

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2019

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**PREPARED FOR:**

SHOES & CLOTHES FOR KIDS  
3500 LORAIN AVE NO. 301  
CLEVELAND, OH 44113

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**PREPARED BY:**

RSM US LLP  
6 S PATTERSON BLVD  
DAYTON, OH 45402

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE  
PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS  
HAS BEEN REMOVED.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>SHOES &amp; CLOTHES FOR KIDS</b>		<b>D</b> Employer identification number <b>34-1554285</b>	
	Doing business as <b>SC4K</b>		E Telephone number <b>(216) 881-7463</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <b>3,616,568.</b>	
	<b>3500 LORAIN AVE</b>	<b>301</b>	H(a) Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code <b>CLEVELAND, OH 44113</b>		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: <b>TERENCE J. UHL</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527				
J Website: ▶ <b>WWW.SC4K.ORG</b>				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: <b>1969</b> M State of legal domicile: <b>OH</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SHOES AND CLOTHES FOR KIDS PROVIDES NEW CLOTHING, SHOES, AND SCHOOL SUPPLIES TO NEEDY CHILDREN</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	41
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	3000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,393,173.	3,548,544.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	432.	455.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,120.	-20,787.
		4,425,725.	3,528,212.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,335,756.	4,264,259.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	465,078.	452,173.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>210,162.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	468,825.	465,261.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,269,659.	5,181,693.
19 Revenue less expenses. Subtract line 18 from line 12	1,156,066.	-1,653,481.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,013,412.	3,546,381.
	22 Net assets or fund balances. Subtract line 21 from line 20	110,836.	41,532.
	4,902,576.	3,504,849.	

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>TERENCE J. UHL, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>KAREN O CRIM</b>	<i>Karen O. Crim</i>	<b>10/20/20</b>	<input type="checkbox"/>	<b>P00368385</b>
Firm's name ▶ <b>RSM US LLP</b>			Firm's EIN ▶ <b>42-0714325</b>		
Firm's address ▶ <b>6 S PATTERSON BLVD</b> <b>DAYTON, OH 45402</b>			Phone no. <b>937-298-0201</b>		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SHOES AND CLOTHES FOR KIDS IS FOCUSED ON ENSURING THAT A LACK OF APPROPRIATE SCHOOL CLOTHING, SHOES AND SUPPLIES AREN'T BARRIERS TO EDUCATION FOR LOCAL CHILDREN LIVING IN POVERTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 4,554,730. including grants of \$ 4,264,259. ) (Revenue \$ ) SHOES AND CLOTHES FOR KIDS (SC4K) SERVES MORE THAN 20,000 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.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,554,730.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 41		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 41		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on 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 - (216) 881-7463**  
**3500 LORAIN AVE, NO. 301, CLEVELAND, OH 44113**

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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	Former			
(1) LAMONT MACKLEY CHAIR	10.00	X		X				0.	0.	0.
(2) DENNIS R. ROSE VICE CHAIR	2.00	X		X				0.	0.	0.
(3) ELIZABETH NICI SECRETARY	2.00	X		X				0.	0.	0.
(4) CRAIG GUTRIDGE TREASURER	2.00	X		X				0.	0.	0.
(5) ALLAN C. KRULAK CHAIR EMERITUS	2.00	X		X				0.	0.	0.
(6) TERRY BISHOP LIFE DIRECTOR	0.10	X						0.	0.	0.
(7) ROCKETTE RICHARDSON EWELL LIFE DIRECTOR	0.10	X						0.	0.	0.
(8) SCOTT SIMON LIFE DIRECTOR	2.00	X						0.	0.	0.
(9) GERALD BROSKI TRUSTEE	2.00	X						0.	0.	0.
(10) STEPHANIE BURRIS TRUSTEE	2.00	X						0.	0.	0.
(11) R. MICHAEL COLE TRUSTEE	2.00	X						0.	0.	0.
(12) CANDICE DEMPSEY TRUSTEE	2.00	X						0.	0.	0.
(13) BRENDAN DOYLE TRUSTEE	2.00	X						0.	0.	0.
(14) LAURIE FORBUSH TRUSTEE	2.00	X						0.	0.	0.
(15) KAREN FOX TRUSTEE	2.00	X						0.	0.	0.
(16) JEFFREY GALLA TRUSTEE	2.00	X						0.	0.	0.
(17) WESLEY GILLESPIE TRUSTEE	2.00	X						0.	0.	0.



