

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Form **990** 

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A I	or the	2022 calendar year, or tax year beginning JU	L 1, 2022 and	ending J	UN 30, 2023	The state of the s							
В	Check if	C Name of organization			D Employer identifi	cation number							
	pplicabl	<u> </u>											
Г	Addre	SHOES THAT FIT											
Ē	Name	32 8 V 2			95-44255	65							
F	Initial	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone numbe								
$\overline{}$	Final	1420 M OT ADDMONTO DI VID	3,00 10 01,001 201,000	204-A	(909) 48								
_	termin		P or foreign postal code	201 11	G Gross receipts \$ 11,597,122.								
	Amen		or releight poolar code		H(a) Is this a group return								
$\vdash$	Applic		FASS		for subordinates								
	pendir	9 SAME AS C ABOVE			H(b) Are all subordinates in								
1.7	ax-ex	empt status: X 501(c)(3) 501(c)(	(insert no.) 4947(a)(1)	or 527		list. See instructions							
	Vebsit	V	(1100) (110)	OI DET	H(c) Group exemptio								
_			ciation Other	I Vear		State of legal domicile: CA							
	rt I	Summary		I L TOUT	or tormation, 2332 i	otato or legar dormene. C22							
		Briefly describe the organization's mission or most sig	nificent activities: GTVT	NG CHT	DREN IN NEI	ED IN							
Se													
Activities & Governance		AMERICA NEW ATHLETIC SHOES TO ATTEND SCHOOL WITH DIGNITY AND  Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
ver		Number of voting members of the governing body (Pa			11 (258)	19							
S		Number of independent voting members of the gover				19							
<b>್</b>	5	Total number of individuals employed in calendar yea	r 2022 (Part V. line 2a)		5	21							
ţį	6	Total number of volunteers (estimate if necessary)	1 ZOZZ (i dit v, iii e za)	*************	6	1000							
ξį	7 a	Total unrelated business revenue from Part VIII, colum	nn (C) line 12	***********	7a	0.							
Ă		Net unrelated business taxable income from Form 99				- 0.							
		The same and the s	o 7, 1 dit i, iii o 11		Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)			3,217,538.	11,373,178.							
Revenue		D		1007/00070	0.	0.							
Ve		Investment income (Part VIII, column (A), lines 3, 4, ar			-198,973.	7,455.							
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d	10 /u)	Ottento -	0.	0.							
		Total revenue (Fart VIII, column (A), lines 5, 6d, 6c, 9c Total revenue - add lines 8 through 11 (must equal Pa			3,018,565.	11,380,633.							
		Grants and similar amounts paid (Part IX, column (A),			1,407,912.	9,858,877.							
		Benefits paid to or for members (Part IX, column (A), I			0.	0.							
		Salaries, other compensation, employee benefits (Par			584,782.	1,404,662.							
Expenses		Professional fundraising fees (Part IX, column (A), line			0.	0.							
en		Fotal fundraising expenses (Part IX, column (D), line 2		3 3	0.0								
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11			1,306,715.	783,717.							
		Fotal expenses. Add lines 13-17 (must equal Part IX, o			3,299,409.	12,047,256.							
		Revenue less expenses. Subtract line 18 from line 12			-280,844.	-666,623.							
io S		tevenue less expenses. Subtract line 16 from line 12			inning of Current Year	End of Year							
Sts		Fotal assets (Part X, line 16)			3,080,155.	3,037,831.							
Assets 1 Ralan		Fotal liabilities (Part X, line 26)			262,789.	806,016.							
Vet 194		Net assets or fund balances. Subtract line 21 from line	a 20		2,817,366.	2,231,815.							
	rt II	Signature Block	6 20 10111111111111111111111111111111111		2,017,5001	2/232/023.							
_	42000	ties of perjury, I declare that I have examined this return, inc	duding accompanying schedule	s and stateme	nts and to the hest of my	knowledge and helief, it is							
		, and complete. Declaration of prepare (other than officer) i				Micwidaga and bollor, it is							
7.1.		COMP SON	o bacco on all illionnation of the	non proposos i	II 3	2023							
Sign	. I	Signature of Officer			Date	000							
Here		AMY FASS, CEO/EXECUTIVE DIR	ECTOR			N.							
		Type or print name and title											
		Print/Type preparer's name Pr	eparer's signature	I D	ate Check	PTIN							
aid	ł		AUREN A. HAVER	OCK 1	1/02/23 if self-employs								
rep:	r	Firm's name MOSS ADAMS LLP	214 III.14 III.11	2001C JL		1-0189318							
Jse (	- 1		STE 300		Times city 3	- 0107310							
	,		91367		Phone no. 81	8-577-1900							
May	the IR	S discuss this return with the preparer shown above			Traductio, O T	X Vac No							

