

Form 990
2018Department of the
Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public

► Go to www.irs.gov/Form990 for instructions and the latest information.2018
Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization SHOES & CLOTHES FOR KIDS		D Employer identification number 34-1554285	
Doing business as SC4K		E Telephone number (216) 881-7463	
Number and street (or P O box if mail is not delivered to street address) 3500 LORAIN AVE STE 301 NO 301		Room/suite	
F City or town, state or province, country, and ZIP or foreign postal code CLEVELAND, OH 44113			
G Gross receipts \$ 4,502,810			
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," attach a list (see instructions)			
H(c) Group exemption number ►			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► WWW SC4K.ORG	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1969	M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SHOES AND CLOTHES FOR KIDS PROVIDES NEW CLOTHING, SHOES, AND SCHOOL SUPPLIES TO NEEDY CHILDREN IN CLEVELAND

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)
 4 Number of independent voting members of the governing body (Part VI, line 1b)
 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)
 6 Total number of volunteers (estimate if necessary)
 7a Total unrelated business revenue from Part VIII, column (C), line 12
 b Net unrelated business taxable income from Form 990-T, line 34

3	45
4	45
5	12
6	2,227
7a	0
7b	0

8 Contributions and grants (Part VIII, line 1h)
 9 Program service revenue (Part VIII, line 2g)
 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year	Current Year
5,451,197	4,393,173
0	0
280,307	432
19,253	32,120
5,750,757	4,425,725

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
 14 Benefits paid to or for members (Part IX, column (A), line 4)
 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
 16a Professional fundraising fees (Part IX, column (A), line 11e)
 b Total fundraising expenses (Part IX, column (D), line 25) ► 189,216
 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)
 19 Revenue less expenses Subtract line 18 from line 12

Prior Year	Current Year
4,595,159	2,335,756
0	0
471,472	465,078
3,500	0
348,901	468,825
5,419,032	3,269,659
331,725	1,156,066

20 Total assets (Part X, line 16)
 21 Total liabilities (Part X, line 26)
 22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year	End of Year
3,903,842	5,013,412
58,549	110,836
3,845,293	4,902,576

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

***** Signature of officer TERENCE J UHL EXECUTIVE DIRECTOR Type or print name and title	2019-11-06 Date
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Paid Preparer Use Only

Print/Type preparer's name Firm's name ► RSM US LLP	Preparer's signature Firm's EIN ► 42-0714325	Date Check <input type="checkbox"/> if self-employed	PTIN P00368385
Firm's address ► 6 S PATTERSON BLVD DAYTON, OH 45402	Phone no (937) 298-0201		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
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	No
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	No
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	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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	No
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
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	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
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	No
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	No
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	No
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	Yes
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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 Yes	
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	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
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	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	No
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	
25a	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	No
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	No
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	No
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	No
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)	28a	No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	No
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	34	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	No
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	37	No
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	38	Yes
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		

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	13
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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	2a	12		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
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)?	4a	No		
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)				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).	7a	Yes		
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?	7b	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	No		
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	No		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a			
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?	9b			
9a Did the sponsoring organization make any taxable distributions under section 4966?				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10 Section 501(c)(7) organizations. Enter	10a			
a Initiation fees and capital contributions included on Part VIII, line 12	10b			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11 Section 501(c)(12) organizations. Enter	11a			
a Gross income from members or shareholders	11b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	12a			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	No		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	No		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	45	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	45	
b Enter the number of voting members included in line 1a, above, who are independent		
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	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	11a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b	Yes
13 Did the organization have a written whistleblower policy?	12c	Yes
14 Did the organization have a written document retention and destruction policy?	13	Yes
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?	14	Yes
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed►	OH
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ORGANIZATION 3500 LORAIN AVE STE 301 NO 301 CLEVELAND, OH 44113 (216) 881-7463	

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 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

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former	Highest compensated employee key employee	Official Officer			
Individual trustee Or director	Institutional Trustee						
See Additional Data Table							
1b Sub-Total							
c Total from continuation sheets to Part VII, Section A							
d Total (add lines 1b and 1c)					132,554	0	1,326

