

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2021**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SOLES4SOULS, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>319 MARTINGALE DRIVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>OLD HICKORY, TN 37138</b> <b>F</b> Name and address of principal officer: <b>EARNEST C TEASTER III</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>20-4023482</b> <b>E</b> Telephone number <b>615-391-5723</b> <b>G</b> Gross receipts \$ <b>92,835,383.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.SOLES4SOULS.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>2006</b>		<b>M</b> State of legal domicile: <b>AL</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO CREATE SUSTAINABLE JOBS &amp; PROVIDE RELIEF BY DISTRIBUTING SHOES &amp; CLOTHING AROUND THE WORLD.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>72</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5000</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>75,298,532.</b>	<b>84,635,694.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,395,327.</b>	<b>8,036,270.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>9,890.</b>	<b>14,922.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>75,477.</b>	<b>72,689.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>81,779,226.</b>	<b>92,759,575.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>13,427,261.</b>	<b>22,572,504.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>5,223,010.</b>	<b>5,741,663.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,243,410.</b>	<b>130,000.</b>	<b>455,691.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>65,516,947.</b>	<b>63,674,849.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>84,297,218.</b>	<b>92,444,707.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-2,517,992.</b>	<b>314,868.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>32,313,740.</b>	<b>32,677,835.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>3,378,340.</b>	<b>3,497,513.</b>
<b>22</b>		<b>28,935,400.</b>	<b>29,180,322.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date <b>2.22.23</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>FRANCES E. LEAHY</b>	Preparer's signature <b>FRANCES E. LEAHY</b>	Date <b>02/21/23</b>
	Firm's name ▶ <b>KRAFTCPAS PLLC</b>	Firm's EIN ▶ <b>62-0713250</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00713593</b>
	Firm's address ▶ <b>555 GREAT CIRCLE ROAD</b> <b>NASHVILLE, TN 37228</b>	Phone no. <b>615-242-7351</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SOLES4SOULS (S4S) IS A GLOBAL NOT-FOR-PROFIT INSTITUTION DEDICATED TO FIGHTING THE DEVASTATING IMPACT AND PERPETUATION OF POVERTY. S4S ADVANCES ITS MISSION BY COLLECTING NEW AND USED SHOES AND CLOTHES FROM CORPORATE PARTNERS, INDIVIDUALS, SCHOOLS, CHURCHES, AND CIVIC

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 63,859,519. including grants of \$ ) (Revenue \$ 8,058,422. ) SOLES4SOULS FACILITATES THE DONATION AND COLLECTION OF NEW AND USED SHOES, NEW AND USED CLOTHING AND OTHER RELIEF ITEMS FROM FOOTWEAR, CLOTHING AND OTHER MANUFACTURERS, RETAILERS AND INDIVIDUALS. THESE ITEMS ARE DISTRIBUTED TO PEOPLE IN NEED LOCALLY, NATIONALLY AND INTERNATIONALLY THROUGH A NETWORK OF VOLUNTEER ORGANIZATIONS AND IN COOPERATION WITH OTHER CHARITABLE ORGANIZATIONS, REFERRED TO AS DISTRIBUTION PARTNERS, WHO WORK ON SOLES4SOULS' BEHALF TO DISTRIBUTE THESE ITEMS PROVIDING RELIEF TO INDIVIDUALS LIVING IN POVERTY OR AFFECTED BY NATURAL DISASTERS. THROUGH THIS EXTENSIVE NETWORK, SOLES4SOULS HAS DISTRIBUTED SHOES, CLOTHING AND OTHER RELIEF SUPPLIES TO PEOPLE IN MORE THAN 137 COUNTRIES. DURING FY22, IN OUR 4RELIEF PROGRAMS, S4S DISTRIBUTED 893,582 PAIRS OF SHOES, 484,678 PIECES OF