Form	n 990 (2022) SHOES THAT FIT	95-4425565	Page 2
	rt III 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:		
	SHOES THAT FIT TACKLES ONE OF THE MOST VISIBLE SIGNS OF PO	OVERTY IN	
	AMERICA BY GIVING CHILDREN IN NEED NEW ATHLETIC SHOES TO A	TTEND SCHOOL	ն
	WITH DIGNITY AND JOY, PREPARED TO LEARN, PLAY AND THRIVE.		
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
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🖸	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	asured 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.		
4a			)
	DURING ACADEMIC YEAR 2022-2023, SHOES THAT FIT DISTRIBUTED	•	
	SHOES AND OTHER NECESSITIES TO 164,109 CHILDREN IN APPROXI		4
	SCHOOLS IN ALL 50 STATES AND WASHINGTON D.C., ALLOWING CHI		
	ATTEND SCHOOLS WITH DIGNITY AND JOY, PREPARED TO LEARN, PI		
	THRIVE. 89% OF SCHOOLS WHO RESPONDED TO OUR SURVEY REPORTE		
	IN CONFIDENCE, 88% IN SELF-ESTEEM AND 58% REPORTED INCREASE	SE IN PHYSICA	AL
	ACTIVITY AMONG THE CHILDREN WHO RECEIVED NEW SHOES.		
4b	(Code:) (Expenses \$) (Revenue \$	;	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$		/
4d	Other program services (Describe on Schedule O.)		
ти	(Expenses \$ including grants of \$ ) (Revenue \$	1	
4e	Total program service expenses 11,114,829.		

12481102 146892 869200

Form **990** (2022)

# Form 990 (2022) SHOES THAT FIT Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			<sub>v</sub>
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15		4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.		x
47	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,	4-7		x
10	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	40		y
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	X

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Form **990** (2022)

Form	990 (2022) SHOES THAT FIT 95-4	4425565	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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	X	
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	e		
	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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?			
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		X
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		X
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		X
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% control	lled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	I	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	L	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	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	35b		
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			x
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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt 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						ı
					Yes	No	
la	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	5				Ī
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?						

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1c X Form 990 (2022)

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Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			ı	
	ı	1		Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 21	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X	
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule Company of the second	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
С	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ Did \ a \ donor \ advised \ fund \ maintained$	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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				

that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. Form **990** (2022) 232005 12-13-22

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 4720, Schedule O.

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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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 19 **1a** 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. 19 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a **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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 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 X Own website X Upon request Other (explain on Schedule O) Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records AMY FASS - (909) 482-0050 1420 N CLAREMONT BLVD. SUITE 204-A, CLAREMONT

Form **990** (2022)

SHOES THAT FIT 95-4425565 <u> Page</u> **7** Form 990 (2022)

#### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne.	Reportable	Reportable	Estimated
	hours per	box	box, unless p		rson is	s both	n an	compensation	compensation	amount of
	week	-	cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		96	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		yoldı	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AMY FASS	40.00	_	_		×	T 9	-			
CEO/EXECUTIVE DIRECTOR		1		х				192,944.	0.	44,253.
(2) NEKEDA HALL	40.00							·		
CHIEF STRATEGY OFFICER		1				Х		105,541.	0.	26,220.
(3) CRIS STARK	5.00									
DIRECTOR		Х						0.	0.	0.
(4) GENOVEVA MEZA TALBOTT	5.00									
DIRECTOR		Х						0.	0.	0.
(5) JULI HESTER	5.00	1								
DIRECTOR, TREASURER		Х		Х				0.	0.	0.
(6) RON COHEN	5.00	]								
DIRECTOR, SECRETARY		Х		Х				0.	0.	0.
(7) CAROLE PELTON	5.00									
DIRECTOR (THRU DEC 2022)		Х						0.	0.	0.
(8) RICK DUQUE	5.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(9) CHRISTA IACONO	5.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(10) STIG LANESSKOG	5.00	1								
DIRECTOR (THRU DEC 2022)		Х						0.	0.	0.
(11) C. LYNN MASON	5.00	1								
DIRECTOR		Х						0.	0.	0.
(12) SCOTT MEDEN	5.00	l								
DIRECTOR, CHAIR		Х		Х				0.	0.	0.
(13) BOB MONTGOMERY	5.00	ļ								
DIRECTOR		Х						0.	0.	0.
(14) ANDREW O'BOYLE	5.00	ļ								
DIRECTOR (THRU DEC 2022)		Х						0.	0.	0.
(15) TACEY POWERS	5.00								•	•
DIRECTOR	F 00	Х				_		0.	0.	0.
(16) TONY RAMOS	5.00								•	•
DIRECTOR, VICE CHAIR	F 00	Х				_		0.	0.	0.
(17) KAREN TAYLOR HERRING	5.00	<b> </b>							_	^
DIRECTOR		X		<u> </u>	<u> </u>			0.	0.	<b>0.</b>
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Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	es (continued)				
(A)	(B)				C)			(D)	(E)				
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Es	(F) stimate	ed
	hours per	box	, unle	ss pe	rson i	is botl	n an	compensation	compensation	า	ar	nount	of
	week		cer ar	nd a d	d a director/trustee			from	from related			other	
	(list any	director						the	organizations		l	pensa	
	hours for related	or di	96			ated		organization	(W-2/1099-MIS	C/	l	om th	
	organizations	ustee	trust		90	bens		(W-2/1099-MISC/	1099-NEC)		ı ~	anizat d relat	
	below	lual tr	tional		ploye	st con	_	1099-NEC)			l	a reiai anizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ai iizati	0110
(18) SARAH TREASURE	5.00												
DIRECTOR		Х						0.		0.			0.
(19) ANDREW WONG	5.00												
DIRECTOR		Х						0.		0.			0.
(20) TERENCE BALAGIA, JR.	5.00												
DIRECTOR (AS OF JAN 2023)		Х						0.		0.			0.
(21) JEREMY BOLDS	5.00												
DIRECTOR		Х						0.		0.			0.
(22) STEPHANIE CREAN	5.00												
DIRECTOR		Х						0.		0.			0.
(23) PENELOPE DELEON, ED.D.	5.00	1											
DIRECTOR (AS OF JAN 2023)	<del> </del>	Х			<u> </u>	_		0.		0.			0.
(24) KATE SCHOFF	5.00	ļ								^			•
DIRECTOR (AS OF JAN 2023)	-	Х			<u> </u>	_		0.		0.			0.
	-	1											
	+				$\vdash$	$\vdash$					$\vdash$		
		1											
1b Subtotal	1	I			1	<u> </u>		298,485.		0.	7	0,4	73.
c Total from continuation sheets to Part V								0.		0.		- , -	0.
d Total (add lines 1b and 1c)								298,485.		0.	7	0,4	73.
2 Total number of individuals (including but r								· · · · · · · · · · · · · · · · · · ·	.000 of reportable				
compensation from the organization						,			,				2
•												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual			4	X	
5 Did any person listed on line 1a receive or	accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." con	nplete Schedul	e J f	or su	ıch į	pers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	ensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
(A) Name and business	address	NT/	\ NTT	,				<b>(B)</b> Description of s	services		<b>))</b> Compe		n
- Name and business	address	11/	ONE	<u> </u>			$\dashv$	Description of s	sei vices		ompe	iisalio	''
									+				
							$\dashv$						
<ol><li>Total number of independent contractors (</li></ol>	including but n	ot lin	nıter	ot r	thos	وزا مع	hat	anove) who received me	ore than				

