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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 20**19**

Farm **990** (2019)

Cet. No. 11282Y

(Rev. January 2020) $ilde{ ilde{ imes}}$ Do not enter social security numbers on this form as it may be made public 201912Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information Internal Revenue Service Inspection For the 2019 calendar year, or tax year beginning 2019, and ending 20 Check if applicable: C Name of organization Shoes 4 The Shoeless, Inc. D Employer Identification number Address change Doing business as 27-3371811 Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return (513) 755-2677 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Kettering, OH 45409 F Name and address of principal officer. H(a) is this a group return for subordinates? Types 17 No. Application pending H(b) Are all subordinates included? 🔲 Yes 🔲 No 501(c) (Tax-exempt status: √ 501(c)(3)) < (insert no.) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list, (see instructions) Website: ▶ Shoes 4 the Shoeless.org H(c) Group exemption number > M State of legal domicite: L Year of formation: 2010 ОН Part I Briefly describe the organization's mission or most significant activities: To provide new, properly fitting gym shoes and socks to local children in need. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line [1a)] Number of independent voting members of the governing body (Part VI, line 1b)
Total number of individuals employed in calendar year 2019 (Part V, line 2a) 4 8 5 3 Total number of volunteers (estimate if necessary) . 6 50 7a Total unrelated business revenue from Part VIII: column 0 Net unrelated business taxable income from Form 9905 Cline 36ED 7b Prior Year **Current Year** တ္တ Contributions and grants (Part VIII, line 1h). 435,405 433,271 AUG 14 2020 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 70.

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c. 10 3,478 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 435,405 436,749 SCANNED Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 67,014 119,671 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 182,076 297,560 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 249,090 18 417,231 Revenue less expenses. Subtract line 18 from line 12 186,315 19,518 19 Boginning of Current Year End of Year 511,324 Total assets (Part X, line 16) 515,799 20 Total liabilities (Part X, line 26) . 15,501 21 Net assets or fund balances. Subtract line 21 from line 20 476,305 495,823 22 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of office Here Type or pruit name and title TREASURER LARRY T. HEIMANN Check 🔲 d Print/Type preparer's name **Paid** self-employed **Preparer** Firm's EIN 🕨 Firm's name Use Only Firm's address ☐Yes ☐No May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	(2019) Page 2
Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To provide new, properly fitting gym shoes and socks to local children in need.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	pnor Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	and total dipolicity, and totalists, in any, to accomprogram pervice reported.
48	(Code:) (Expenses \$417,231 including grants of \$0) (Revenue \$435,749)
	See Item # 1 Above
	7 5 5 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	7

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

	17 40 0 \$vvvvvvvv vis a see of the property of the think of the property of the
	1

	######################################
4c	Code:) (Expenses \$including grants of \$) (Revenue \$)
	200 210 100 100 100 100 100 100 100 100

4d	Other program services (Describe on Schedule O.)
	Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 417,231
_	Form 990 (2019)

AP

Part IV Checklist of Required Schedules

			res	MO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	┝┻	7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		-
4	candidates for public office? If "Yes," complete Schedule C. Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		✓_
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		*
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		*
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u>·</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		✓
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Old the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>·</u>
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	148		<u> </u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14Ь		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
18	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20ъ		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		1

Part	Checklist of Required Schedules (continued)			
			Yes N	ło_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>/_</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		— ✓
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		/
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓_
26	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? If "Yes," complete Schedule L, Part II	26		1
27	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? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		/
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>/</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	<u>/</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u>/</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35Ъ		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>/</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>/</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		<u> </u>
Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes I	<u> </u> No
a -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	o [
1a	Enter the number reported in Box 3 of Form 1095. Enter -0- if not applicable	5		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
C	reportable gaming (gambling) winnings to prize winners?	1c		
	reherrante Amunia Menumia Amunia de la lacalitación de la companya dela companya del companya de la companya de	For	m 990 (2	2016

