Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Haynie & Company 12222 Merit Drive, Suite 1900 Dallas, TX 75251 214-296-0900

July 8, 2022

IN My Shoes, Inc. 12222 Merit Dr., Suite 1900 Dallas, TX 75251

IN My Shoes, Inc.:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely yours,

Haynie & Company

IRS e-file Signature Authorization for a Tax Exempt Entity

_	_	
, 2021, and e	ending	, 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

IN MY SHOES, INC.

For calendar year 2021, or fiscal year beginning

EIN or SSN 46-3543853

PATRICK LAUBACHER Name and title of officer or person subject to tax TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and
Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,
or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more
than one line in Part I.

	ever is applicable, blank (do not enter - ne line in Part I.	0-). B	ut, if you entered -0- on the return, then enter -0- on the applicable line belov	v. Do no	t comple	te more
1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	575,	414.
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	2b		
3a	Form 1120-POL check here		Total tax (Form 1120-POL, line 22)	3b		
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b		
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b		
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)	6b		
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)	7b		
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b		
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b		
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b		
Part	II Declaration and Signat	ture	Authorization of Officer or Person Subject to Tax			
Under	penalties of perjury, I declare that X	Ian	n an officer of the above entity or I am a person subject to tax with res	ect to	name	
of enti	ty)		, (EIN) and that I have	examir	ned a cop	y of the
complianterm acknown of any entry the financiater the payments	ete. I further declare that the amount in ediate service provider, transmitter, or wledgement of receipt or reason for rej refund. If applicable, I authorize the U. o the financial institution account indic al institution to debit the entry to this a lan 2 business days prior to the payme ant of taxes to receive confidential infor	n Particle P	eles and statements, and, to the best of my knowledge and belief, they are to to above is the amount shown on the copy of the electronic return. I consent ronic return originator (ERO) to send the return to the IRS and to receive from of the transmission, (b) the reason for any delay in processing the return of easury and its designated Financial Agent to initiate an electronic funds with in the tax preparation software for payment of the federal taxes owed on the unt. To revoke a payment, I must contact the U.S. Treasury Financial Agent a ettlement) date. I also authorize the financial institutions involved in the processary to answer inquiries and resolve issues related to the payment. The for the electronic return and, if applicable, the consent to electronic fund.	t to alloom the IF or refunct ondrawal is return at 1-888 cessing I have	w my RS (a) an d, and (c) (direct de n, and the 353-453 of the ele selected a	ebit) e 7 no ectronic

PIN: check one box only X authorize HAYNIE & COMPANY	to enter my PIN	43853
ERO firm name		Enter five numbers, b do not enter all zeros
as my signature on the tax year 2021 electronically filed return. If I have indicated within this return with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the on the return's disclosure consent screen.	. ,	J

🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

87224884144

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date >

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 46-3543853 IN MY SHOES, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 12222 MERIT DR., SUITE 1900 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 75251 DALLAS, TX Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) Form 4720 (individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) PATRICK LAUBACHER • The books are in the care of ▶ 12222 MERIT DRIVE #1900 - DALLAS, TX 75251 Telephone No. ▶ 214-296-0905 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form **8868** (Rev. 1-2022)

instructions.

EXTENDED TO NOVEMBER 15, 2022

Form **991**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	For the	e 2021 calendar year, or tax year beginning	and ending		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	Doing business as		46-35438	53
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe (214)296	
	—lreturn/ termin	<u> </u>			
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	575,414.
F	return	DALLAS, IX /3231		H(a) Is this a group re	eturn
	tion pendir	F Name and address of principal officer: FIARTA FOCCINI	-0-1		?Yes X No
		12222 MERIT DR. #1900, DALLAS, TX /:	5251	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ()	(1) or 527	┥,	list. See instructions
		te: > WWW.LIVEINMYSHOES.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 2016 N	$m{n}$ State of legal domicile: $m{T}m{X}$
P	art I	Summary			
ø		Briefly describe the organization's mission or most significant activities: $\underline{PR0}$			
and		COMMUNITY FOR PREGNANT WOMEN WHO ARE H			
Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or di	sposed of more	e than 25% of its net as	ssets.
Š				3	7
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line	lb)		7
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	0
Ξ	6	Total number of volunteers (estimate if necessary)		6	0
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		387,075.	575,414.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		387,075.	575,414.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		249,384.	258,899.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,	0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 22	,673.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		167,485.	169,696.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		416,869.	428,595.
	19	Revenue less expenses. Subtract line 18 from line 12		-29,794.	146,819.
or Sec	3	· · · · · · · · · · · · · · · · · · ·	Ве	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		61,784.	253,182.
ASS	21	Total liabilities (Part X, line 26)		4,627.	49,206.
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		57,157.	203,976.
	art II	Signature Block	•		<u> </u>
Unc	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying sche	dules and statem	ents, and to the best of m	y knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information			•
			<u> </u>		
Sig	ın	Signature of officer		Date	
He		▶ PATRICK LAUBACHER, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	[1	Date Check	PTIN
Pai	d	PATRICK J. LAUBACHER		if	P00367728
	parer	Firm's name HAYNIE & COMPANY		self-employ	87-0325228
	Only	Firm's address 1785 WEST 2300 SOUTH		I IIIII 3 LIIV	
-	· •,	SALT LAKE CITY, UT 84119		Phone no 21	4-296-0900
N/a	v tho II	RS discuss this return with the preparer shown above? See instructions		I Holle Ho. 2 1	X Ves No

