

TAXABLE YEAR **California Exempt Organization**  
**2019 Annual Information Return**

FORM

**199**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name **SHOES THAT FIT** California corporation number **1725438**

Additional information. See instructions. FEIN **95-4425565**

Street address (suite or room) **1420 N. CLAREMONT BLVD. SUITE 204-A** PMB no.

City **CLAREMONT** State **CA** Zip code **91711**

Foreign country name Foreign province/state/country Foreign postal code

**A** First Return  Yes  No  
**B** Amended Return  Yes  No  
**C** IRC Section 4947(a)(1) trust  Yes  No  
**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) ●  
**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other  
**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990)  
 (4)  Other 990 series  
**G** Is this a group filing? See instructions  Yes  No  
**H** Is this organization in a group exemption  Yes  No  
 If "Yes," what is the parent's name?  
**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No  
**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$  
**L** If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.   
**M** Is the organization a Limited Liability Company?  Yes  No  
**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No  
**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No  
**P** Is federal Form 1023/1024 pending?  Yes  No  
 Date filed with IRS

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	29,891	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	5,807,607	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	5,837,498	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	5,837,498	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	5,614,907	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	222,591	00
<b>Filing Fee</b>	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15		00
	16 Penalties and Interest. See General Information J	16		00
	17 <b>Balance due.</b> Add line 12, line 15, and line 16. Then subtract line 11 from the result	17		00

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

Signature of officer *Jeff Werner* Title **EXECUTIVE DIRECTOR** Date **03/24/2020** Telephone **909-482-0050**

**Paid Preparer's Use Only** Preparer's signature **JEFF L. WERNER** Date **03/24/2020** Check if self-employed  PTIN **P00532715**

Firm's name (or yours, if self-employed) and address **WERNER & COMPANY INC.  
 9587 ARROW ROUTE SUITE G  
 RANCHO CUCAMONGA, CA 91730** Firm's FEIN **84-2087320** Telephone **909-727-3076**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**SHOES THAT FIT**

95-4425565

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	23,655	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions)	•	6		00	
	7	Other income. Attach schedule <b>SEE STATEMENT 1</b>	•	7	6,236	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	29,891	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule <b>SEE STATEMENT 2</b>	•	9	3,905,260	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule <b>SEE STATEMENT 3</b>	•	11	159,500	00	
	12	Other salaries and wages	•	12	441,126	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15	71,262	00
		16	Depreciation and depletion (See instructions)	•	16	7,633	00
		17	Other Expenses and Disbursements. Attach schedule <b>SEE STATEMENT 4</b>	•	17	1,030,126	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	5,614,907	00

**Schedule L Balance Sheet**

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		447,895		635,993
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		177,330		144,420
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock <b>STMT 5</b>		804,855		935,978
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	84,956		143,746	
b Less accumulated depreciation	84,956		33,572	110,174
11 Land				
12 Other assets. Attach schedule <b>STMT 6</b>		2,550		9,170
13 <b>Total assets</b>		1,432,630		1,835,735
<b>Liabilities and net worth</b>				
14 Accounts payable		68,029		134,444
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		1,364,601		1,701,291
22 <b>Total liabilities and net worth</b>		1,432,630		1,835,735

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	•	336,690	7	Income recorded on books this year not included in this return. Attach schedule <b>SEE STMT 8</b>	•	133,089
2	Federal income tax	•		8	Deductions in this return not charged against book income this year. Attach schedule	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8	•	133,089
4	Income not recorded on books this year. Attach schedule	•		10	Net income per return. Subtract line 9 from line 6	•	222,591
5	Expenses recorded on books this year not deducted in this return. Attach schedule <b>STMT 7</b>	•	18,990				
6	<b>Total.</b> Add line 1 through line 5	•	355,680				

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2019**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**SHOES THAT FIT****95-4425565**

Organization type (check one):

## Filers of:

## Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

**SHOES THAT FIT**

Employer identification number

**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 contributions	(d) Type of contribution
1	NORDSTROM INC. 1700 7TH AVE. STE. 300 SEATTLE WA 98101	\$ 139,755	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# California Statements