4b (Code: ) (Expenses \$ 24,078,060. including grants of \$ 22,572,504. ) (Revenue \$ 50,537. ) DURING FY22, SOLES4SOULS CONTINUED TO PARTNER WITH STREET BUSINESS SCHOOL TO CERTIFY APPROXIMATELY 80 FEMALE TRAINERS IN OUR 4OPPORTUNITY PARTNERS IN HAITI AND PHILIPPINES. ONCE THE TRAINERS WERE CERTIFIED, THEY TRAINED 29 ENTREPRENEURS IN ESSENTIAL BUSINESS SKILLS HELPING THEM CREATE AND MANAGE THEIR OWN BUSINESS AND SUSTAIN INCOMES FOR THEMSELVES AND THEIR FAMILIES.

MORE THAN 1.5 MILLION CHILDREN IN THE UNITED STATES ARE EXPERIENCING HOMELESSNESS. ADDRESSING THIS CRITICAL NEED, SOLES4SOULS CONTINUES TO RESPOND WITH OUR 4EVERYKID PROGRAM, AN INITIATIVE THAT PROVIDES A PAIR OF NEW ATHLETIC SHOES TO K-12 STUDENTS IN THE UNITED STATES THAT ARE EXPERIENCING HOMELESSNESS. WE KNOW THAT WHEN CHILDREN HAVE THEIR BASIC

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

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

4e Total program service expenses 87,937,579.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **TN, AL, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
- ROBERT ADAMS-GHEE - 615-391-5723**  
**319 MARTINGALE DRIVE, OLD HICKORY, TN 37138**