**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 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	Former			
(18) MATT HAWES TRUSTEE	2.00	X						0.	0.	0.
(19) KATHY HIRKO TRUSTEE	2.00	X						0.	0.	0.
(20) JENNIFER HORN TRUSTEE	2.00	X						0.	0.	0.
(21) COURTENAY YOUNGBLOOD JALICS TRUSTEE	2.00	X						0.	0.	0.
(22) TRACY A. JEMISON II TRUSTEE	2.00	X						0.	0.	0.
(23) ROBERT JOHANNESON TRUSTEE	2.00	X						0.	0.	0.
(24) JEFF KAVLICK TRUSTEE	2.00	X						0.	0.	0.
(25) KEVIN KEARNEY TRUSTEE	2.00	X						0.	0.	0.
(26) STEVEN LARSON TRUSTEE	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								124,423.	0.	1,244.
<b>d Total (add lines 1b and 1c)</b>								124,423.	0.	1,244.

**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**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**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**

SEE PART VII, SECTION A CONTINUATION SHEETS

**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 line)	(C) Position (check all that apply)						(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	Former			
(27) LINDA MANGOSH TRUSTEE	2.00	X						0.	0.	0.
(28) RONALD J. MARCIN TRUSTEE	2.00	X						0.	0.	0.
(29) JAMES L. MASON TRUSTEE	2.00	X						0.	0.	0.
(30) TY MCBEE TRUSTEE	2.00	X						0.	0.	0.
(31) SARAH K. MELAMED TRUSTEE	2.00	X						0.	0.	0.
(32) THOMAS NEUMANN TRUSTEE	2.00	X						0.	0.	0.
(33) LAURA PASSERALLO TRUSTEE	2.00	X						0.	0.	0.
(34) JAMES PETSOCK TRUSTEE	2.00	X						0.	0.	0.
(35) JOSEPH G. PODACH TRUSTEE	2.00	X						0.	0.	0.
(36) HALLIE RICH TRUSTEE	2.00	X						0.	0.	0.
(37) KELLY RUDLOFF TRUSTEE	2.00	X						0.	0.	0.
(38) PATTY SHIPACASSE TRUSTEE	2.00	X						0.	0.	0.
(39) ALAN SILVERMAN TRUSTEE	2.00	X						0.	0.	0.
(40) MELISSA TRZASKA TRUSTEE	2.00	X						0.	0.	0.
(41) BRIAN VULPITTA TRUSTEE	2.00	X						0.	0.	0.
(42) THOMAS WEARSCH TRUSTEE	2.00	X						0.	0.	0.
(43) CHALANA WILLIAMS TRUSTEE	2.00	X						0.	0.	0.
(44) RENNY WOLFSON TRUSTEE	2.00	X						0.	0.	0.
(45) ELISSA WULIGER TRUSTEE	2.00	X						0.	0.	0.
(46) JOE YONADI TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b> 3,030.				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b> 113,533.				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 3,431,981.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b> \$2,552,825.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		<b>3,548,544.</b>			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		455.		455.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
		<b>d</b>	Net rental income or (loss)				
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses					
	<b>7 c</b>	Gain or (loss)					
	<b>d</b>	Net gain or (loss)					
<b>8 a</b>	Gross income from fundraising events (not including \$ 113,533. of contributions reported on line 1c). See Part IV, line 18		<b>8a</b> 67,569.				
			<b>8b</b> 88,356.				
	<b>c</b>	Net income or (loss) from fundraising events		-20,787.		-20,787.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19		<b>9a</b>				
			<b>9b</b>				
	<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances		<b>10a</b>				
			<b>10b</b>				
			<b>c</b>	Net income or (loss) from sales of inventory			
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		<b>3,528,212.</b>	<b>0.</b>	<b>0.</b>	<b>-20,332.</b>	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,264,259.	4,264,259.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	125,667.	50,267.	37,700.	37,700.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	273,223.	96,176.	119,838.	57,209.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	22,568.	1,100.	21,468.	
<b>10</b> Payroll taxes	30,715.	16,978.	3,424.	10,313.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	54,292.		54,292.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	7,693.		7,693.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	103,366.	29,741.	63,172.	10,453.
<b>12</b> Advertising and promotion	7,498.	1,250.	1,860.	4,388.
<b>13</b> Office expenses	75,206.	32,851.	25,559.	16,796.
<b>14</b> Information technology	32,466.	4,142.	24,786.	3,538.
<b>15</b> Royalties				
<b>16</b> Occupancy	64,868.	36,615.	28,253.	
<b>17</b> Travel	10,198.	4,673.	1,271.	4,254.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	10,764.	687.	5,345.	4,732.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	11,214.		11,214.	
<b>23</b> Insurance	9,760.	7,044.	2,716.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> STRATEGIC PLAN	4,500.		4,500.	
<b>b</b> VOLUNTEER EXPENSES	4,259.	3,484.	562.	213.
<b>c</b> DUES & SUBSCRIPTIONS	555.	100.	170.	285.
<b>d</b>				
<b>e</b> All other expenses	68,622.	5,363.	2,978.	60,281.
<b>25</b> Total functional expenses. Add lines 1 through 24e	5,181,693.	4,554,730.	416,801.	210,162.
<b>26</b> 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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	445,859.	<b>2</b>	262,939.
	<b>3</b> Pledges and grants receivable, net .....	209,909.	<b>3</b>	41,823.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	3,012,786.	<b>8</b>	1,539,432.
	<b>9</b> Prepaid expenses and deferred charges .....	12,374.	<b>9</b>	10,996.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 86,147.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 72,085.	22,633.	<b>10c</b> 14,062.
	<b>11</b> Investments - publicly traded securities .....	1,308,051.	<b>11</b>	1,675,329.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,800.	<b>15</b>	1,800.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,013,412.	<b>16</b>	3,546,381.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	110,836.	<b>17</b>	41,532.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	110,836.	<b>26</b>	41,532.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,700,590.	<b>27</b>	3,256,760.
	<b>28</b> Net assets with donor restrictions .....	201,986.	<b>28</b>	248,089.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	4,902,576.	<b>32</b>	3,504,849.
	<b>33</b> Total liabilities and net assets/fund balances .....	5,013,412.	<b>33</b>	3,546,381.