Form **990** (2022)

\$100,000 of compensation from the organization

					THAT FI	T			95-4425	565 Page <b>9</b>
Pa	τ \	/	Statement of Rev	ven	ue					
			Check if Schedule O c	onta	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in I Total. Add lines 1a-1f	buti grant abov	1b 1c 1d ons) 1e 1s, and 1f	11,373,178. 8,304,163.	11,373,178.			
<u> </u>						Business Code	, ,			
Program Service Revenue	2		All other program service r	reve	nue					
	3		Investment income (includ							
	4			 f tax	c-exempt bond p	proceeds	29,024.			29,024.
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6с						
	_		Net rental income or (loss)		(i) Securities	(ii) Other				
	′	а	Gross amount from sales of assets other than inventory	7a	194,920.	. ,				
		h	Less: cost or other basis	1 a	251,520.	•				
<u>e</u>		_	and sales expenses	7b	216,489.					
/enne		С	Gain or (loss)	7с	-21,569.	,				
Re		d	Net gain or (loss)		<u></u>		-21,569.			-21,569.
Other Rev	8	а	Gross income from fundraisir including \$		of					
			contributions reported on		· ·					
		b	Part IV, line 18							
			Net income or (loss) from t			<u> </u>				
	9		Gross income from gaming							
			Part IV, line 19							
			Less: direct expenses							
	40		Net income or (loss) from							
	10	а	Gross sales of inventory, leand allowances							
		h	Less: cost of goods sold							
			Net income or (loss) from s			<del>-</del> 1				
			, ===, 2 ,		,	Business Code				
Miscellaneous Revenue	11	а	-							-
ane		b								
cell 3eve		С								
Mis		d	All other revenue							

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e Total. Add lines 11a-11d

Total revenue. See instructions

11,380,633.

# Form 990 (2022) SHOES THAT FIT Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	se or note to any line in t	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) 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	9,858,877.	9,858,877.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	236,068.	70,820.	82,624.	92 62/
_	trustees, and key employees	230,000.	70,020.	02,024.	82,624
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,018,141.	531,773.	249,664.	236,704
, 8	Pension plan accruals and contributions (include	-, U-U, 1-1-	551,1150	237,00±•	200,709
0	section 401(k) and 403(b) employer contributions)	36,202.	27,628.	3,170.	5 - 404
9	Other employee benefits	24,567.	16,319.	3,527.	5,404 4,721
0	Payroll taxes	89,684.	43,418.	23,606.	22,660
1	Fees for services (nonemployees):	03,0010	10,1100	23,0001	22,000
o a	Management				
b	Legal	5,244.	2,622.		2,622
	Accounting	42,726.		42,726.	
	Lobbying	,		,	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	9,687.		9,687.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	113,219.	68,834.		44,385
2	Advertising and promotion	70,581.	35,291.	448.	34,842
3	Office expenses	134,537.	114,357.	6,725.	13,455
14	Information technology				
15	Royalties				
6	Occupancy	159,355.	135,451.	7,968.	15,936
7	Travel	47,367.	37,894.		9,473
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	10 000		10.000	
0:	Interest	12,000.		12,000.	
21	Payments to affiliates	26 205	20 704	1 240	2 (01
2	Depreciation, depletion, and amortization	26,805. 27,697.	22,784.	1,340.	2,681 2,770
3	Insurance	21,091.	23,342.	1,365.	2,110
4	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.)				
а	SPECIAL PROJECTS	89,019.	89,019.		
a b	EMPLOYEE RECONIGITON	14,732.	14,732.		
C	REPAIRS & MAINTENANCE	9,545.	8,113.	478.	954
d	PROFESSIONAL DEVELOPMEN	7,995.	2,798.	1,599.	3,598
e	All other expenses	13,208.	10,557.	2,347.	304
5	Total functional expenses. Add lines 1 through 24e	12,047,256.	11,114,829.	449,294.	483,133
<u>.s</u> :6	Joint costs. Complete this line only if the organization	, : = : , = = •	,,	,	, _ 3
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			167,936.	1	203,932.
	2	Savings and temporary cash investments			693,803.	2	90,442.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	ontributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,054,640.	8	1,311,040.
Ä	9	Prepaid expenses and deferred charges			0.	9	190.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		198,945.			
	b	Less: accumulated depreciation		115,275.	107,183.	10c	83,670. 945,977.
	11	Investments - publicly traded securities		1,044,671.	11	945,977.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	11 000	14	400 500		
	15	Other assets. See Part IV, line 11			11,922.	15	402,580.
	16	Total assets. Add lines 1 through 15 (must equ			3,080,155.	16	3,037,831.
	17	Accounts payable and accrued expenses			112,789.	17	260,435.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21 22	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subst					
pili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela			150,000.	23	149,013.
	24	Unsecured notes and loans payable to unrelated			130,000.	24	113,013
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•	l			
		of Schedule D		•	0.	25	396,568.
	26	Total liabilities. Add lines 17 through 25			262,789.	26	806,016.
		Organizations that follow FASB ASC 958, che			·		·
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			2,140,530.	27	2,147,625.
Bal	28	Net assets with donor restrictions			676,836.	28	84,190.
nd		Organizations that do not follow FASB ASC 9					
·Fu		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,817,366.	32	2,231,815.
_	33	Total liabilities and net assets/fund balances			3,080,155.	33	3,037,831.