**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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EARNEST TEASTER, III PRESIDENT & CEO	50.00			X			358,984.	0.	28,272.	
(2) ROBERT ADAMS GHEE CHIEF FINANCE & ADMINISTRATIVE OFFICER	50.00			X			233,735.	0.	21,878.	
(3) RODNEY ARNOLD CHIEF MARKETING OFFICER	50.00			X			229,781.	0.	25,183.	
(4) MIKE SHIREY CHIEF OPERATING OFFICER	50.00			X			233,709.	0.	14,026.	
(5) NANCY YOUSSEF CHIEF BUSINESS DEVELOPMENT OFFICER	50.00			X			238,846.	0.	5,388.	
(6) JAMIE ELLIS VP MARKETING & COMMUNICATIONS	40.00					X	101,163.	0.	13,947.	
(7) TIMOTHY DEATS CONTROLLER	40.00					X	100,806.	0.	13,947.	
(8) PATTIE GRABEN VP OF CORPORATE DEVELOPMENT	40.00					X	100,890.	0.	12,572.	
(9) KEITH ALPER DIRECTOR	1.00	X					0.	0.	0.	
(10) RAJI BEHAL DIRECTOR	1.00	X					0.	0.	0.	
(11) AARON BELVILLE BOARD CHAIR	1.00	X	X				0.	0.	0.	
(12) NICHOLAS BIRREN DIRECTOR	1.00	X					0.	0.	0.	
(13) LISA COLLIER DIRECTOR	1.00	X					0.	0.	0.	
(14) ELLEN DAVIS DIRECTOR	1.00	X					0.	0.	0.	
(15) TIANNE DOYLE DIRECTOR	1.00	X					0.	0.	0.	
(16) DAN FRIEDMAN DIRECTOR	1.00	X					0.	0.	0.	
(17) ANDREW GRAY DIRECTOR	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANGELA HARRELL DIRECTOR	1.00	X						0.	0.	0.
(19) MILLEDGE HART DIRECTOR	1.00	X						0.	0.	0.
(20) SARA IRVANI DIRECTOR	1.00	X						0.	0.	0.
(21) LAQUENTA JACOBS DIRECTOR	1.00	X						0.	0.	0.
(22) TRACY KAHN DIRECTOR	1.00	X						0.	0.	0.
(23) MICHELLE KRALL DIRECTOR	1.00	X						0.	0.	0.
(24) ANDY LEW DIRECTOR	1.00	X						0.	0.	0.
(25) MICHELE LOVE DIRECTOR	1.00	X						0.	0.	0.
(26) PARKER MCCRARY DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,597,914.	0.	135,213.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,597,914.	0.	135,213.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
COMMUNITY COUNSELING SERVICE COMPANY, 155 NORTH WACKER, SUITE 1790, CHICAGO, IL	CAPITAL CAMPAIGN SERVICES/STRATEGY	452,897.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	84,635,694.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 81,736,982.				
	<b>h Total.</b> Add lines 1a-1f		84,635,694.				
Program Service Revenue	<b>2 a</b> MICROENTERPRISE PROGRAM	<b>Business Code</b>					
		423000	7,893,979.	7,893,979.			
	<b>b</b> PARTNER FREIGHT	480000	91,754.	91,754.			
	<b>c</b> INTERNATIONAL VOLUNTEER TRAVEL FE	561500	50,537.	50,537.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f		8,036,270.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		8,253.			8,253.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	82,477.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	75,808.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	6,669.				
<b>d</b> Net gain or (loss) .....		6,669.			6,669.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS REVENUE	<b>Business Code</b>					
		900099	72,689.	72,689.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d		72,689.					
<b>12 Total revenue.</b> See instructions		92,759,575.	8,108,959.	0.	14,922.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,930,970.	9,930,970.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	12,641,534.	12,641,534.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,389,803.	598,639.	460,415.	330,749.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,532,695.	2,390,435.	582,795.	559,465.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	140,474.	88,214.	27,507.	24,753.
<b>9</b> Other employee benefits	380,912.	224,554.	97,188.	59,170.
<b>10</b> Payroll taxes	297,779.	188,700.	57,690.	51,389.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	97,819.	50,336.	47,483.	
<b>b</b> Legal	35,986.	24,615.	11,371.	
<b>c</b> Accounting	63,337.	18,884.	44,453.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	455,691.			455,691.
<b>f</b> Investment management fees	3,423.		3,423.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	72,640.	23,927.	48,713.	
<b>12</b> Advertising and promotion	576,729.	30,837.		545,892.
<b>13</b> Office expenses	442,925.	322,963.	110,975.	8,987.
<b>14</b> Information technology	265,679.	57,856.	130,724.	77,099.
<b>15</b> Royalties				
<b>16</b> Occupancy	720,843.	623,464.	97,122.	257.
<b>17</b> Travel	337,220.	187,276.	68,657.	81,287.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	87,512.		87,512.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	196,254.	127,383.	39,152.	29,719.
<b>23</b> Insurance	130,241.		130,241.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> MICRO ENTERPRISE BUSINE	59,866,504.	59,866,504.		
<b>b</b> DISTRIBUTION EXPENSES	410,795.	410,795.	0.	0.
<b>c</b> MISCELLANEOUS	366,942.	129,693.	218,297.	18,952.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	92,444,707.	87,937,579.	2,263,718.	2,243,410.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,627,460.	<b>1</b>	2,711,458.
	<b>2</b> Savings and temporary cash investments .....	496,385.	<b>2</b>	562,904.
	<b>3</b> Pledges and grants receivable, net .....	226,092.	<b>3</b>	149,397.
	<b>4</b> Accounts receivable, net .....	451,203.	<b>4</b>	686,818.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	25,743,224.	<b>8</b>	25,853,024.
	<b>9</b> Prepaid expenses and deferred charges .....	179,663.	<b>9</b>	113,285.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,628,899.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,075,177.	2,539,463.	<b>10c</b> 2,553,722.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	42,223.	<b>14</b>	40,155.
	<b>15</b> Other assets. See Part IV, line 11 .....	8,027.	<b>15</b>	7,072.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	32,313,740.	<b>16</b>	32,677,835.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,172,950.	<b>17</b>	1,433,779.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	370,537.	<b>19</b>	334,488.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,834,853.	<b>23</b>	1,729,246.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,378,340.	<b>26</b>	3,497,513.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	9,029,269.	<b>27</b>	8,810,955.
	<b>28</b> Net assets with donor restrictions .....	19,906,131.	<b>28</b>	20,369,367.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	28,935,400.	<b>32</b>	29,180,322.
	<b>33</b> Total liabilities and net assets/fund balances .....	32,313,740.	<b>33</b>	32,677,835.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	92,759,575.
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,444,707.
3	Revenue less expenses. Subtract line 2 from line 1	3	314,868.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	28,935,400.
5	Net unrealized gains (losses) on investments	5	-69,946.
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	29,180,322.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2021)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	81543966.	86933642.	114960128	75298532.	84635694.	443371962
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	81543966.	86933642.	114960128	75298532.	84635694.	443371962
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						73265342.
<b>6 Public support.</b> Subtract line 5 from line 4.						370106620