**Part XI Reconciliation of Net Assets**

Check 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	3,528,212.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,181,693.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,653,481.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,902,576.
5	Net unrealized gains (losses) on investments	5	255,754.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,504,849.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O.	X	
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? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

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 **section 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		
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2952751.	1904126.	5451197.	4393173.	3435011.	18136258.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2952751.	1904126.	5451197.	4393173.	3435011.	18136258.
<b>5</b> 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) .....						5523387.
<b>6 Public support.</b> Subtract line 5 from line 4.						12612871.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	2952751.	1904126.	5451197.	4393173.	3435011.	18136258.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	27,680.	27,216.	20,199.	432.	186.	75,713.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						18211971.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	496,465.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	69.26 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	66.76 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** 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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

SHOES & CLOTHES FOR KIDS

Employer identification number

34-1554285

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization  <b>SHOES &amp; CLOTHES FOR KIDS</b>	Employer identification number  <b>34-1554285</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,825,940.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>250,957.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>228,600.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>90,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>413,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SHOES &amp; CLOTHES FOR KIDS</b>	Employer identification number  <b>34-1554285</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 585,714.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SHOES &amp; CLOTHES FOR KIDS</b>	Employer identification number  <b>34-1554285</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SCHOOL SUPPLIES _____ _____ _____	\$ 1,825,940.	_____
3	SCHOOL CLOTHING _____ _____ _____	\$ 228,600.	_____
5	COATS FOR CHILDREN _____ _____ _____	\$ 90,000.	_____
6	SCHOOL CLOTHING _____ _____ _____	\$ 413,000.	_____
7	CRAFT AND CLASSROOM ART SUPPLIES _____ _____ _____	\$ 585,714.	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>SHOES &amp; CLOTHES FOR KIDS</b>	Employer identification number  <b>34-1554285</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (for example, recreation or education)  Preservation of a 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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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? .....

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)? .....

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**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 make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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 on 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	1,200,302.	1,444,615.	1,244,225.	1,178,301.	1,201,288.
b Contributions					
c Net investment earnings, gains, and losses	225,237.	-93,577.	209,836.	74,907.	-14,041.
d Grants or scholarships					
e Other expenditures for facilities and programs	73,700.	143,500.			
f Administrative expenses	7,074.	7,236.	9,446.	8,983.	8,946.
g End of year balance	1,344,765.	1,200,302.	1,444,615.	1,244,225.	1,178,301.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 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                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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		86,147.	72,085.	14,062.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				14,062.