Pa	rt 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	11,38		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,04		
3	Revenue less expenses. Subtract line 2 from line 1	3	-66		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,81		
5	Net unrealized gains (losses) on investments	5	8:	1,0'	72.
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	2,23	1,8	15.
Pa	rt 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: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	(2022)

#### **SCHEDULE A**

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

Open In

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization SHOES THAT FIT 95-4425565 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6021625.	5807607.	4245623.	10057561.	14590716.	40723132.
2	Tax revenues levied for the organ-						
	ization'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	6021625.	5807607.	4245623.	10057561.	14590716.	40723132.
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)						10267027.
	Public support. Subtract line 5 from line 4.						30456105.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	6021625.	5807607.	4245623.	10057561.	14590716.	40723132.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	15,071.	23,655.	21,272.	115,222.	29,024.	204,244.
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	<b>Total support.</b> Add lines 7 through 10						40927376.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	16,055.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I					14	74.41 %
	Public support percentage from 2021					15	99.05 %
16a	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

#### 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
Г	1		
	2		
	_		
	3a		
-	3b		
Н	3c		
	4 -		
	4a		
	4b		
	710		
	4c		
	5a		
L	5b		
L	5c		
	6		
L	7		
L	8		
L	9a		
	9b		
	90		
	9c		
	10a		
	10b		
ıla <i>l</i>	\ /Earr	n aan)	2022

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rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ok the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the si	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion 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		
Sect	ion 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	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ılly integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Par	rt V Type III Non-Functionally Integrated 5	609(a)(3) Supporting Organizations (continu	ued)	
Secti	tion D - Distributions	,		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of supported		
	organizations, in excess of income from activity		2	
3				
4	Amounts paid to acquire exempt-use assets	<u></u>	4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	•	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	ch the organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	tion E - Distribution Allocations (see instructions)	(i) (ii) (ii) Excess Distributions Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
		110 2022		711104111101 2022
_1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-	-		
	able cause required - explain in Part VI). See instructions	S		
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
<u>b</u>	From 2018			
<u> </u>	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
<u>i_</u>	Carryover from 2017 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result great	ter		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	n		
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
88	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 SHOES THAT FIT	95-4425565 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a 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; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional complete sections.)	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
SCHEDULE A, PART II, SECTION A, COLUMN (E):	
THE ORGANIZATION CHANGED ITS YEAR END FROM 12/31 TO 6/30 FO	R 2022 SO
THE 2022 TAX YEAR FOR THE PUBLIC SUPPORT TESTING IN SCHEDUL	E A, PART
II, COLUMN (E), REFLECTS ACTIVITY FROM 1/1/22 - 6/30/22 AND	7/1/22 -
6/30/23.	
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### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