	Statements Regarding Other Ins Filings and Tax Compliance (continued)			
	-		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
ь	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		,	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over.	- 35		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
ь	If "Yes," enter the name of the foreign country ▶	1		_ <u></u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	\ ~~		_
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	,		,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	''		
_	required to file Form 8282?	7c		1
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	J	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		,
9	Sponsoring organizations maintaining donor advised funds.	┡		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a]	1
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Ż
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
10-	against amounts due or received from them.)		l	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance Issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	138		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	$\vdash \dashv$	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ہے ا		,
	excess parachute payment(s) during the year?	15		/
46	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		1
16	Is the organization an educational institution subject to the section 4506 excise tax of the investment income? If "Yes," complete Form 4720, Schedule O.			-
	n real complete room treat conticues of	Form	n 990	(2019)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	for a	tions.
Sect	ion A. Governing Body and Management			
1a	Enter the number of votice manhon of the name to be dead to an additional to the		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	3 -	-	
ь	Enter the number of voting members included on line 1a, above, who are independent . 1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	1	
3	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?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		/
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		1
b	Each committee with authority to act on behalf of the governing body?	8ь		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	NA C	nde l	
	The state of the s		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	1
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?	10ъ		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	l., l		
13	describe in Schedule O how this was done	12c		
14	Did the experiencing have a control described and the state of the sta	13 14		-
15	Did the process for determining compensation of the following persons include a review and approval by	\ '''	\dashv	_
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		1
16a		16a		√
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?	16ь		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ OHIO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (Sec	tion 5	i01(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	of inter	est p	olicy,
~~	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and re	cordo		
20	State the name, address, and telephone number of the person who possesses the organization's books and re	~···U5	_	

	200	(2019)	
-carn	2011	12019)	

Page 7

Form **990** (2019)

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

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

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. Position (A) (B) Œ æ (do not check more than one Name and title Ачелада Reportable Reportable box, unless person is both an Estimated amount compensation hours compensation officer and a director/trustee) of other from the from related per week Highest compensated employes compensation individual t Institutional Key employee (list any **arganization** organizations from the (W-2/1099-MISC) (W-2/1099-MISC) hours for organization and related related organizations gantzation trustee below trustee datted line) (1) KRIS HORLACHER 40.0 s 60.000 EXECUTIVE DIRECTOR (2) STEPHEN HOPF 10.0 **CHAIRMAN** (3) BRYCE STUCKENSCHNEIDER 5.0 **PRESIDENT** (4) LARRY HEIMANN 10.0 **CFO & TREASURER** (5) TRAVIS KINNISON 5.0 SECRETARY KENNETH TOWNSEND 5.0 DIRECTOR **ERIC MARIT** 5.0 DIRECTOR **BRIAN CULPEPPER** 5.0 DIRECTOR 5.0 (9) SCOTT KUJAWA DIRECTOR (10)(11) (12)(13)(14)

	(A) Name and title	Average hours per week (fist any hours for related organizations below dotted line)	(do n. box. Individual or directs	ot ct unter	Pos Yeck as pe	c) ition mon rson firect	than the Highest compenses	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reports compens compans compans dragantza (W-2/1099)	able sation ated tions	Estima o com	(F) sted am il other pensati om the lzation	oum ion and
(15)			-		-	┢	8.	\vdash					_	
(16)				-	-									
(17)				\vdash	-	\vdash		-		_			··· <u>-</u>	
(18)			-	_	_	-	_	-						
(19)	· · · · · · · · · · · · · · · · · · ·		<u> </u>		_	_		_						
			<u> </u>	L										
(20)			<u> </u>			L								
(21)														
(22)										_ 				
(23)														
(24)	044440000000000000000000000000000000000			\vdash		\vdash		\vdash	"					
(25)			<u> </u>		<u> </u>		<u> </u>							
1b c d	Subtotal	VII, Sectio	n A 	•	•	• ·	•	▶ ▶	\$ 60,000 \$ 60,000					
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed	above	e) w	tho received more 0	e than \$16	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							mpl	loyee, or highes	t compe	nsated	3	Yes	No /
4	For any individual listed on line 1a, is the organization and related organizations individual													1
5	Did any person listed on line 1a receive of for services rendered to the organization									on or ind		5		1
Secti	on B. Independent Contractors													<u> </u>
1	Complete this table for your five high compensation from the organization. Rep	nest comp ort compen	ensat Isatio	ed n fo	ind r the	epe e ca	ndent lenda	r ye	ear ending with or	eceived within the	more i	inan \$ ization	100,01 's tax	year.
	(A) Name and business add	Iress							(B) Description of sen	nces		(C) Compere	sation	
											·			
	Total number of independent contractor	re (includi	ng hi	nt m	not :	limi	ted to	11	nose listed abov	e) who				
2	received more than \$100,000 of compens	ation from	the o	gar	izat	ion	>		0	-,		Co-	<u>oo</u> r	(2019)