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,825,853.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	255,755.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	49,579.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	305,334.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,520,519.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	7,693.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	7,693.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	3,528,212.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	5,223,579.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	49,579.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	49,579.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,174,000.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	7,693.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	7,693.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,181,693.

**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.

**PART V, LINE 4:**

THE BOARD DESIGNATED ENDOWMENT FUNDS REPRESENT INVESTMENTS THAT HAVE BEEN DESIGNATED BY SC4K'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.

**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



**Part XIII** Supplemental Information (continued)

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, 2019, MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND RENT, PROFESSIONAL SERVICES, GOOD & MATERIALS 49,579.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND CONTRIBUTIONS 49,579.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name 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**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** 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 10 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
		Yes	No			
<b>Total</b> .....						

**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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF	SHOREBY	NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	92,502.	88,600.		181,102.
	<b>2</b> Less: Contributions .....	64,689.	48,844.		113,533.
	<b>3</b> Gross income (line 1 minus line 2) .....	27,813.	39,756.		67,569.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	18,606.	11,159.		29,765.
	<b>6</b> Rent/facility costs .....	5,760.	8,289.		14,049.
	<b>7</b> Food and beverages .....	6,299.	16,750.		23,049.
	<b>8</b> Entertainment .....	2,954.	2,164.		5,118.
	<b>9</b> Other direct expenses .....	11,113.	5,262.		16,375.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				88,356.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-20,787.	

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> 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		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**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 to be 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **SHOES & CLOTHES FOR KIDS** 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?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACCEL SCHOOLS 4700 ROCKSIDE ROAD INDEPENDENCE, OH 44131	27-1465411	501(C)(3)	0.	46,566.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
ANOTHER CHANCE 1192 BRENTWOOD ROAD CLEVELAND HEIGHTS, OH 44121	04-3654012	501(C)(3)	0.	10,951.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	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	0.	24,545.	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
BETHANY BAPTIST CHURCH 1211 EAST 105TH ST CLEVELAND, OH 44108	34-1240286	501(C)(3)	1,530.	51,045.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVENUE, BUILDING 44, CLEVELAND, OH 44114	27-0362848	501(C)(3)	0.	31,149.	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
CATHOLIC CHARITIES HEAD START - GARDEN VALLEY - 7255 GARDEN VALLEY AVENUE - CLEVELAND, OH 44104	26-1323950	501(C)(3)	1,350.	6,698.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_
- 3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2019)