## Statement 1 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
OTHER REVENUE	\$ 6,236
Total	\$ 6,236

# California Statements

**Statement 2 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts**

PSA	Class	Name	Address	City	State	Zip
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount
						Book Value Explanation
						Date
		DISTRIBUTION OF NEW SHOES	3,905,260			

**Statement 3 - Form 199, Part II, Line 11 - Officer Compensation**

Name	City	State	Zip	Title	Avg Hrs	Compensation Amount
AMY FASS	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD. #204-A EXECUTIVE DIRECTOR	40.00	159,500
ANN MORGAN	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD. #204-A CHAIR	5.00	
TONY RAMOS	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD. #204-A VICE CHAIR	5.00	
JULIE HESTER	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD. #204-A TREASURER	5.00	
RON COHEN	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD. #204-A SECRETARY	5.00	
TAI COLLINS	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD. SUITE 204-A DIRECTOR	5.00	
RICK DUQUE	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD SUITE 204-A DIRECTOR	5.00	
STIG LANESSKOG	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD. SUITE 204-A DIRECTOR	5.00	
WAYNE MCDONNELL	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD SUITE 204-A DIRECTOR	5.00	
ANDREW O'BOYLE	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD. #204-A DIRECTOR	5.00	
CAROLE PELTON	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD. #204-A DIRECTOR	5.00	
CRIS STARK	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD. SUITE 204-A DIRECTOR	5.00	
HEIDI STOECKLEIN	CLAREMONT	1420 N. CA	91711	CLAREMONT BLVD. SUITE 204-A DIRECTOR	5.00	

# California Statements

## Statement 3 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name	City	State	Zip	Address	Title	Avg Hrs	Compensation Amount
GENOVEVA MEZA TALBOTT	CLAREMONT	CA	91711	1420 N. CLAREMONT BLVD.	SUITE 204-A DIRECTOR	5.00	
KAREN TAYLOR HERRING	CLAREMONT	CA	91711	1420 N. CLAREMONT BLVD.	SUITE 204-A DIRECTOR	5.00	
MARY TRIGG	CLAREMONT	CA	91711	1420 N. CLAREMONT BLVD.	SUITE 204-A DIRECTOR	5.00	
Total							<u>159,500</u>

## California Statements

**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
CREDIT CARD CHARGES	\$ 6,287
DEVELOPMENT	634
NEWSLETTER	40,303
PUBLICITY	69,520
RECOGNITION	2,809
REPAIRS	9,605
TELEPHONE	5,731
UTILITIES	3,630
DUES	29,933
CONTRACT LABOR	36,971
INVESTMENT FEES	10,372
LICENSES	1,495
SPECIAL PROJECTS	12,103
EMERGENCY SHOES	575,287
OTHER	
Other Employee Benefits	9,836
Payroll Taxes	45,107
Other Professional	31,156
Printing, Publications, Post	25,245
Travel	44,726
Pension Plan Contributions	42,164
Advertising, Promotion	2,429
Office	9,221
Insurance	15,562
Total	<u>\$ 1,030,126</u>

**Statement 5 - Form 199, Schedule L, Line 7 - Investments in Stock**

Description	Beginning of Year	End of Year
INVESTMENTS	\$ 804,855	\$ 935,978
Total	<u>\$ 804,855</u>	<u>\$ 935,978</u>

**Statement 6 - Form 199, Schedule L, Line 12 - Other Assets**

Description	Beginning of Year	End of Year
DEPOSITS	\$ 2,550	\$ 9,170
Total	<u>\$ 2,550</u>	<u>\$ 9,170</u>

**California Statements****Statement 7 - Form 199, Schedule M-1, Line 5 - Expenses Recorded on Books**

<u>Description</u>	<u>Amount</u>
Donated services	\$ 18,990
Total	<u>\$ 18,990</u>

**Statement 8 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books**

<u>Description</u>	<u>Amount</u>
Net unrealized gains	\$ 114,099
Donated services	18,990
Total	<u>\$ 133,089</u>