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
		Check is Screedile O contains a response of note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
its its	1a	Federated campaigns 1a								
ira III	þ	Membership dues 1b								
ا کی کی	C	Fundraising events Ic 32,175								
業る	d	Related organizations 1d				ì				
Contributions, Gifts, Grants and Other Similar Amounts	8	Government grants (contributions) 1e								
5 2	f	All other contributions, gifts, grants, and similar amounts not included above 1f 401.096		}		1				
돌로	_		}	}		,				
들이	9	Noncash contributions included in Innes 1a-1f 1g \$			l					
S €	h	Total. Add lines 1a–1f	433,271							
\rightarrow		Business Code	433,271							
8	2a									
و څ	Ь									
gram Ser Revenue	C									
E 5	đ									
Program Service Revenue	е		•							
تة ا	f	All other program service revenue								
	9	Total. Add lines 2a–2f ▶	ļ							
- {	3	Investment income (including dividends, interest, and other similar amounts)	3,478	ł		ł				
	4	other similar amounts)	3,478							
1	5	Doubling				 				
ľ		(i) Personal				 				
1	6a	Gross rents 6a				l				
	ь	Less: rental expenses 6b	1	\						
	C	Rental income or (loss) 6c		<u> </u>						
	d	Net rental income or (loss)								
	7a	Gross amount from (i) Securities (ii) Other]							
		sales of assets	}			l				
_	_	other than inventory 7a	{							
her Revenue	Þ	Less: cost or other basis and sales expenses 7b	ĺ							
9	_	Gain or (loss) 7c		•		<u> </u>				
ď.	ď	Net gain or (loss)								
2	8a	Gross income from fundraising								
ర		events (not including \$ 32,175	Í	ļ	•	j				
		of contributions reported on line			Ì					
		1c). See Part IV, line 18 8a 0								
	Ь	Less: direct expenses 8b			ļ					
	С	Net income or (loss) from fundraising events >		<u> </u>		 				
	9a	Gross income from gaming	1	1						
	١.	activities. See Part IV, line 19 . 9a	1			<u> </u>				
	b	Less: direct expenses 9b Net income or (loss) from gaming activities	 	 						
	C	Gross sales of inventory, less				 				
	l lua	returns and allowances 10a	į.	1	1					
	Ь	Less: cost of goods sold 10b	1							
	c	Net income or (loss) from sales of inventory								
6		Business Code		<u> </u>						
ᅙᅙ	11a					ļ				
Miscellaneous Revenue	b		!	ļ		 				
Sell Sell	С			 	 	 				
Also The state of the state of	d	All other revenue	 	 	 	-				
	}e	Total Add lines 11a-11d		 		 				
	12	Total revenue. See instructions	436,749	31	<u> </u>	Form 990 (2019)				

	an (2019)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns All	other organizations	must complete colu	mn (4)
	Check if Schedule O contains a response	or note to any line	in this Part IX	most complete colu	····· (A).
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D) Fundraising
8b, 9t	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	110,500	60,500	50,000	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				·····
10	Payroll taxes	9,171	5,045	4,126	
11	Fees for services (nonemployees):				
а	Management . '				
ь	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				<u> </u>
f -	Investment management fees	·			·
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	17,929		17,929	-·· <u>-</u>
13	Office expenses	5,793		5,793	
14	Information technology				
15 16	Royalties				
17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	3,072		3,072	
23	Insurance	4,441		4,441	
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column	ľ			
	(A) amount, list line 24e expenses on Schedule O.)				
a	New Shoes Purchased	255,020			
b	Truck Maintenance	2,327 1,567	2,327 1,567		
C	Volunteer Expense	1,56/	1,36/		
d e	All other expenses	7,411		7,411	
_	Total functional expenses. Add lines 1 through 24e	417,231	324,459	92,772	
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	417,231	324,434	32,112	
	following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		🗖
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	379,010	1	190,126
	2	Savings and temporary cash investments		2	253,978
	3	Pledges and grants receivable, net		_3	
	4	Accounts receivable, net		4	
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets	7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
Assets	8	Inventories for sale or use	77,000	\rightarrow	61,611
Q.	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 43,97			
	11	Less: accumulated depreciation			5,609
	12	Investments—publicly traded securities. See Part IV, line 11		11	
,	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		•	511,324
	17	Accounts payable and accrued expenses			15,501
	18	Grants payable		18	13,301
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	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		22	
Ę	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			
	26	Total liabilities. Add lines 17 through 25		25	
	20	Organizations that follow FASB ASC 958, check here ▶ □	39,494	20	15,501
Ces		and complete lines 27, 28, 32, and 33.	j	ŀ	
lal	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
ב		Organizations that do not follow FASB ASC 958, check here ► 🗸			
2		and complete lines 29 through 33.			
6	29	Capital stock or trust principal, or current funds	. }	29	
ets	30	Pald-in or capital surplus, or land, building, or equipment fund	. [30	
133	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balan	32	Total net assets or fund balances			495,823
ž	33	Total liabilities and net assets/fund balances			511,324
					Fam 990 (2019)