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	81543966.	86933642.	114960128	75298532.	84635694.	443371962
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	383.		10,018.	9,890.	8,253.	28,544.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	21,596.	1,304.	18,664.	36,628.	72,689.	150,881.
<b>11 Total support.</b> Add lines 7 through 10 .....						443551387
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	32,278,215.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	83.44 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	83.54 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**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
2	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	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	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	9
10	Line 8 amount divided by line 9 amount	10

Section 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 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> 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	<b>Excess distributions carryover to 2022.</b> 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		
e	Excess from 2021		

Schedule A (Form 990) 2021



**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

SOLES4SOULS, INC.

Employer identification number

20-4023482

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>SOLES4SOULS, INC.</b>	Employer identification number  <b>20-4023482</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,799,030.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,939,017.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,033,353.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,868,952.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>7,551,276.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,860,864.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SOLES4SOULS, INC.</b>	Employer identification number  <b>20-4023482</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>2,673,108.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>2,109,679.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>6,156,027.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SOLES4SOULS, INC.</b>	Employer identification number  <b>20-4023482</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	59,330 PAIRS OF SHOES AND 93,988 PIECES OF CLOTHING _____ _____ _____	\$ <u>2,799,030.</u>	_____
<u>2</u>	148,914 PIECES OF CLOTHING _____ _____ _____	\$ <u>1,939,017.</u>	_____
<u>3</u>	74,814 PAIRS OF SHOES _____ _____ _____	\$ <u>2,033,353.</u>	_____
<u>4</u>	155,745 PIECES OF CLOTHING _____ _____ _____	\$ <u>1,868,952.</u>	_____
<u>5</u>	279,132 PAIRS OF SHOES AND 1,226 PIECES OF CLOTHING _____ _____ _____	\$ <u>7,551,276.</u>	_____
<u>6</u>	155,072 PIECES OF CLOTHING _____ _____ _____	\$ <u>1,860,864.</u>	_____

Name of organization  <b>SOLES4SOULS, INC.</b>	Employer identification number  <b>20-4023482</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	274,905 PIECES OF CLOTHING _____ _____ _____	\$ <u>2,673,108.</u>	_____
8	315,381 PIECES OF CLOTHING _____ _____ _____	\$ <u>2,109,679.</u>	_____
9	228,001 PAIRS OF SHOES _____ _____ _____	\$ <u>6,156,027.</u>	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>SOLES4SOULS, INC.</b>	Employer identification number  <b>20-4023482</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization SOLES4SOULS, INC. Employer identification number 20-4023482

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,027.	6,514.	5,564.	5,937.	5,554.
b Contributions					
c Net investment earnings, gains, and losses	-955.	1,513.	950.	-373.	383.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,072.	8,027.	6,514.	5,564.	5,937.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		238,800.		238,800.
b Buildings		3,303,599.	1,325,059.	1,978,540.
c Leasehold improvements		23,265.	22,441.	824.
d Equipment		722,663.	491,163.	231,500.
e Other		340,572.	236,514.	104,058.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,553,722.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	92,686,206.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-69,946.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-69,946.	
3	Subtract line 2e from line 1	3	92,756,152.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,423.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	3,423.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	92,759,575.	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	92,441,284.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	92,441,284.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,423.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	3,423.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	92,444,707.	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

TO HELP SUPPORT THE OVERALL MISSION OF SOLES4SOULS, INC.