Form	1990 (2021) IN MY SHOES, INC. 46-3543853 Page 2
Pai	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: PROVIDE A SAFE, WELCOMING COMMUNITY FOR PREGNANT WOMEN WHO ARE HOMELSS
	OR AT RISK OF HOMELESSNESS. EMPOWERING WOMEN TO LEARN DEVELOP THE
	LIFE, JOB AND PARENTING SKILLS NECESARY TO LIVE A HEALTHY AND COMPLETE
	LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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
3	3 7 71 3
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	IN MY SHOES, INC PROVIDED HOUSING AND TRAINING TO APPROXIMATELY 26 MOMS
	AND THEIR BABIES IN 2021.
4b	(Code:) (Expenses \$391,197 • including grants of \$) (Revenue \$)
	<u> </u>
_	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 391,197.

Form 990 (2021) IN MY SHOES, INC. 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	X	
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			v
	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		Х
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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	112		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			٠,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			, v
40	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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		1
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	112		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ 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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	democracy government on trait in, column (ry, into trait in too, complete contocale), traite traite in		L	

			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			3,7
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	051		Х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	_		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

1N MY SHOES, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No							
2 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	0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns											
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				X							
					<u> </u>							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		+							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other sign	•	1		X							
h	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country	account)?	4a									
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?											
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?											
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?											
	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 contribut											
	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 \ sense \ for \ goods \ $	vices provided to the pay	or? 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	as required			l							
	to file Form 8282?		7с		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 of											
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			-	-							
_	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?											
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interior deposit and policy of the deposit of the depos		?? 7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8									
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		•									
а	Did the agree of a constitution and a great scale distribution and a continue 40000		9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		···									
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										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a									
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the											
D	organization is licensed to issue qualified health plans	13b										
С	Enter the amount of reserves on hand	13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	•	14a		X							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			+								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune											
	excess parachute payment(s) during the year?		15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X							
	If "Yes," complete Form 4720, Schedule O.											
17	$\textbf{Section 501(c)(21) organizations.} \ Did the trust, any disqualified person, or mine operator engage in the trust of the trust of$	any			1							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17									
	If "Yes," complete Form 6069.											

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year											
	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.											
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 7											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
	officer, director, trustee, or key employee?											
3												
	of officers, directors, trustees, or key employees to a management company or other person?											
4												
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х								
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?	7a		Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	Х									
b	Each committee with authority to act on behalf of the governing body?	8b	Х									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х								
	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?	10b										
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х									
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	on Schedule O how this was done	12c	Х									
13	Did the organization have a written whistleblower policy?	13	X									
14	Did the organization have a written document retention and destruction policy?	14	X									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	X									
b	Other officers or key employees of the organization	15b	X									
	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											
	taxable entity during the year?	16a		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ▶ TX											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)) avail	able								
	for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website X Upon request Other (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd fina	ncial									
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records											
	PATRICK LAUBACHER - 214-296-0905											
	12222 MERIT DRIVE #1900, DALLAS, TX 75251											

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	on nor any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			((2)			(D)	(E)	(F)
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per	(do not check more than one box, unless person is both a officer and a director/trustee					h an	compensation	compensation	amount of
	week	_			recio	or/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		ee/	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	itiona	١	oldu	st co.	<u></u>	10001120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) MARIA PUCCINI	55.00									
EXECUTIVE DIRECTOR				Х				73,107.	0.	0.
(2) JEFF POTTER	15.00									
DIRECTOR PRESIDENT		Х						0.	0.	0.
(3) ASHLEIGH BROWN	10.00									
DIRECTOR VICE PRESIDENT		Х						0.	0.	0.
(4) SANDY STANSBURY	10.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(5) BRAD COPE	10.00									
DIRECTOR		Х						0.	0.	0.
(6) AARON LAM	10.00									
DIRECTOR SECRETARY		Х						0.	0.	0.
(7) PATRICK LAUBACHER	10.00									
DIRECTOR TREASURER		Х						0.	0.	0.
(8) PETER YOBO	10.00									
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		1								
		1								
		4								
		<u> </u>	_	_	_	_				
		-								
		<u> </u>	_	_	<u> </u>	\vdash	_			
		1								
		1								
								1		