Form 9	90 (2019)		Pa	ge 12
Par	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)		43	6,749
2	Total expenses (must equal Part IX, column (A), line 25)			7,231
3	Revenue less expenses. Subtract line 2 from line 1			9,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			6,305
5_	Net unrealized gains (lossos) on investments			 -
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			<u>-</u>
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		49	5,823
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:			
	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?	2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	Were the organization's financial statements audited by an independent accountant?	2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	\sqcap		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
		For	n 99 0	(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)(ii) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Schodulo A (Form 990 or 990-EZ) 2019

Cal. No. 11285F

Hainu	OI UIB	ordaussaimu				1	Employer toenditcadon	namber		
		e Shoeless, Inc.					27-337			
Par	_	Reason for Public Char						ns.		
		zation is not a private founda		•		_	•	$-\mathcal{O}$		
1		church, convention of church						\mathcal{T}		
2	=									
3		hospital or a cooperative hos								
4		medical research organization ospital's name, city, and state	•	onjunction with a hosp	ontal desci	nbed in s	ection 170(b)(1)(A)(III). Enter the		
5		n organization operated for t ection 170(b)(1)(A)(iv). (Comp		college or university	owned o	operate	d by a government	al unit described in		
6 7	□ A	federal, state, or local govern in organization that normally escribed in section 170(b)(1)	receives a subs	tantial part of its supp				the general public		
8	ΠA	community trust described in	section 170(b)	(1)(A)(vi). (Complete f	Part II.)					
9	□ A o	n agricultural research organi r university or a non-land-gra niversity:	zation described	in section 170(b)(1)	(xi)(A)					
10	n S	n organization that normally receipts from activities related upport from gross investment cquired by the organization a	to its exempt fur income and uni	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	1 331/3% of its		
11		n organization organized and	operated exclus	sively to test for public	safety. S	See secti	on 509(a)(4).			
12	_	n organization organized and	•	∀	•		•			
		f one or more publicly suppo theck the box in lines 12a thro	_					, , , ,		
a		Type I. A supporting organ the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma					
b	י ב	Type II. A supporting organ control or management of to organization(s). You must organization(s).	the supporting o	rganization vested in	the same	with its s persons	upported organizate that control or mana	on(s), by having age the supported		
C		Type III functionally integ	rated. A suppor	ting organization oper	ated in co			ally integrated with,		
	_	its supported organization(
d	L	Type III non-functionally i that is not functionally integ requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	rtion requirement an	orted organization(s) d an attentiveness		
•		Check this box if the organ functionally integrated, or I	ization received Type III non-func	a written determination	on from the	ne IRS the organizati	at it is a Type I, Type ion.	e II, Type III		
f		ter the number of supported o						· · [
g	Pro	ovide the following information	about the supp	orted organization(s).						
	(ī) Na	rme of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)	_									
(E)	-									
=-				-	 -	 				

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

	•			
Schedule A	(Form	990 or	990-E	Z) 2019

Page 2

i

Part	Support Schedule for Organiza (Complete only if you checked th							
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	te Part III.)		
	on A. Public Support		·			,		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	/ (f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					/	1	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total Add lines 1 through 3					<u> </u>		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4			 -	/			
Secti	on B. Total Support				/			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017 /	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4			/				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10		. /					
12	Gross receipts from related activities, etc.	•	• /		· · · ·	12		
13	First five years. If the Form 990 is for th	_	,		-		, ., ,	
	organization, check this box and stop her			· · · · ·		<u> </u>	> 🗀	
	on C. Computation of Public Suppor			4 4 (0)				
14	Public support percentage for 2019 (line 6			1, column (I))		14	<u>%</u>	
15 16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organiz				nd line 14 is 3:	15 31a% or more	check this	
.08							>	
b	b 331/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10%-facts-and-circumstances test—2019/If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	description and the second state of the second							
18	Private foundation. If the organization die	d not check a	box on line 13	, 16a, 16b, 17	a, or 17b, chec	k this box and	l see	
			· · · · · ·					
							90 or 990-EZ) 2019	