**PART X, LINE 2:**

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME

**Part XIII** Supplemental Information *(continued)*

TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN  
INCOME TAX POSITIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

Employer identification number

**SOLES4SOULS, INC.**

**20-4023482**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	GRANT-MAKING		89,548.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	0	0	GRANT-MAKING		78,117.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	1	1	GRANT-MAKING PROGRAM SERVICES	TO COLLECT AND DISTRIBUTE NEW AND USED SHOES AND CLOTHING IN ACCORDANCE WITH	1,611,519.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	1	1	GRANT-MAKING PROGRAM SERVICES	TO DISTRIBUTE NEW AND USED SHOES AND CLOTHING IN ACCORDANCE WITH SOLES4SOULS MISSION	2,835,429.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	1	2	GRANT-MAKING PROGRAM SERVICES	TO COLLECT AND DISTRIBUTE NEW AND USED SHOES AND CLOTHING IN ACCORDANCE WITH	4,304,513.
RUSSIA AND NEIGHBORING STATES	0	0	GRANT-MAKING		10,764,174.
<b>3 a Subtotal</b> .....	3	4			19,683,300.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	3	4			19,683,300.

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

Schedule F (Form 990) 2021

SEE PART V FOR COLUMN (E) DESCRIPTIONS

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, CENTRAL AMERICA	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	17,600.		0.	NEW AND USED SHOES AND CLOTHING	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	22,300.		49,648.	NEW AND USED SHOES AND CLOTHING	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		19,325.	NEW AND USED SHOES AND CLOTHING	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		207,774.	NEW AND USED SHOES AND CLOTHING	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		269,487.	NEW AND USED SHOES AND CLOTHING	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		270,000.	NEW AND USED SHOES AND CLOTHING	FMV
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		413,489.	NEW AND USED SHOES AND CLOTHING	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		120,783.	NEW AND USED SHOES AND CLOTHING	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 14

3 Enter total number of other organizations or entities 4

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		11,016.	NEW AND USED SHOES AND CLOTHING	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		302,406.	NEW AND USED SHOES AND CLOTHING	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		69,125.	NEW AND USED SHOES AND CLOTHING	FMV
		RUSSIA AND NEIGHBORING STATES	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		10764174	NEW AND USED SHOES AND CLOTHING	FMV
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		36,787.	NEW AND USED SHOES AND CLOTHING	FMV
		MIDDLE EAST AND NORTH AFRICA	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		41,330.	NEW AND USED SHOES AND CLOTHING	FMV
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		6,294.	NEW AND USED SHOES AND CLOTHING	FMV
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		157,248.	NEW AND USED SHOES AND CLOTHING	FMV
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		41,593.	NEW AND USED SHOES AND CLOTHING	FMV

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	FREE DISTRIBUTIONS OF SHOES AND CLOTHING	0.		18,303.	NEW AND USED SHOES AND CLOTHING	FMV



Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

THE ORGANIZATION MAINTAINS SHIPPING RECORDS OF GRANTS OF GIFTS IN-KIND GIVEN TO RECIPIENTS. THE ORGANIZATION ALSO REQUIRES THAT ALL RECIPIENTS SIGN A PARTNER AGREEMENT AND PROVIDE PROOF OF DISTRIBUTION OF PRODUCTS THAT WERE RECEIVED.