Name of the organization 95-4425565 SHOES THAT FIT Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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

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that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

SHOES	THAT FIT		95-4425565
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 contribution	(d) S Type of contribution
1		\$325,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$ 5,209,04	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$1,891,84	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$ 386,56	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

## SHOES THAT FIT

95-4425565

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
	47,229 PAIRS OF SHOES	-	
2			
		\$ 4,959,045.	06/30/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	47,296 PAIRS OF SHOES	-	
3		-	
		\$ 1,891,840.	06/30/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	9,664 PAIRS OF SHOES	-	
4		-	
		\$ 386,560.	06/30/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	10,836 PAIRS OF SHOES	_	
5		-	
		\$\$	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		-   •	
223/53 11-15		_   \$	Schedule R (Form 990) (2022)

Page **4** 

Name of organization **Employer identification number** SHOES THAT FIT 95-4425565 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift 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 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

SHOES THAT FIT

**Employer identification number** 95-4425565

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ad	counts. Complete if the
		(a) Donor advised fu	ınds	(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 w	riting that the assets held in	n donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant f	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any ot	her purpose conferr	ing
	impermissible private benefit?			Yes No
Pai			n Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`		
	Preservation of land for public use (for example, recreat	ion or education)	reservation of a histo	orically important land area
	Protection of natural habitat	Pı	reservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	inated by the organi	ization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the periodic little and		•	
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and e	nforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforc	ing conservation ea	sements during the year
		3	3	<b>J</b>
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense statem	nent and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fina	ancial statements the	at describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		ires, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ			nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				'
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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Schedule D (Form 990) 2022

	t III   Organizations Maintaining Co		. Historical Tre	asures, or (	Other S		Assets			age <b>∠</b>
								CONTI	iuea)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any or the i	bilowing that in	iake sigi	illicant t	ise of its			
	collection items (check all that apply):		<b>—</b> .							
а	Public exhibition	d		nange program	l					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they further th	e organization'	s exemp	t purpos	se in Part I	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or other s	similar as	ssets		_		_
	to be sold to raise funds rather than to be mai							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "Ye	es" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	or other asset	s not inc	luded		_		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:							
								Amoun	t	
С	Beginning balance					1c				
d	d Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					?		Yes		No
	If "Yes," explain the arrangement in Part XIII.							_		Ī
Par										
	'	(a) Current year	(b) Prior year	(c) Two years I			ears back	(e) Four	years	back
12	Beginning of year balance	1,044,671.	1,048,164.	897,			93,467.	( ) )	644,	
	Contributions				000.		15,000.			000.
0		-89,716.	-3,493.	105,			88,837.		123,	
ا ا	Net investment earnings, gains, and losses	05,710.	3,133.	103,	-		00,007.		123,	<del></del>
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	254 255	4 044 554	1 010						
g	End of year balance	954,955.	1,044,671.	1,048,	164.	8	97,304.		793,	467.
2	Provide the estimated percentage of the curre		(line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	91.1800	_%							
b	Permanent endowment 8.8200	%								
С	Term endowment	6								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held an	d administered	for the					
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		_X_
	(ii) Related organizations							3a(ii)		_X_
b	If "Yes" on line 3a(ii), are the related organization	ions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, P	Part X, lin	ie 10.				
	Description of property	(a) Cost or of basis (investm	` '			umulate	ed	(d) Boo	k value	Э
1a	Land	_								
	Buildings									
	Leasehold improvements		2	2,532.		L1,52	28.	1:	1,00	04.
	Equipment			8,428.		92,22			5,20	
	Other			7,985.		11,5			6, 4!	
	. Add lines 1a through 1e. (Column (d) must eq					-			3,6'	
ı Uldi	- Add iiiles Ta tillough Te. (Column (a) must eq	uai Form 990, Part )	<u>, column (B), line 10</u>	<i>JC.)</i>				<u> </u>	<i>-</i> ,	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SHOES THAT F	TIT	95-4425565	Page
Part VII Investments - Other Securities.	on Form 000 Dort IV line	11h Con Form 000 Part V line 12	
Complete if the organization answered "Yes" o  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	/alue
	(b) Book value	(b) Method of Valdation. Cook of the of year market v	aido
N. Olesanda badala anaka katamata			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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 v	/alue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description	(b) Book va	alue
(1) DEPOSITS		11,	,922
(2) ROU ASSET		390,	,658
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	402,	<u>,580</u>
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line		
(a) Description of liability		(b) Book va	alue
(1) Federal income taxes			
(2) ROU LEASE LIABILITY		396	,568
(2) ROU LEASE LIABILITY			
(3)		330,	