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	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees	1			7			
_	received. (Do not include any "unusual grants.")	149,554	151,426	228,258	397,875	401,096	1,328,209	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the		ļ	1	1			
_	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1	1	}		,		
		21,144	22,453	20,384	37,530	32,175	133,686	
4	Tax revenues levied for the organization's benefit and either paid to	[[[ſ	Í	ĺ		
	or expended on its behalf		İ		l			
5	The value of services or facilities							
•	fumished by a governmental unit to the	}]			
	organization without charge	1			İ			
6	Total. Add lines 1 through 5	170,698	173,879	248,642	435,405	433,271	1,461,895	
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons .				1			
þ	Amounts included on lines 2 and 3		_]]		
	received from other than disqualified		1					
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ĺ		1				
_	Add lines 7a and 7b	-						
8	Public support. (Subtract line 7c from		0	0	0	0	0	
_	line 6.)						1,461,895	
Secti	on B. Total Support						17491,035	
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6	170,698	173,879	248,642	435,405	433,271	1.461,895	
10a	Gross income from interest, dividends,				,			
	payments received on securities loans, rents, royalties, and income from similar sources.]	ار	ا	ا			
ь	Unrelated business taxable income (less	9	0	0	0	3,478	3,478	
•	section 511 taxes) from businesses		İ]			
	acquired after June 30, 1975		1					
c	Add lines 10a and 10b	0	0	0	0	3,478	3,478	
11	Net income from unrelated business							
	activities not included in line 10b, whether	İ	1		1	1		
	or not the business is regularly carried on							
12	Other income. Do not include gain or				į			
	loss from the sale of capital assets	1			1			
13	(Explain in Part VI.)							
15	and 12.)	170,698	173,879	248,642	435,405	436,749	1,465,373	
14	First five years. If the Form 990 is for the	ne organization						
	organization, check this box and stop he			<u>.</u> .				
Section C. Computation of Public Support Percentage								
15								
16	Public support percentage from 2018 Sci			<u> </u>	<u>·······</u>	16	100 %	
	on D. Computation of Investment In	come Percer	Tage	w line 12 activ	ma (1)	T 17 T	.24 %	
17	Investment income percentage for 2019 (iine ivc, colum 2 Schodulo A 5	in (1), uivided b Part III. lina 17	iy ante 13, colu	····· (1)) · · ·	18	0 %	
18	investment income percentage that are about the how on line 14 and line 15 is more than 221eW and line							
19a	17 is not more than 33's%, check this box	and stop here.	The organization	on qualifies as	publicly supp	orted organizati	on . > 🗸	
b	3310% support tests-2018. If the organiz	zation did not cl	neck a box on	line 14 or line 1	9a, and line 16	i is more than 3	1312%, and	
~	line 18 is not more than 331/2%, check this	box and stop h	e re. The org ani	ization qualifies	as a publicly s	upported organ	ization 🕨 🗸	
	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.)

Secti	on A. All Supporting Organizations			
	•		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90	<u> </u>	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
b	supporting organizations)? If "Yes," answer 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a	-	

Schedule	Λ	1E	DOO.	~~ 000	C71	2010

Page 5

Part	IV Supporting Organizations (continued)			-30 0
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
þ	A family member of a person described in (a) above?	11b		
· · · · · · · · · · · · ·	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1]
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ļ
	controlled the organization's activities. If the organization had more than one supported organization,		}	•
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	,		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Cook		2	L	<u> </u>
<u> </u>	on C. Type II Supporting Organizations		V	- T-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			ļ
	the supported organization(s).	1		,
Secti	on D. All Type III Supporting Organizations			
1	Did the presination provide to each of its presented association to the first devictor of the first		Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	,		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's		į	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	,	
Secti	on E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:		
2	Activities Test. Answer (a) and (b) below.	\vdash	Yes	ND
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			}
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			ł
	that these activities constituted substantially all of its activities.	2a		
Þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2ь		}
3	Parent of Supported Organizations. Answer (a) and (b) below.			
ა a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or] ;	}
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	L
	Schodulo A (Form	990 or	990-E	Z) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)————————————————————————————————————	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	'	
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in pnor year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III support	ting organization (see
instructions).			

