE _<br>BOISE ID 83712   | 94-3030996   |                                  |   | -1                                | NOOG ACCOR  | F. INVENIORI DONALLON   | DONAT LON                          |
| (3) RONALD MCDONALD HOUSE 4381_W. PINE BLVD ST. LOUIS MO 63108  | 43-1160478   |                                  |   | 20 20                             | 700g  |   | NOT TON                            |
| (4) RONALD MCDONALD HOUSE   |  |                                  |   | J                                 | WOOD I  |   |                                    |
| (5) RONALD MCDONALD HOUSE 111_MONUMENT CIRCLE, STE_INDIANAPOLIS IN 46204  | 35-1788444   |                                  |   | 37,843.                           | BOOK  |   | DONATION                           |
| (6) RONALD MCDONALD HOUSE 130_ HAWKINS_ DRIVE IOWA CITY IA 52246  | 42-1189783   |                                  |   | 4                                 | A COOR  | F. INVENTORY DONALLON D INVENTORY DONALLON  | DONATION                           |
| (7) RONALD MCDONALD HOUSE 1441_PLEASANT_STREET DES MOINES IA 50314  | 42-1117423   |                                  | -   | 7,227.                            | BOOK  | ,   | DONALLON                           |
| (8) RONALD MCDONALD HOUSE<br>1160_FORSYTH_STREET<br>MACON GA 31201  | 58-2473799   |                                  | 10,430.   | 42,381.                           | BOOK  |   | NOTE                               |
| <ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ul>   | and government orgar<br>is listed in the line 1 ta | nizations listed in the          | line 1 table                                      |                                   |   |   |                                    |

Schedule I (Form 990) (2015)

TEEA3901 11/04/15

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

# 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.

2 (h) Purpose of grant or 5 assistance INVENTORY DONATION INVENTORY DONATION INVENTORY DONATION DONATION DONATION DONATION DONATION DONATION DONATION Continuation Page 1 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 INVENTORY INVENTORY INVENTORY INVENTORY INVENTORY (g) Description of non-cash assistance ь Ц ద. ρμ Δ Д, (f) Method of valuation (book, FMV, appraisal, other) BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOOK 11,666. 37,173. 10,854. 9,896. 15,118. 12,676. (e) Amount of non-cash assistance 10,551 52,819 10,429 5,020. (d) Amount of cash 5,180 grant (c) IRC section if applicable 57-0725736 31 - 089015247-0755104 (b) EIN - RONALD MCDONALD HOUSE-EAR 711 W. LIVINGSTON AVE. . . (a) Name and address of organization or government RONALD\_MCDONALD HOUSE\_ \_ RONALD\_MCDONALD\_HOUSE\_ 1613 E. MOREHEAD SI .. - 2800 COLONIAL DRIVE - -RONALD\_MCDONALD\_HOUSE\_ - RONALD MCDONALD HOUSE RONALD\_MCDONALD\_HOUSE\_ - RONALD MCDONALD HOUSE RONALD\_MCDONALD\_HOUSE. RONALD MCDONALD HOUSE. KIDS & CLAYS FOUNDATION 3540 MASHINGTON AVE. GAINESVILLE FL 32608 SACRAMENTO CA 95817 EVANSVILLE IN 47714 \_\_620\_SOUTH\_38TH\_AVE CHARLOTTE NC 28207 COLUMBUS OH 43205 COLUMBIA SC 29203 VALHALLA NY 10595 2555 49th St --\_245\_LOCUST\_ST.\_ **OMAHA NE 68105** 80\_WOODS\_RD. **AKRON OH 44302** Name of the organization

Schedule I Cont (Form 990) 2015

TEEA4001 10/11/15

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) KIDS & CLAYS FOUNDATION

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

| (a) Type of grant or assistance                            | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other)                                   | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| 1  |                          | -                        |                                   |   |  |
| 2  |                          |                          |                                   |   |  |
| 3  |                          | -                        |                                   |   |  |
| 4  |                          |                          |                                   |   |  |
| 2  |                          |                          |                                   |   |  |
| 9  |                          |                          |                                   |   |  |
| 7  |                          |                          |                                   |   |  |
| Part:IV* Supplemental Information. Provide the information | de the information       | required in Part I, Iir  | ne 2, Part III, colum             | required in Part I, line 2, Part III, column (b), and any other additional information. | ditional information.                  |

BAA

Schedule I (Form 990) (2015)

# **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

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

► Attach to Form 990.