**SEE PART IV FOR COLUMN (G) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 - ST IGNATIUS - 10205 LORAIN AVE - CLEVELAND, OH 44111	26-1323950	501(C)(3)	1,080.	43,185.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
CATHOLIC CHARITIES RIVERSIDE 17800 PARKMOUNT AVE CLEVELAND, OH 44135	26-1323950	501(C)(3)	0.	9,611.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
CATHOLIC DIOCESE OF CLEVELAND 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-1317541	501(C)(3)	0.	55,629.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
CHARTER SCHOOL SPECIALISTS 40 HILL ROAD SOUTH PICKERINGTON, OH 43147	46-2285806	501(C)(3)	0.	13,858.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
CITY OF CLEVELAND - YOUTH DIVERSION PROG - 75 ERIEVIEW PLAZA SUITE 204 - CLEVELAND, OH 44114	34-6000646	GOVERNMENT	0.	17,355.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
CLEVELAND CHESED CENTER 1898 S TAYLOR RD UNIVERSITY HEIGHTS, OH 44118	61-1773183	501(C)(3)	2,430.	67,238.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	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	0.	15,876.	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
CLEVELAND METROPOLITAN SCHOOL DISTRICT - ADMIN - 111 SUPERIOR AVE E - CLEVELAND, OH 44114	34-6000662	GOVERNMENT	46,335.	726,521.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	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	0.	48,312.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 MONTESSORI SCHOOL 12510 MAYFIELD ROAD CLEVELAND, OH 44106	34-1767241	501(C)(3)	0.	10,266.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
CONCEPT SCHOOLS 1336 BASSWOOD ROAD SCHAUMBURG, IL 60173	20-4451404	501(C)(3)	0.	18,985.	FMV	CLOTHING, SCHOOL UNIFORMS AND 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		0.	45,634.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
COUNCIL FOR ECONOMIC OPPORTUNITIES 1801 SUPERIOR AVE E SUITE 300 CLEVELAND, OH 44114	34-0965350	501(C)(3)	0.	38,298.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	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)	0.	102,082.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
EAST CLEVELAND CITY SCHOOLS 1843 STANWOOD RD. EAST CLEVELAND, OH 44112	34-6000888	GOVERNMENT	0.	19,378.	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)	1,530.	18,074.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
EUCLID CITY SCHOOL DISTRICT 651 EAST 222ND STREET EUCLID, OH 44123	34-6000963	GOVERNMENT	0.	72,400.	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
FAMICOS FOUNDATION 813 EAST 152ND ST CLEVELAND, OH 44110	34-1053534	501(C)(3)	2,520.	32,280.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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)	1,530.	10,799.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	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	0.	13,212.	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
GLOBAL AMBASSADORS LANGUAGE ACADEMY - 13442 LORAIN AVENUE - CLEVELAND, OH 44111	46-1185217	501(C)(3)	0.	5,633.	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
HOLY TRINITY BAPTIST CHURCH 3808 E. 131ST STREET CLEVELAND, OH 44120	47-5577023	501(C)(3)	0.	19,095.	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
KING-KENNEDY BOYS AND GIRLS CLUB 2561 EAST 59TH STREET CLEVELAND, OH 44104	34-0770686	501(C)(3)	1,260.	13,814.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
LA SAGRADA FAMILIA 7719 DETROIT AVE CLEVELAND, OH 44102	34-6004146	501(C)(3)	2,790.	24,087.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
LAKWOOD CITY SCHOOL DISTRICT 1470 WARREN ROAD LAKWOOD, OH 44107	34-6001631	GOVERNMENT	0.	6,171.	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
LEXINGTON BELL COMMUNITY CENTER 7724 LEXINGTON RD CLEVELAND, OH 44103	34-1117206	501(C)(3)	1,710.	36,956.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	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	0.	32,005.	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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)	1,530.	53,282.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	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)	1,530.	126,772.	FMV	CLOTHING, SCHOOL UNIFORMS AND 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)	1,530.	63,314.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
MURTIS H. TAYLOR - GARFIELD 5522 TURNEY RD GARFIELD HEIGHTS, OH 44125	23-7158458	501(C)(3)	1,530.	40,034.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
MURTIS TAYLOR - EAST CLEVELAND 1862 NOBLE ROAD CLEVELAND, OH 44112	23-7158458	501(C)(3)	1,530.	45,402.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
MURTIS TAYLOR - MT. PLEASANT 13422 KINSMAN ROAD CLEVELAND, OH 44120	23-7158458	501(C)(3)	1,530.	71,275.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
MURTIS TAYLOR - WARRENSVILLE HEIGHTS - 13422 KINSMAN ROAD - CLEVELAND, OH 44120	23-7158458	501(C)(3)	1,530.	8,383.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
NATIONAL HERITAGE ACADEMY 16005 TERRACE RD. EAST CLEVELAND, OH 44112	47-1881203		0.	10,806.	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)	1,530.	61,418.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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	0.	10,119.	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	0.	9,026.	FMV	SCHOOL SUPPLIES	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
ST. MARTIN DEPORRES 1264 EAST 123RD ST CLEVELAND, OH 44108	34-1318541	501(C)(3)	1,530.	88,783.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
THE CENTERS - CLEVELAND HEIGHTS 1941 S. TAYLOR ROAD CLEVELAND HEIGHTS, OH 44118	23-7084455	501(C)(3)	1,530.	42,197.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
UNIVERSITY SETTLEMENT 4800 BROADWAY AVE CLEVELAND, OH 44127	34-0714776	501(C)(3)	1,530.	7,481.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	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)	1,530.	48,820.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
WALTON BOYS AND GIRLS CLUB 3409 WALTON AVENUE CLEVELAND, OH 44113	34-0770686	501(C)(3)	1,530.	57,848.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
WARRENSVILLE HEIGHTS CITY SCHOOL DISTRICT - 4500 WARRENSVILLE CENTER ROAD - WARRENSVILLE HEIGHTS, OH 44128	34-6002991	GOVERNMENT	0.	23,706.	FMV	SCHOOL SUPPLIES	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)	1,530.	15,471.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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)	0.	41,216.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
WILLIAM E. SANDERS FAMILY CENTER 3949 LEE RD CLEVELAND, OH 44128	34-1970257	501(C)(3)	1,530.	26,060.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.
SOUTH EUCLID - LYNDHURST CITY SCHOOLS - 5044 MAYFIELD ROAD - LYNDHURST, OH 44124	34-6610890	GOVERNMENT	0.	9,959.	FMV	CLOTHING, SCHOOL UNIFORMS AND SUPPLIES,	TO IMPROVE K-8 ATTENDANCE BY ELIMINATING LACK OF CLOTHING, SHOES, & SCHOOL SUPPLIES AS BARRIERS.