**PART I, LINE 3, COLUMN (E):**

**(A) REGION:**

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO COLLECT AND DISTRIBUTE NEW AND USED SHOES AND CLOTHING IN ACCORDANCE WITH SOLES4SOULS MISSION

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO COLLECT AND DISTRIBUTE NEW AND USED SHOES AND CLOTHING IN ACCORDANCE WITH SOLES4SOULS MISSION



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue .....		
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE COMPANY

(I) ADDRESS OF FUNDRAISER: 155 NORTH WACKER, SUITE 1790, CHICAGO, IL 60606



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**SOLES4SOULS, INC.**

Employer identification number  
**20-4023482**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS TO SUCCESS PO BOX 154 DAVIDSON, NC 28036	27-4383002	501 C 3	0.	64,962.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
BALTIMORE CITY PUBLIC SCHOOLS 2000 EDGEWOOD ST BALTIMORE, MD 21216	20-2954299	GOVERNMENT	0.	25,228.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
BMDMI 508 2ND ST NATCHITOCHE, LA 71457	64-0811705	501 C 3	0.	21,777.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
BMDMI - JIM WOODS 122 E BAKER ST INDIANOLA, MS 38751	64-0811705	501 C 3	0.	40,932.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
BOYS & GIRLS CLUBS OF GREATER HOUSTON - 1520 AIRLINE DR - HOUSTON, TX 77009	76-0270942	501 C 3	0.	27,216.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
BROCKTON PUBLIC SCHOOLS 91 FOSTER ST BROCKTON, MA 02301	04-3532228	GOVERNMENT	0.	23,525.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **42.**
- 3** Enter total number of other organizations listed in the line 1 table **2.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWARD COUNTY PUBLIC SCHOOLS 720 NW 9TH AVE HALLANDE BEACH, FL 33009	23-7380564	GOVERNMENT	0.	31,368.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
CLOTHES TO KIDS, INC 6011 W HILLSBOROUGH AVE TAMPA, FL 33364	14-1849798	501 C 3	0.	23,525.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
COASTAL EXPORT INTERNATIONAL 6767 NE 4TH AVE MIAMI, FL 33138	46-3799643		0.	137,839.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
COMMUNITIES IN SCHOOLS OF PETERSBURG - 255 E SOUTH BLVD - PETERSBURG, VA 23805	47-4791614	501 C 3	0.	48,847.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
COMMUNITY SCHOOL DISTRICT 9 1245 WASHINGTON AVE BRONX, NY 10456	33-2200010	GOVERNMENT	0.	49,949.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
CONVOY OF HOPE 7200 W CARNAHAN ST. SPRINGFIELD, MO 65802	68-0051386	501 C 3	0.	3,793,931.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
CSX SANTA TRAIN 500 WATER ST JACKSONVILLE, FL 32202	62-1051971	501 C 3	0.	47,000.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
DALY CITY PARTNERSHIP 350 9TH ST DALY CITY, CA 94015	06-1734338	501 C 3	0.	20,610.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
DENVER RESCUE MISSION 6100 SMITH RD DENVER, CO 80216	84-6038762	501 C 3	0.	30,000.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELITE GARMENT DISTRO INC 536 W MOUNTAIN VIEW AVE LA HABRA, CA 90631			0.	31,643. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
FEAST CHARITABLE ORGANIZATION 856 EUCLID AVE WARRINGTON, PA 18976	46-4669360	501 C 3	0.	47,473. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
GALLUP MCKINLEY COUNTY SCHOOLS 700 S BOARDMAN GALLUP, NM 87301	85-0037837	GOVERNMENT	0.	26,259. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
GIVING FOR LIVING INTERNATIONAL INC - 251 53RD ST - BROOKLYN, NY 11220	51-0497570	501 C 3	0.	29,589. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