Part VII Section A. Officers, Directors, Trustees, Key Empl						d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director oppo oppo	not c	Pos heck	ition more erson lirecto		one h an itee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organization (W-2/1099-MI) 1099-NEC	on d ns SC/	com fi org an	(F) stimate mount other upensa rom the janizat d relat anizatie	of ition e ion ed
			<u>=</u>	Ë	JO.	Ke	Ē	<u>e</u>						
			-											
c d	Subtotal Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A			· · · · · · · · · · · · · · · · · · ·			<u> </u>	73,107. 0. 73,107.		0.			0.
2	Total number of individuals (including but r compensation from the organization										ole		Yes	No.
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$15	<i>such individual</i> um of reportab	 le co	 omp	 ensa	atior	and	otl	her compensation from		 I	3		X
5 Sec	Did any person listed on line 1a receive or rendered to the organization? If "Yes," comtion B. Independent Contractors	accrue compe	nsat	ion f	from	any	/ unr	elat		idual for services	3	5		Х
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation	from	
	(A) Name and business	address	NO	INC	E				(B) Description of s	services	С	(Compe	C) nsatio	n
	Total number of independent contractors (includina but n	ot li	mite	d to	tho	se li	ster	d above) who received n	nore than				
_	\$100,000 of compensation from the organi		"			(0							

Form 990 (2021) IN MY SHOES, INC.

| Part VIII | Statement of Revenue

			se or note to any lin	e in this Part VIII			
		Check if Schedule O contains a respon-	se of flote to arry iii i	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
						business revenue	
<u> </u>							sections 512 - 514
ints	1 a	Federated campaigns 1a					
Sra lou	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events1c					
		Related organizations					
s, (Government grants (contributions) 1e					
ΘŠ	f	All other contributions, gifts, grants, and					
is et		similar amounts not included above 1f	575,414.				
[전류	a	Noncash contributions included in lines 1a-1f	,				
걸	_	Total. Add lines 1a-1f		575,414.			
"		Total Add lines 14 11	Business Code	0.07===			
o l	2 a						
Š			-				
Ser	b		-				
m S	С.		-				
gra Re	d		-				
Program Service Revenue	e	,	-				
_		1 3					
\rightarrow		Total. Add lines 2a-2f					
	3	Investment income (including dividends, int	· ·				
		other similar amounts)					
	4	Income from investment of tax-exempt bone	· .				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	s (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
le l	С	Gain or (loss) 7c					
Re		Net gain or (loss)	<u> </u>				
her Revenue		Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		' '	Ba				
	b		3b				
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		, ,	ea				
	h	F	9b				
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	P				
	10 a	• *	0a				
	h		0b				
		-					
\rightarrow	<u> </u>	Net income or (loss) from sales of inventory	Business Code				
Sno	44 -		Busiliess Code				
ne	11 a		-				
Miscellaneous Revenue	b		-				
Re	c		-				
Σ		All other revenue					
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions		575,414.	0.	0.	0.
	16	i viai i vivii av. Ott iii sii attivii l	- 1	- , - , •		, •	. •

Part IX Statement of Functional Expenses

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

-	Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E2 10E	E2 40E		
	trustees, and key employees	73,107.	73,107.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	152 /10	152 /10		
7	Other salaries and wages	153,419.	153,419.		
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)	13,805.	13,805.		
	Other employee benefits	18,568.	18,568.		
10 11	Payroll taxes Fees for services (nonemployees):	10,500	10,500		
'' a	Management				
b	Legal				
	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	//(!) 44				
	column (A), amount, list line 11g expenses on Sch O.)	14,175.	14,175.		
12	Advertising and promotion	7,618.	7,618.		
13	Office expenses	3,648.	3,648.		
14	Information technology				
15	Royalties	60.00	60.000		
16	Occupancy	60,929.	60,929.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to officiate a				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered				
24	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	GUEST EXPENSES	23,235.	23,235.		
b	FUNDRAISING EXPENSES	22,673.	,		22,673.
c	MANAGEMENT EXPENSE	14,725.		14,725.	• •
d	TRANSPORTATION EXPENSE	11,708.	11,708.		
е	All other expenses	10,985.	10,985.		
25	Total functional expenses. Add lines 1 through 24e	428,595.	391,197.	14,725.	22,673.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (0004)