Schedu	e A (Form 990 or 990-EZ) 2019			Page 7				
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)					
Secti	on D—Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets -							
5	· · · · · · · · · · · · · · · · · · ·							
6								
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive					
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·	· · · · · ·					
Secti	on E—Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.	•						
3	Excess distributions carryover, if any, to 2019		 	***				
а	From 2014			<u> </u>				
	From 2015							
C								
d	From 2017							
- в	From 2018							
1	Total of lines 3a through e							
9	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D, line 7: \$							
а	Applied to underdistributions of prior years							
ь	Applied to 2019 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2015							
b	Excess from 2016							
C	Excess from 2017							
d	Excess from 2018							
е	Excess from 2019	<u> </u>	L	<u></u>				

Schedula A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	•
	<u></u>
	188-2024
	······································

······································	······································
	, , , , , , , , , , , , , , , , , , ,

Vaca	2

Part	Organizations Maintaining	Collections of	Art, His	torical	Freasures	, or Ot	her Similar A	ssets (c	ontin	ued)
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	rds, chec	k any of th	e follow	ing that make	significar	nt use	of its
а	☐ Public exhibition		đ	☐ Loan	or exchang	e progr	am			
b	☐ Scholarly research		e	☐ Other						_
C	☐ Preservation for future generation:	S								_
4	Provide a description of the organiza XIII.	tion's collections	and expl	ain how t	hey further	the org	anization's exe	empt purp	юse ii	n Part
	During the year, did the organization assets to be sold to raise funds rathe								es [] No
Part										
	Complete if the organization 990, Part X, line 21.						·		n For	m
1a	Is the organization an agent, trustee included on Form 990, Part X?								es [] No
ь	If "Yes," explain the arrangement in F	art XIII and compl	ete the fo	ollowing to	able:		·			
						<u> </u>	<u> </u>	Amount		
Ç.	Beginning balance					10	 			
d	Additions during the year					1d	 			
e f	Distributions during the year					1e				
2a	Did the organization include an amou			-			account liabilit	V2 TV	ا م	7 No
	If "Yes," explain the arrangement in P									_
Par				•			 		=	-
	Complete if the organization	n answered "Yes	" on For	m 990, F	Part IV, line	2 10.				
		(a) Current year	(b) Pri	or year	(c) Two year	8 back	(d) Three years ba	ck (e) Fou	r years	back
1a	Beginning of year balance						_			
b	Contributions									
C	Net investment earnings, gains, and losses					<u>, </u>				
đ	Grants or scholarships									
e	Other expenditures for facilities and programs			·						
f	Administrative expenses									
9	End of year balance	L						<u> </u>		
2	Provide the estimated percentage of	•	nd balanc	e (line 19	, column (a))) held a	s:			
а	Board designated or quasi-endowme		%							
b	Permanent endowment ► Term endowment ► %									
C	Term endowment ▶ % The percentages on lines 2a, 2b, and		0084							
-	Are there endowment funds not in th			rotion the	at are bold :	and ade	nunistared for t	bo		
3a	organization by:	e possession or tr	ie Organi	Zaugn un	ar are meior	and adm	ininstered for t	110	Yes	No
	(i) Unrelated organizations							3a(i)		
								3a(ii)	+	
ь	If "Yes" on line 3a(ii), are the related of	rganizations listed	as requi	red on So	chedule R?			3b		
_4	Describe in Part XIII the intended use	s of the organization	on's endo	wment fu	unds.					
Part	VI Land, Buildings, and Equip		• •							
	Complete if the organization					11a. S	See Form 990			
	Oescripton of property	(a) Cost or o			or other basis ther)		preciation	(d) Bo	ok valu	.
1a	Land									
Ь	Buildings			ļ						
C	Leasehold improvements	·								
d	Equipment	·		<u> </u>	43,979		38,370			5,509
e Tabal	Other	nuet aquel Form 0	QO Part	Column	/RI line 10	lc l	•			
OCEI.	Add lines ta through te. (Column (d) f	nual equal Pulli 3	JU, 1-811	- COMM	(2), inte 10		<u> </u>			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or 990-EZ.

2019

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No. 1545-0047

Name of the organization	Employer identification number
Shoes 4 The Shoeless, Inc.	27-3371811
•	
***************************************	***************************************
Part VI, Section A, line 2. Ken Townsend (Director) Is the father of Kris Horlacher (Executive D	irector). Larry Helmann (Treasurer) is the father
-in-law of Bryce Stuckenschneider (President).	
Part VI, Section C, line 19. The Shoes 4 The Shoeless, Inc's annual Form 990's are available to	the public from this website:
_	
https://www.irs.gov/newsroom/irs-makes-electronically-filed-form-990-data-available-in-new-form-	rmat

······································	
***************************************	\
·	

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
**************************************	
***************************************	
**************************************	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	