1b Sub-Total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

132,5

1

1,32€

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

From the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a	6,102			
b Membership dues . . .	1b				
c Fundraising events . . .	1c	68,980			
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	4,318,091			
g Noncash contributions included in lines 1a - 1f \$		3,364,290			
h Total. Add lines 1a-1f		4,393,173			
Program Service Revenue		Business Code			
2a					
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f					
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		432			432
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ 68,980 of contributions reported on line 1c) See Part IV, line 18	a	109,205			
b Less direct expenses	b	77,085			
c Net income or (loss) from fundraising events		32,120			32,120
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
11a Miscellaneous Revenue	Business Code				
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See Instructions		4,425,725	0	0	32,552

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,335,756	2,335,756		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	132,554	53,022	39,766	39,766
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	262,727	147,920	93,709	21,098
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	38,957	24,710	10,462	3,785
10 Payroll taxes	30,840	15,677	10,414	4,749
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	78,671	19,474	45,287	13,910
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,236		7,236	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	92,718	54,388	5,830	32,500
12 Advertising and promotion	2,989			2,989
13 Office expenses	86,354	41,850	20,689	23,815
14 Information technology	24,578	12,754	8,157	3,667
15 Royalties				
16 Occupancy	57,525	37,223	20,302	
17 Travel	11,858	4,399	1,200	6,259
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,493	2,527	9,578	1,388
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,100		10,100	
23 Insurance	9,507	7,136	2,371	
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.)				
a STRATEGIC PLAN	17,720		17,720	
b VOLUNTEER EXPENSES	5,054	5,054		
c DUES & SUBSCRIPTIONS	2,470		2,470	
d				
e All other expenses	48,552	9,039	4,223	35,290
25 Total functional expenses. Add lines 1 through 24e	3,269,659	2,770,929	309,514	189,216
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year	
Assets					
1	Cash—non-interest-bearing		1		
2	Savings and temporary cash investments	541,587	2	445,859	
3	Pledges and grants receivable, net	220,153	3	209,909	
4	Accounts receivable, net		4		
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5		
6	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	Notes and loans receivable, net		7		
8	Inventories for sale or use	1,658,725	8	3,012,786	
9	Prepaid expenses and deferred charges	11,023	9	12,374	
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	83,503		
b	Less accumulated depreciation	10b	60,870	25,939	
			10c	22,633	
11	Investments—publicly traded securities		1,444,615	11	1,308,051
12	Investments—other securities See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11		1,800	15	1,800
16	Total assets. Add lines 1 through 15 (must equal line 34)		3,903,842	16	5,013,412
Liabilities					
17	Accounts payable and accrued expenses		58,549	17	110,836
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third parties			23	
24	Unsecured notes and loans payable to unrelated third parties			24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		58,549	26	110,836
Net Assets or Fund Balances					
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		3,731,049	27	4,700,590
28	Temporarily restricted net assets		114,244	28	201,986
29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building or equipment fund			31	
32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		3,845,293	33	4,902,576
34	Total liabilities and net assets/fund balances		3,903,842	34	5,013,412

Part XI

Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,425,725
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,269,659
3	Revenue less expenses Subtract line 2 from line 1	3	1,156,066
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,845,293
5	Net unrealized gains (losses) on investments	5	-98,783
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,902,576

Part XII **Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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 Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both

Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 34-1554285

Name: SHOES & CLOTHES FOR KIDS

Form 990 (2018)

Form 990, Part III, Line 4a:

SHOES AND CLOTHES FOR KIDS (SC4K) SERVES MORE THAN 11,000 STUDENTS AND NEARLY 4,000 TEACHERS PER YEAR WITH NEW SCHOOL-APPROPRIATE CLOTHING, SHOES, SCHOOL SUPPLIES, AND MORE. THE CLOTHING, SHOE GIFT CARDS, AND SCHOOL SUPPLIES ARE DISTRIBUTED THROUGH A NETWORK OF NEARLY 30 NEIGHBORHOOD DISTRIBUTION PARTNERS, A PARTNERSHIP WITH THE CLEVELAND METROPOLITAN SCHOOL DISTRICT, AND A RETAIL-LIKE STORE WHERE TEACHERS CAN SHOP FOR FREE SCHOOL SUPPLIES. RESULTS SHOW THAT SOME STUDENTS WITH SIGNIFICANT RATES OF ABSENCE IMPROVE THEIR SCHOOL ATTENDANCE UP TO 25% IN THE 30 DAYS AFTER RECEIVING SC4K SERVICES. SC4K IS WORKING WITH COMMUNITY PARTNERS TO SIGNIFICANTLY INCREASE THE NUMBER OF STUDENTS AND TEACHERS IT SERVES IN ORDER TO BROADEN ITS IMPACT.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Key Employee	Honoraria and Compensation	Honoraria and Compensation	Foun dation				
Officer	Individual trustee	Individual trustee	Institutional trustee							
TRACY A JEMISON II BOARD CHAIR	10 00	X	X				0	0	0	
DENNIS R ROSE VICE CHAIR	2 00	X	X				0	0	0	
ELIZABETH NICI SECRETARY	2 00	X	X				0	0	0	
LAURA PASSERALLO TREASURER	2 00	X	X				0	0	0	
ALLAN C KRULAK CHAIR EMERITUS	2 00	X	X				0	0	0	
TERRY BISHOP LIFE DIRECTOR	0 10	X					0	0	0	
ROCKETTE RICHARDSON EWELL LIFE DIRECTOR	0 10	X					0	0	0	
SCOTT SIMON LIFE DIRECTOR	2 00	X					0	0	0	
GERALD BROSKI TRUSTEE	2 00	X					0	0	0	
STEPHANIE BURRIS TRUSTEE	2 00	X					0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Key Employee	Honoraria and Compensation	Honoraria and Compensation	Honoraria and Compensation	Honoraria and Compensation			
R MICHAEL COLE TRUSTEE	2 00	X						0	0	0
BRENDAN DOYLE TRUSTEE	2 00	X						0	0	0
LAURIE FORBUSH TRUSTEE	2 00	X						0	0	0
KAREN FOX TRUSTEE	2 00	X						0	0	0
JEFFREY GALLA TRUSTEE	2 00	X						0	0	0
WESLEY GILLESPIE TRUSTEE	2 00	X						0	0	0
CRAIG GUTRIDGE TRUSTEE	2 00	X						0	0	0
MATT HAWES TRUSTEE	2 00	X						0	0	0
KATHY HIRKO TRUSTEE	2 00	X						0	0	0
JENNIFER HORN TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or director or individual trustee	Institutional Trustee	Officer	Key Employee	Highest Compensated	Employee			
COURTENAY YOUNGBLOOD JALICS TRUSTEE	2 00	X					0	0	0	
ROBERT JOHANNESSEN TRUSTEE	2 00	X					0	0	0	
JEFF KAVLICK TRUSTEE	2 00	X					0	0	0	
KEVIN KEARNEY TRUSTEE	2 00	X					0	0	0	
STEVEN LARSON TRUSTEE	2 00	X					0	0	0	
A LAMONT MACKLEY TRUSTEE	2 00	X					0	0	0	
LINDA MANGOSH TRUSTEE	2 00	X					0	0	0	
RONALD J MARCIN TRUSTEE	2 00	X					0	0	0	
JAMES L MASON TRUSTEE	2 00	X					0	0	0	
TY MCBEE TRUSTEE	2 00	X					0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Dir/Officer or trustee	Individ ual trustee	Insti tutional Trustee	Officer	Key empl oyee	Highest compensate d employee			
SARAH K MELAMED TRUSTEE	2 00	X						0	0	0
THOMAS NEUMANN TRUSTEE	2 00	X						0	0	0
JAMES PETSOCK TRUSTEE	2 00	X						0	0	0
JOSEPH G PODACH TRUSTEE	2 00	X						0	0	0
HALLIE RICH TRUSTEE	2 00	X						0	0	0
KARLA M ROGERS TRUSTEE	2 00	X						0	0	0
KELLY RUDLOFF TRUSTEE	2 00	X						0	0	0
PATTY SHIPACASSE TRUSTEE	2 00	X						0	0	0
ALAN SILVERMAN TRUSTEE	2 00	X						0	0	0
BRIAN VULPITTA TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
THOMAS WEARSCH TRUSTEE	2 00	X					0	0	0
CHALANA WILLIAMS TRUSTEE	2 00	X					0	0	0
RENNY WOLFSON TRUSTEE	2 00	X					0	0	0
ELISSA WULIGER TRUSTEE	2 00	X					0	0	0
JOE YONADI TRUSTEE	2 00	X					0	0	0
TERENCE UHL EXECUTIVE DIRECTOR	40 00			X			132,554	0	1,326

SCHEDULE A
(Form 990 or
990EZ)**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.