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	396,568.

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 ... 2

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 SHOES THAT FIT				<b>4425565</b> Page
Par	t XI Reconciliation of Revenue per Audited Financial Stat		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		1	11 161 505
1				1	11,461,705
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	04 050		
а	Net unrealized gains (losses) on investments		81,072.		
b	Donated services and use of facilities	l I			
С	Recoveries of prior year grants				
d		2d			01 050
е	Add lines 2a through 2d			2e	81,072
3	Subtract line 2e from line 1			3	11,380,633
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	11,380,633
Pai	T XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			T .	10 047 056
1	Total expenses and losses per audited financial statements			1	12,047,256
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	, , , , , , , , , , , , , , , , , , , ,			_	_
	Add lines 2a through 2d			2e	10 047 056
	Subtract line 2e from line 1			3	12,047,256
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	10 047 056
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	12,047,256
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			; Part	X, line 2; Part XI,
PAF	RT V, LINE 4:				
THE	E INTENDED USES OF THE ORGANIZATION'S EN	NDOWMENT F	UNDS ARE T	O P	ROVIDE
RE	VENUES TO FUND FUTURE OPERATIONS AND GRO	OWTH.			
	RT X, LINE 2:				
MAN	NAGEMENT HAS ANALYZED THE TAX POSITIONS	TAKEN BY	THE ORGANI	ZAT	ION AND

HAS CONCLUDED THAT AS OF JUNE 30, 2023, THERE WERE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS AND THAT MATERIAL POSITIONS TAKEN BY THE ORGANIZATION WOULD MORE LIKELY THAN NOT BE SUSTAINED BY EXAMINATION. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX BENEFITS AS OF JUNE 30, 2023.

Schedule D (Form 990) 2022	SHOES THAT	FIT	95-4425565	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Inform	mation (continued)			
_				

#### SCHEDULE I (Form 990)

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2022

Department of the Treasury Internal Revenue Service

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

Name of the organization SHOES THA	T FIT						Employer identification number $95-4425565$
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assi	stance?				-		
2 Describe in Part IV the organization's propert II Grants and Other Assistance to					anization answered "V	/es" on Form 990 Part	IV line 21 for any
recipient that received more than					anization answered 1	C3 0111 01111 330, 1 art	TV, III E Z I, IOI ally
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>	-	<del>-</del>				1	

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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		
DISTRIBUTION OF NEW SHOES AND CLOTHES	164109	0.	9,858,877.	FMV	SHOES AND CLOTHES		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.			
PART I, LINE 2:							
GRANTS ARE APPROVED BY THE BOARD OF	F DIRECTO	RS AND MON	IITORED BY	THE			
ORGANIZATION'S OPERATIONS AND DEVEL	LOPMENT D	EPARTMENTS	s, WITH REP	ORTS SENT TO			
EACH FUNDER.							
PART IV - ADDITIONAL INFORMATION							
THE ORGANIZATION DISTRIBUTED SHOES AND OTHER NECESSITIES AND SERVED							
164,109 SCHOOL CHILDREN IN NEED THAT ENABLES THEM TO ATTEND SCHOOL IN							
COMFORT AND WITH DIGNITY AND JOY, PREPARED TO LEARN, PLAY AND THRIVE.							