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

OMB No 1545-0047



Name of the organization KIDS & CLAYS FOUNDATION

37-1440861

| Par  | Tipes of Property  |                               |  |   |  |
|--|--|-------------------------------|--|---|--|
|  |  | (a)<br>Check if<br>applicable | (b) Number of contributions or items contributed | (c)<br>Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
| 1  | Art — Works of art   |                               |  | ~~~~  |  |
| 2  | Art - Historical treasures   |                               |  |   |  |
| 3  | Art - Fractional interests   |                               |  |   |  |
| 4  | Books and publications   |                               |  |   |  |
| 5  | Clothing and household goods   |                               |  |   |  |
| 6  | Cars and other vehicles  |                               |  |   |  |
| 7  | Boats and planes   |                               |  |   |  |
| 8  | Intellectual property  |                               |  |   |  |
| 9  | Securities - Publicly traded   |                               |  |   |  |
| 10   | Securities - Closely held stock  |                               |  |   |  |
| 11   | Securities - Partnership, LLC, or trust interests  |                               |  |   |  |
| 12   | Securities - Miscellaneous   |                               |  |   |  |
| 13   | Qualified conservation contribution — Historic structures  |                               |  | ,   |  |
| 14   | Qualified conservation contribution — Other  |                               |  |   |  |
| 15   | Real estate – Residential  |                               |  |   |  |
| 16   | Real estate — Commercial   |                               |  |   |  |
| 17   | Real estate — Other  |                               |  |   |  |
| 18   | Collectibles   |                               |  |   |  |
| 19   | Food inventory   |                               |  |   |  |
| -20  | Drugs and medical supplies   |                               |  | -   |  |
| 21   | Taxidermy  |                               |  |   |  |
| 22   | Historical artifacts   |                               |  |   |  |
| 23   | Scientific specimens   |                               |  |   |  |
| 24   | Archeological artifacts  |                               |  |   |  |
| 25   | Other► () .  | <br>                          |  |   |  |
| 26   | Other ► ()   |                               |  |   |  |
| 27   | Other ► ()   |                               |  |   |  |
| 28   | Other► ( ).  |                               |  |   |  |
| 29   | Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A | during the ta<br>Acknowledge  | x year for contributions f                       | or which the  | 29   |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? |  |                               |  |   |  |
| b  | If 'Yes,' describe the arrangement in Part II  |                               |  |   |  |
| 31   | Does the organization have a gift acceptance policy to   | that requires                 | the review of any non-st                         | andard contributions? .   | 31 X   |
| 32a  | Does the organization hire or use third parties or rela noncash contributions?                       |                               |  |   | 32a X  |
| b  | f 'Yes,' describe in Part II   |                               |  |   |  |
| 33   | If the organization did not report an amount in column describe in Part II                           | n (c) for a typ               | be of property for which o                       | column (a) is checked,  |  |

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 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Pt VI, Line 15a

Employer Identification number

| KIDS & CLAYS FOUN | DATION 37-1440861  |
|-------------------|--|
| Other             | FORM 990- ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES THE KIDS AND CLAYS FOUNDATION BENEFITTING RONALD MCDONALD HOUSE CHARITIES IS COMMITTED TO IMPROVING THE LIVES OF CHILDREN AND THEIR FAMILIES BY PARTNERING WITH SHOOTING SPORTS ENTHUSIASTS TO DEVELOP PROGRAMS THAT GENERATE FUNDS TO SUPPORT THE OPERATING NEEDS OF RONALD MCDONALD HOUSE, RONALD MCDONALD HOUSE FAMILY ROOMS, AND 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.  |
| it vi, bine iib   | CONFLICT OF INTEREST POLICY IS DISCUSSED AND REVIEWED AT MEETINGS THROUGHOUT THE YEAR. IF THERE IS A CONFLICT OF INTEREST, THEN THE MEMBER   |
| Pt VI, Line 12c   | IS PROHIBITED FROM VOTING ON THE MATTER.   |
|                   | 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   |

ON THIS INFORMATION.