► Go to www.irs.gov/Form990 for the latest information.**2018****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**
SHOES & CLOTHES FOR KIDS**Employer identification number**

34-1554285

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	2,526,650	2,952,751	1,904,126	5,451,197	4,393,173	17,227,897
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	2,526,650	2,952,751	1,904,126	5,451,197	4,393,173	17,227,897
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)						5,653,021
6	Public support. Subtract line 5 from line 4						11,574,876

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,526,650	2,952,751	1,904,126	5,451,197	4,393,173	17,227,897
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,795	27,680	27,216	20,199	432	109,322
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						17,337,219
12	Gross receipts from related activities, etc (see instructions)					12	394,728

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	66 760 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	61 720 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b	33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 Part VI 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	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	
b 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	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	
b 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	
5a 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 Part VI , 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	
b 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	
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 Part VI .	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	
9a 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	
b 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	
c 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 .	9c	
10a 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 line 10b below	10a	
b 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	

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

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?

b A family member of a person described in (a) above?

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

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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 **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

	Yes	No
1		

Section D. All Type III Supporting Organizations

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)

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

a The organization satisfied the Activities Test. Complete **line 2** below

b The organization is the parent of each of its supported organizations. Complete **line 3** below

c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

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**

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**

3 Parent of Supported Organizations **Answer (a) and (b) below.**

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**.

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**

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	
Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported 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	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions
		(ii) Underdistributions Pre-2018
		(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions	
3	Excess distributions carryover, if any, to 2018	
a	From 2013.	
b	From 2014.	
c	From 2015.	
d	From 2016.	
e	From 2017.	
f	Total of lines 3a through e	
g	Applied to underdistributions of prior years	
h	Applied to 2018 distributable amount	
i	Carryover from 2013 not applied (see instructions)	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	
4	Distributions for 2018 from Section D, line 7 \$	
a	Applied to underdistributions of prior years	
b	Applied to 2018 distributable amount	
c	Remainder Subtract lines 4a and 4b from 4	
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions	
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions	
7	Excess distributions carryover to 2019. Add lines 3j and 4c	
8	Breakdown of line 7	
a	Excess from 2014.	
b	Excess from 2015.	
c	Excess from 2016.	
d	Excess from 2017.	
e	Excess from 2018.	

Additional Data

Software ID:

Software Version:

EIN: 34-1554285

Name: SHOES & CLOTHES FOR KIDS

Schedule A (Form 990 or 990-EZ) 2018

Page 8

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)

Facts And Circumstances Test

2018

Open to Public
Inspection

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.
 ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization
SHOES & CLOTHES FOR KIDS

Employer identification number
34-1554285

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements

Held at the End of the Year	
2a	
2b	
2c	
2d	

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
 ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
 ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . .

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,444,615	1,244,225	1,178,301	1,201,288	1,137,538
b Contributions					
c Net investment earnings, gains, and losses	-93,577	209,836	74,907	-14,041	72,878
d Grants or scholarships					
e Other expenditures for facilities and programs	143,500				
f Administrative expenses	7,236	9,446	8,983	8,946	9,128
g End of year balance	1,200,302	1,444,615	1,244,225	1,178,301	1,201,288

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► 100 000 %

b Permanent endowment ► 0 %

c Temporarily restricted endowment ► 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		83,503		60,870
e Other				22,633
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ►				22,633

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	►	

Part VIII Investments—Program Related.

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-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	►	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	►

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	►

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
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	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . .	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 34-1554285
Name: SHOES & CLOTHES FOR KIDS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE BOARD DESIGNATED ENDOWMENT FUNDS REPRESENT INVESTMENTS THAT HAVE BEEN DESIGNATED BY SC 4K'S BOARD OF DIRECTORS AS ENDOWMENT FUNDS INVESTMENT INCOME IS TO BE REINVESTED INTO THE PRINCIPAL UNTIL FUTURE USAGE OF THE ACCUMULATED INVESTMENT IS DETERMINED BY THE BOARD OF DIRECTORS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) PROVIDES GUIDANCE FOR HOW UNCERTAIN INCOME TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED WHEN CHALLENGED OR WHEN EXAMINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT OR EXPENSE AND LIABILITY IN THE CURRENT YEAR. FOR THE YEAR ENDED DECEMBER 31, 2018, MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN TAX POSITIONS.

SCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest informationName of the organization
SHOES & CLOTHES FOR KIDS

Employer identification number

34-1554285

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 GOLF (event type)	(b) Event #2 SHOREBY (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	68,540	109,645		178,185
2 Less Contributions	37,800	31,180		68,980
3 Gross income (line 1 minus line 2)	30,740	78,465		109,205
Direct Expenses				
4 Cash prizes				
5 Noncash prizes	6,907	14,190		21,097
6 Rent/facility costs	5,440	7,604		13,044
7 Food and beverages	6,834	15,815		22,649
8 Entertainment		2,159		2,159
9 Other direct expenses	10,077	8,059		18,136
10 Direct expense summary Add lines 4 through 9 in column (d)				77,085
11 Net income summary Subtract line 10 from line 3, column (d)				32,120

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
Direct Expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____

Yes No

a Is the organization licensed to conduct gaming activities in each of these states?

Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►
 Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►
 Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**Department of the
Treasury
Internal Revenue ServiceName of the organization
SHOES & CLOTHES FOR KIDS

OMB No 1545-0047

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.**2018****Open to Public
Inspection**Employer identification number
34-1554285**Part I General Information on Grants and Assistance**

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?

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

 Yes No**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 56

3 Enter total number of other organizations listed in the line 1 table ► 15

Part III 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ALL CLOTHING AND SHOE GIFT CARD DISTRIBUTIONS AS WELL AS ANY OTHER GRANT EXPENDITURES ARE DOCUMENTED AND REVIEWED BY THE DIRECTOR OF PROGRAMS OR THE DIRECTOR OF DEVELOPMENT WITH OVERSIGHT FROM THE EXECUTIVE DIRECTOR. RECIPIENT AGENCIES ENTER ALL RECIPIENT AND DONATED PRODUCT INFORMATION INTO AN ONLINE INVENTORY TRACKING SYSTEM FOLLOWING EACH DISTRIBUTION. THE DIRECTOR OF DEVELOPMENT FURNISHES ALL REQUIRED FINAL GRANT REPORTS TO GRANTORS. EXPENDITURES OF ALL GRANT DOLLARS ARE REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR WITH OVERSIGHT FROM THE BOARD AND MONITORED THROUGH FINANCIAL REPORTS

Additional Data

Software ID:

Software Version:

EIN: 34-1554285

Name: SHOES & CLOTHES FOR KIDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANOTHER CHANCE 1192 BRENTWOOD ROAD CLEVELAND HEIGHTS, OH 44121	04-3654012	501(C)(3)		20,400	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
BEDFORD CITY SCHOOL DISTRICT 475 NORTHFIELD RD BEDFORD, OH 44146	34-1722794	GOVERNMENT		14,647	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEECH BROOK 3737 LANDER ROAD PEPPER PIKE, OH 44124	34-0714597	501(C)(3)		9,389	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
BELLA ACADEMY OF EXCELLENCE (IMAGINE BELLA ACADEMY) 19114 BELLA DR CLEVELAND, OH 44119	26-4196416	501(C)(3)		5,507	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY BAPTIST CHURCH 1211 EAST 105TH ST CLEVELAND, OH 44108	34-1240286	501(C)(3)	2,779	29,597	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVENUE BUILDING 44 SUITE 4403A CLEVELAND, OH 44114	27-0362848	501(C)(3)		31,347	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROADWAY BOYS AND GIRLS CLUB 6114 BROADWAY AVE CLEVELAND, OH 44127	34-0770686	501(C)(3)	3,028	13,520	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
BUFFER CHARITY 2901 HAGGETT DRIVE TWINSBURG, OH 44087	82-1124634	501(C)(3)		7,199	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES HEAD START 7911 DETROIT AVE CLEVELAND, OH 44102	26-1323950	501(C)(3)	2,173	13,777	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
CATHOLIC CHARITIES HEAD START - ST IGNATIUS 10205 LORAIN AVE CLEVELAND, OH 44111	26-1323950	501(C)(3)	2,458	13,939	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES RIVERSIDE 17800 PARKMOUNT AVE CLEVELAND, OH 44135	26-1323950	501(C)(3)	2,334	12,934	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
CEOGC NEIGHBORHOOD CENTER 1801 SUPERIOR AVE E SUITE 400 CLEVELAND, OH 44114	34-0965350	501(C)(3)		5,381	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHN HOUSING PARTNERS 999 PAYNE AVE THIRD FLOOR CLEVELAND, OH 44114	34-1346763	501(C)(3)		7,610	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
CITY OF CLEVELAND - COMMUNITY RELATIONS 75 ERIEVIEW PLAZA SUITE 204 CLEVELAND, OH 44114	34-6000646	GOVERNMENT		12,006	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF CLEVELAND - YOUTH DIVERSION PROG 75 ERIEVIEW PLAZA SUITE 204 CLEVELAND, OH 44114	34-6000646	GOVERNMENT	5,275	13,067	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
CLEVELAND CENTRAL CATHOLIC 6550 BAXTER AVENUE CLEVELAND, OH 44105	34-1013635	501(C)(3)		6,717	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CHESED CENTER 1898 S TAYLOR RD UNIVERSITY HEIGHTS, OH 44118	61-1773183	501(C)(3)	1,924	16,782	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOL DISTRICT 2155 MIRAMAR BOULEVARD CLEVELAND HEIGHTS, OH 44118	34-6000687	GOVERNMENT		30,478	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND METROPOLITAN SCHOOL DISTRICT - ADMIN 111 SUPERIOR AVE E CLEVELAND, OH 44114	34-6000662	GOVERNMENT	20,597	540,363	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
CLEVELAND METROPOLITAN SCHOOL DISTRICT - PROJECT ACT 111 SUPERIOR AVE E CLEVELAND, OH 44114	34-6000662	GOVERNMENT		6,367	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSTELLATION SCHOOLS - STOCKYARD COMMUNITY ELEMENTARY 3200 WEST 65TH STREET CLEVELAND, OH 44102	34-1971178	501(C)(3)		5,428	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
CONSTELLATION SCHOOLS LLC 5730 BROADVIEW ROAD PARMA, OH 44134	34-1902395			5,744	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL FOR ECONOMIC OPPORTUNITIES 1801 SUPERIOR AVE E SUITE 300 CLEVELAND, OH 44114	34-0965350	501(C)(3)		18,329	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
CUYAHOGA COUNTY BOARD OF HEALTH 5550 VENTURE DRIVE PARMA, OH 44130	34-6000817	GOVERNMENT		8,779	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT SHOREWAY COMMUNITY DEVELOPMENT 6516 DETROIT AVE CLEVELAND, OH 44102	23-7376130	501(C)(3)		8,739	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
DOMESTIC VIOLENCE & CHILD ADVOCACY CENTER PO BOX 5466 CLEVELAND, OH 44101	34-1278377	501(C)(3)		6,746	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST CLEVELAND CITY SCHOOLS 1843 STANWOOD RD EAST CLEVELAND, OH 44112	34-6000888	GOVERNMENT		17,869	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
EAST CLEVELAND NEIGHBORHOOD CENTER 2490 LEE BLVD SUITE 322 CLEVELAND, OH 44118	34-1541345	501(C)(3)	3,527	18,591	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST END NEIGHBORHOOD HOUSE 2749 WOODHILL RD CLEVELAND, OH 44104	34-0714656	501(C)(3)	2,743	11,253	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
EDUCATION SERVICE CENTER OF NORTHEAST OHIO (BRIGHT BEGINNINGS) 2421 COMMUNITY COLLEGE AVE CLEVELAND, OH 44115	34-6000814	501(C)(3)		12,952	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EUCLID CITY SCHOOL DISTRICT 651 EAST 222ND STREET EUCLID, OH 44123	34-6000963	GOVERNMENT		65,171	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
EUCLID HILLCREST AREA FAMILY TO FAMILY 631 BABBITT RD CLEVELAND, OH 44123	34-0714728	501(C)(3)	1,425	11,720	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMICOS 813 EAST 152ND ST CLEVELAND, OH 44110	34-1053534	501(C)(3)	6,840	66,298	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
FOUR SYMBOLIC LODGES OF CLEVELAND 14402 KINSMAN RD CLEVELAND, OH 44120	45-3604451	501(C)(3)		95,674	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDLY INN SETTLEMENT HOUSE 2382 UNWIN RD CLEVELAND, OH 44104	34-0714413	501(C)(3)	8,088	46,102	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
GARFIELD HEIGHTS CITY SCHOOL DISTRICT 5640 BRIARCLIFF DRIVE GARFIELD HEIGHTS, OH 44125	02-0686689	GOVERNMENT		25,313	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL AMBASSADORS LANGUAGE ACADEMY 13442 LORAIN AVENUE CLEVELAND, OH 44111	46-1185217	501(C)(3)		6,681	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