Ра	rt X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		61,784.	1	253,182.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	e 11		12	
	13	Investments - program-related. See Part IV, lin	ne 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	61,784.	16	253,182.
	17	Accounts payable and accrued expenses		4,627.	17	49,206.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet	te Part IV of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer officer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
ia ge		controlled entity or family member of any of the	nese persons		22	
_	23	Secured mortgages and notes payable to uni	related third parties		23	
	24	Unsecured notes and loans payable to unrela	ated third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D		4 605	25	40.006
	26	Total liabilities. Add lines 17 through 25		4,627.	26	49,206.
Ś		Organizations that follow FASB ASC 958, or	check here 🕨 📖			
nce		and complete lines 27, 28, 32, and 33.				
ala	27				27	
dВ	28	Net assets with donor restrictions			28	
Ë		Organizations that do not follow FASB ASC	C 958, check here ► LX			
Net Assets or Fund Balances		and complete lines 29 through 33.		^		^
)ts	29	Capital stock or trust principal, or current fun		0.	29	0.
SSE	30	Paid-in or capital surplus, or land, building, or		<u> </u>	30	0.
λA	31	Retained earnings, endowment, accumulated		57,157.	31	203,976.
ž	32	Total net assets or fund balances		57,157.	32	203,976.
	33	Total liabilities and net assets/fund balances		61,784.	33	253,182.

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	į	575	, 4	14.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	428	, 5	95.
3	Revenue less expenses. Subtract line 2 from line 1	3		146	, 8	19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		57	,1	57.
5	Net unrealized gains (losses) on investments	5			_	
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		203	,9	76.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_ [,	Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul					Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Λ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a				
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,			
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule (D.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired aud	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	3b		

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

IN MY SHOES. INC. 46-3543853 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	189,316.	162,045.	329,015.	387,075.	532,246.	1,599,697.
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	100 216	1.60 0.45	200 015	207 075	F20 046	
	Total. Add lines 1 through 3	189,316.	162,045.	329,015.	387,075.	532,246.	1,599,697.
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)						
	Public support. Subtract line 5 from line 4.						1,599,697.
	etion B. Total Support	() 0047	(1) 0040	() 0040	(N 0000	() 0004	/0.T.I.I
	ndar year (or fiscal year beginning in)	(a) 2017 189,316.	(b) 2018 162,045.	(c) 2019 329, 015.	(d) 2020 387,075.	(e) 2021 532, 246.	(f) Total
	Amounts from line 4	109,510.	102,043.	329,013.	307,073.	332,240.	1,599,697.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,599,697.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the		,				
	organization, check this box and stor	-			•		▶ □
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2021 (line 6, column (f), c	divided by line 11,	column (f))		14	100.00 %
15	Public support percentage from 2020					15	100.00 %
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	٠			▶ X
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	st. The organization	on qualifies as a pu	ublicly supported	organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•		•		. —
	organization meets the facts-and-circ		-	•			▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16;	a. 16b. 17a. or 17b	 check this box a 	nd see instruction:	s 🕨 📖

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.)

Se	ction A. Public Support	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	` ,	<u> </u>	, ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5		-	-	-		
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	L	<u>l</u>	1	<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
-	check this box and stop here						
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (I						%
	Public support percentage from 2020 ction D. Computation of Inves					16	%
						47	0/
17							%
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						i / is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did ı	not check a box or	n line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	hox on line 14 10	a or 19h check t	his hox and see ir	nstructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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
	1		
	2		
	3a		
	3b		
	_		
	3с		
	4a		
	-1 a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	6		
	8		
	9a		
	01-		
	9b		
	9c		
	10a		
lula	10b		2021

Pai	t IV	Supporting Organizations (continued)			<u> </u>
		1. Commody		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
-		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directo	ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	· ·		
-		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		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		100	110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
•		ization'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			
		ization'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	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization 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			
_	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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 in	structio	ns).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	the state of the s	O		10 33 13 033 Fage 0
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	· ·	, , ,	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10

<u></u>	Line of amount divided by line 9 amount		. 10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
<u>e</u>	Excess from 2021			

Schedule A (Form 990) 2021

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

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization IN MY SHOES Employer identification number 46-3543853

IN MY SHOES, INC.	46-3543853
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
HOMELESSNESS. EMPOWERING WOMEN TO LEARN DEVELOP THE LIFE,	JOB AND
PARENTING SKILLS NECESARY TO LIVE A HEALTHY AND COMPLETE	LIFE.
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 WAS DISTRIBUTED AT A BOARD MEETING	PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL CONFLICTS OF INTEREST ARE REQUIRED TO BE DISCLOSED AT	THE MONTHLY BOARD
MEETINGS.	
FORM 990, PART VI, SECTION B, LINE 15:	
SALARY IS COMPARED TO SIMILIAR SIZED ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
A COPY OF ALL DOSCUMENTS IS MAINTAINED AND AVAILABLE FOR	PUBLIC INSPECTION
UPON REQUEST AT IN MY SHOE'S MAIN OPERTING FACILITY.	