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**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

**Part IV** Supplemental Information

FINANCIAL REPORTS.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: ACCEL SCHOOLS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

NAME OF ORGANIZATION OR GOVERNMENT: ANOTHER CHANCE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

NAME OF ORGANIZATION OR GOVERNMENT: BETHANY BAPTIST CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES HEAD START - GARDEN VALLEY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES HEAD START - ST IGNATIUS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES RIVERSIDE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC DIOCESE OF CLEVELAND

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

NAME OF ORGANIZATION OR GOVERNMENT: CHARTER SCHOOL SPECIALISTS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

NAME OF ORGANIZATION OR GOVERNMENT:

CITY OF CLEVELAND - YOUTH DIVERSION PROG

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND CHESED CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT:

CLEVELAND METROPOLITAN SCHOOL DISTRICT - ADMIN

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT:

CLEVELAND METROPOLITAN SCHOOL DISTRICT - PROJECT ACT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND MONTESSORI SCHOOL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

NAME OF ORGANIZATION OR GOVERNMENT: CONCEPT SCHOOLS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

NAME OF ORGANIZATION OR GOVERNMENT: CONSTELLATION SCHOOLS LLC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

NAME OF ORGANIZATION OR GOVERNMENT: COUNCIL FOR ECONOMIC OPPORTUNITIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

NAME OF ORGANIZATION OR GOVERNMENT:

DOMESTIC VIOLENCE & CHILD ADVOCACY CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

NAME OF ORGANIZATION OR GOVERNMENT: EAST CLEVELAND NEIGHBORHOOD CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: FAMICOS FOUNDATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDLY INN SETTLEMENT HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: KING-KENNEDY BOYS AND GIRLS CLUB

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: LA SAGRADA FAMILIA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: LEXINGTON BELL COMMUNITY CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: MAY DUGAN CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: MERRICK HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: MT. SINAI BAPTIST CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MURTIS H. TAYLOR - GARFIELD

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: MURTIS TAYLOR - EAST CLEVELAND

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: MURTIS TAYLOR - MT. PLEASANT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: MURTIS TAYLOR - WARRENSVILLE HEIGHTS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: NEW SARDIS PRIMITIVE BAPTIST CHURCH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: ST. MARTIN DEPORRES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: THE CENTERS - CLEVELAND HEIGHTS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY SETTLEMENT

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: URBAN COMMUNITY SCHOOL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: WALTON BOYS AND GIRLS CLUB

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: WEST SIDE CATHOLIC CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: WEST SIDE COMMUNITY HOUSE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

NAME OF ORGANIZATION OR GOVERNMENT: WILLIAM E. SANDERS FAMILY CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS AND SHOE GIFT CARDS

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH EUCLID - LYNDBURST CITY SCHOOLS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CLOTHING, SCHOOL UNIFORMS AND SUPPLIES, WINTER COATS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name 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		2,548,100.	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	4,726.	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

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

SHOES & CLOTHES FOR KIDS

Employer identification number

34-1554285

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN CLEVELAND.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 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.

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.

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

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization SHOES & CLOTHES FOR KIDS	Employer identification number 34-1554285
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PERFORMANCE. THE COMPENSATION IS DOCUMENTED IN A LETTER FROM THE CHAIRMAN OF THE INDEPENDENT COMMITTEE.

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.

PART VII, LINE 2C

THE ORGANIZATION'S OVERSIGHT PROCESS AND SELECTION PROCESS HAVE NOT CHANGED FROM THE PRIOR YEAR.