GOODWILL INDUSTRIES OF GREATER CLEVELAND 2720 VAN AKEN BLVD CLEVELAND, OH 44120	34-0909974	501(C)(3)		12,411	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY NAME PARISH (HOLY NAME ELEMENTARY) 8328 BROADWAY AVE CLEVELAND, OH 44105	34-0294900	501(C)(3)		5,317	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
KINGDOM KEEPERS 1486 EAST 55TH ST CLEVELAND, OH 44103	27-3638151	501(C)(3)		8,739	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KING-KENNEDY BOYS AND GIRLS CLUB 2561 EAST 59TH STREET CLEVELAND, OH 44104	34-0770686	501(C)(3)	4,047	32,729	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
LAKEWOOD CITY SCHOOL DISTRICT 1470 WARREN ROAD LAKEWOOD, OH 44107	34-6001631	GOVERNMENT		9,170	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LASAGRADA FAMILIA 7719 DETROIT AVE CLEVELAND, OH 44102	34-6004146	501(C)(3)	6,377	28,869	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
LEE-HARVARD COMMUNITY ASSOCIATION 3789 JOANN DRIVE CLEVELAND, OH 44122	34-1213999	501(C)(3)		13,383	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEXINGTON BELL COMMUNITY CENTER 7724 LEXINGTON RD CLEVELAND, OH 44103	34-1117206	501(C)(3)	3,492	18,593	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
MAPLE HEIGHTS CITY SCHOOL DISTRICT 5740 LAWN AVENUE MAPLE HEIGHTS, OH 44137	34-6001808	GOVERNMENT		30,545	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAY DUGAN CENTER 4115 BRIDGE AVE CLEVELAND, OH 44113	23-7061949	501(C)(3)	2,700	8,554	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
MERRICK HOUSE 3167 FULTON RD CLEVELAND, OH 44109	34-0714463	501(C)(3)	2,708	30,301	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO CATHOLIC SCHOOL 1910 W 54TH ST CLEVELAND, OH 44102	34-1574746	501(C)(3)		7,034	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
MT SINAI BAPTIST CHURCH 7510 WOODLAND AVE CLEVELAND, OH 44104	34-0813428	501(C)(3)	3,117	22,013	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MURTIS TAYLOR - EAST CLEVELAND 1862 NOBLE ROAD CLEVELAND, OH 44112	23-7158458	501(C)(3)	4,168	19,485	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
MURTIS TAYLOR - SERVICE CENTER 13411 UNION ST CLEVELAND, OH 44120	23-7158458	501(C)(3)	2,672	16,933	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MURTIS TAYLOR - MT PLEASANT 13422 KINSMAN ROAD CLEVELAND, OH 44120	23-7158458	501(C)(3)	2,993	30,116	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
NATIONAL HERITAGE ACADEMY - (APEX ACADEMY) 16005 TERRACE RD EAST CLEVELAND, OH 44112	47-1881203			5,509	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL HERITAGE ACADEMY - (PINNACLE ACADEMY) 860 E 222ND STREET EUCLID, OH 44123	20-1104751			5,078	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
NEW SARDIS PRIMITIVE BAPTIST CHURCH 3474 EAST 147TH ST CLEVELAND, OH 44120	34-1550724	501(C)(3)	1,728	9,964	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOBLE ACADEMY CLEVELAND 1200 E 200 ST EUCLID, OH 44117	20-4451404	501(C)(3)		5,805	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
OHIOGUIDESTONE 202 E BAGLEY ROAD BEREA, OH 44017	34-0720558	501(C)(3)		47,390	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARMA CITY SCHOOL DISTRICT 5311 LONGWOOD AVENUE PARMA, OH 44134	34-6002163	GOVERNMENT		7,869	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
RICHMOND HEIGHTS LOCAL SCHOOL DISTRICT 447 RICHMOND RD RICHMOND HEIGHTS, OH 44143	34-6002300	GOVERNMENT		7,506	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARTIN DEPORRES 1264 EAST 123RD ST CLEVELAND, OH 44108	34-1318541	501(C)(3)	5,540	42,864	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
STEPSTONE ACADEMY 3328 CARNEGIE AVENUE CLEVELAND, OH 44115	45-4870208	501(C)(3)		18,097	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTERS FOR FAMILIES AND CHILDREN 4500 EUCLID AVE CLEVELAND, OH 44103	23-7084455	501(C)(3)		25,833	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
UH RAINBOW BABIES & CHILDREN'S HOSPITAL 11100 EUCLID AVE CLEVELAND, OH 44106	34-1567805	501(C)(3)		7,743	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY SETTLEMENT 4800 BROADWAY AVE CLEVELAND, OH 44127	34-0714776	501(C)(3)	5,879	33,971	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
URBAN COMMUNITY SCHOOL 4909 LORAIN AVE CLEVELAND, OH 44102	34-6608706	501(C)(3)	3,900	19,254	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARRENSVILLE HEIGHTS CITY SCHOOL DISTRICT 4500 WARRENSVILLE CENTER ROAD WARRENSVILLE HEIGHTS, OH 44128	34-6002991	GOVERNMENT		13,364	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
WEST PARK ACADEMY 12913 BENNINGTON AVE CLEVELAND, OH 44135	46-2555793	501(C)(3)		5,615	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SIDE BOYS AND GIRLS CLUB 3340 TROWBRIDGE AVE CLEVELAND, OH 44109	34-0770686	501(C)(3)	4,436	27,622	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVE CLEVELAND, OH 44113	34-1244687	501(C)(3)	3,725	11,316	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SIDE COMMUNITY HOUSE 9300 LORAIN AVE CLEVELAND, OH 44102	34-0714820	501(C)(3)		15,848	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
WESTPARK COMM ELEMENTARY 16210 LORAIN AVENUE CLEVELAND, OH 44111	41-2118101	501(C)(3)		5,700	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAM E SANDERS FAMILY CENTER 3949 LEE RD CLEVELAND, OH 44128	34-1970257	501(C)(3)	2,066	16,620	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS
GLASS DAYCARE 670 S GREEN RD SOUTH EUCLID, OH 44121				7,610	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant or assistance
THE SCHOOL OF LITTLE PEOPLE 4900 TURNER RD CLEVELAND, OH 44125		501(C)(3)	13,699	FMV CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2018