Schedule I (Form 990)

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

SHOES THAT FIT

Employer identification number 95-4425565

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AMY FASS	(i)	178,702.	14,242.	0.	18,938.	25,315.	237,197.	0.
CEO/EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Part III   Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
PART I, LINE 7:							
NONDISCRETIONARY BONUS PAYMENTS WERE PAID BASED ON PERSONS MEETING GOALS							
SET BY AND APPROVED BY TRUSTEES.							

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

Inspection
Employer identification number

	SHOES THAT FIT						95-4425565			
Par	rt 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) of determin ntribution ar	_	s		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	X		8,304,163.	FMV					
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 ()									
26	Other ()									
27	Other ()									
28	Other (									
29	Number of Forms 8283 received by the organ						•			
	for which the organization completed Form 83	283, Part V, D	Oonee Acknowledg	ement 29		1	0			
							Yes	No		
30a	During the year, did the organization receive I	•	, , , , ,		•					
	must hold for at least 3 years from the date of									
	exempt purposes for the entire holding period	ነ?				30a		X		
b	If "Yes," describe the arrangement in Part II.									
31						31	X			
32a	Does the organization hire or use third parties contributions?			cit, process, or sell noncash		32a	х			
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in	column (c) fo	r a type of property	for which column (a) is chec	cked,					
	describe in Part II.									
LHA	For Paperwork Reduction Act Notice, see	e the Instruc	tions for Form 990	).	Sched	lule M (Forn	n 990)	2022		

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):
REPRESENTS NUMBER OF CONTRIBUTORS
SCHEDULE M, LINE 32B:
SHOES THAT FIT MATCHES VOLUNTEER GROUPS AND COMPANIES WITH LOW-INCOME
SCHOOLS IN THEIR AREA. SHOES THAT FIT WORKS WITH THE SCHOOLS TO
IDENTIFY AND MEASURE CHILDREN WHO MOST NEED SHOES. THE VOLUNTEER GROUPS
PURCHASE THE SHOES AND DELIVER THEM DIRECTLY TO THE SCHOOLS. SHOES THAT
FIT ALSO OPERATES AN EMERGENCY WAREHOUSE IN CLAREMONT, CA THAT IS
AVAILABLE ON A YEAR-ROUND BASIS TO THE SCHOOLS WITH WHICH THEY WORK;
SCHOOL LIAISONS ARE ABLE TO COME TO THE WAREHOUSE TO PICK UP SHOES ON
AN EMERGENCY BASIS.

232142 09-09-22

#### SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SHOES THAT FIT

Employer identification number 95-4425565

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

PREPARED TO LEARN, PLAY AND THRIVE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE AUDIT COMMMITEE, THEN THE
FORM 990 IS MADE AVAILABLE FOR REVIEW TO ALL MEMBERS OF THE GOVERNING BODY
PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY BY DISCUSSING ANY POSSIBLE CONFLICTS AT THE BOARD MEETINGS. BOARD MEMBERS ARE INSTRUCTED TO CONSISTENTLY REVIEW ANY POSSIBLE CONFLICTS OF INTEREST AND BRING TO THE ATTENTION OF THE BOARD. IF A CONFLICT ARISES, THE MEMBER WITH A CONFLICT OF INTEREST WILL RECUSE THEMSELVES FROM THE DECISION MAKING PROCESS AND VOTING ON TRANSACTIONS. THERE HAVE BEEN NO INCIDENCES OF ANY CONFLICT IN 2022.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE DOES A COMPENSATION STUDY OF COMPARABLE SALARIES OF
EXECUTIVES TO REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE
EXECUTIVE COMMITTEE IS MADE UP OF MEMBERS OF THE BOARD OF DIRECTORS.

COMPENSATION OF EXECUTIVES AT SIMILAR ORGANIZATIONS IS USED AS A GUIDE TO
SET COMPENSATION. THIS PROCESS IS DOCUMENTED AND WAS LAST DONE IN DECEMBER
2022.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ALL OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022		Page 2
Name of the organization SHOES THAT FIT		Employer identification number 95-4425565
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	ON	REQUEST.
FORM 990, PART VI, SECTION B, LINE 15B:		
THE ORGANIZATION HAS NO OTHER KEY EMPLOYEES OR PAID OFFI	CEF	RS.