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
SHOES & CLOTHES FOR KIDS

Employer identification number

34-1554285

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	X		3,338,275	WHOLESALE VALUE
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 ► (GIFT CARDS)	X	1	26,015	CASH
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

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?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	No
----	----

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a	No
-----	----

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

Part II**Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
SHOES & CLOTHES FOR KIDS**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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

2018**Open to Public
Inspection****Employer identification number**

34-1554285

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT FORM OF 990 AND ITS SCHEDULES IS REVIEWED BY THE FINANCE DIRECTOR AND EXECUTIVE DIRECTOR. ANY NECESSARY CHANGES ARE MADE AND THE FINAL VERSION IS PROVIDED TO THE FINANCE COMMITTEE FOR APPROVAL. ONCE APPROVED, THE FORM 990 AND ITS SCHEDULES WILL THEN BE DISTRIBUTED TO ALL BOARD MEMBERS AND FILED ELECTRONICALLY WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT THE CONFLICT OF INTEREST POLICY IS MONITORED ON AN ANNUAL BASIS IF ANY ISSUES ARISE AT A BOARD MEETING, BOARD MEMBERS WHO HAVE A CONFLICT OF INTEREST WILL EXCUSE THEMSELVES FROM THE ROOM DURING THE DISCUSSION AND VOTING OF THE ISSUE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	ANNUALLY, A COMMITTEE OF INDEPENDENT BOARD MEMBERS DETERMINES THE COMPENSATION THE EXECUTIVE DIRECTOR RECEIVES BASED ON A REVIEW OF COMPARABLE POSITIONS IN THE CLEVELAND AREA AND A THOROUGH EVALUTION OF HER PERFORMANCE THE COMPENSATION IS DOCUMENTED IN A LETTER FROM THE CHAIRMAN OF THE INDEPENDENT COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS AND FORMS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF TIME AS SET FORTH IN THE INTERNAL REVENUE CODE SECTION 6104(D), EITHER BY PROVIDING COPIES OR INSPECTION IN THE OFFICE. THE FORM 990 IS ALSO AVAILABLE AT WWW SC4K ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S OVERSIGHT PROCESS AND SELECTION PROCESS HAVE NOT CHANGED FROM THE PRIOR YEAR