GOOD 360 6200 N 16TH ST OMAHA, NE 68110	54-1282616	501 C 3	0.	389,931. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
HOUSTON ISD FOUNDATION 5001 MLK JR BLVD HOUSTON, TX 77021	76-0424529	501 C 3	0.	26,995. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
LIFEHOUSE CHURCH 515 E WILSON BLVD HAGERSTOWN, MD 21740	77-0620350	501 C 3	0.	29,160. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
LOS ANGELES UNIFIED SCHOOL DISTRICT - 8525 REX RD - PICO RIVERA, CA 90660	95-6001908	GOVERNMENT	0.	37,184. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
MARYLAND LEGAL AID 4301 PULASKI HWY BALTIMORE, MD 21224	52-0591621	501 C 3	0.	27,048. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO NASHVILLE PUBLIC SCHOOLS 2601 BRANSFORD AVE NASHVILLE, TN 37204	62-0717138	GOVERNMENT	0.	29,177.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
MILWAUKEE PUBLIC SCHOOLS 5225 W VILET ST MILWAUKEE, WI 53208	23-7115408	GOVERNMENT	0.	25,632.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
MINNEAPOLIS PUBLIC SCHOOLS 1500 JAMES AVE N MINNEAPOLIS, MN 55411	41-1972445	GOVERNMENT	0.	26,318.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
MONROE ELEMENTARY SCHOOL 3651 W SHUBER AVE CHICAGO, IL 60647	82-6027934	GOVERNMENT	0.	41,824.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
OPERATION COMPASSION 1120 URBANE RD NE CLEVELAND, TN 37312	62-1697490	501 C 3	0.	1,904,517.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
ORPHANETWORK 2624 SOUTHERN BLVD VIRGINIA BEACH, VA 23452	54-1983817	501 C 3	0.	80,064.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
PLACE OF HOPE INC 5405 JONESBORO RD LAKE CITY, GA 30260	58-2656313	501 C 3	0.	39,776.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
POWER OF LIFE FOUNDATION, INC 1116 20TH ST S BIRMINGHAM, AL 35205	85-1174850	501 C 3	0.	48,853.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
PROVISION MINISTRY, INC 7 THOMAS NEWTON DR WESTBORO, MA 01581	81-5481524	501 C 3	0.	272,254.	FMV	FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROADS OF SUCCESS PO BOX 944 DUARTE, CA 91010	26-0809074	501 C 3	0.	178,659. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
ST LOUIS PUBLIC SCHOOLS 801 N 11TH ST ST LOUIS, MO 63101	43-6003220	GOVERNMENT	0.	50,725. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
THE CAJUN ARMY, INC 5006 LA-56 CHAUVIN, LA 70344	72-0682820	501 C 3	0.	31,660. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
THE GIVING CLOSET PROJECT 14333 BEACH BLVD JACKSONVILLE, FL 32250	81-2447928	501 C 3	0.	111,618. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
THE RED CROSS BLDG 104 FT PICKETT BLACKSTONE, VA 23824	73-0579224	501 C 3	0.	32,160. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
THE RIVER FUND 89-11 LEFFERTS BLVD RICHMOND HILL, NY 11418	11-3450363	501 C 3	0.	309,752. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
TRENTON PUBLIC SCHOOLS 108 N CLINTON AVE TRENTON, NJ 08609	02-1052100	GOVERNMENT	0.	23,686. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
WAKE COUNTY PUBLIC SCHOOL SYSTEM 1551 ROCK QUARRY RD RALEIGH, NC 27610	58-1518182	GOVERNMENT	0.	25,999. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
WHITE PONY EXPRESS 3380 VINCENT RD PLEASANT HILL, CA 94523	46-5220565	501 C 3	0.	31,803. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN SUPPORTING WOMEN 6410 DUNHAN DR FAYETTEVILLE, NC 28304	90-0973817	501 C 3	0.	97,623. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING
WORKING WARDROBES 17392 DAIMLER ST IRVINE, CA 92614	33-0669145	501 C 3	0.	20,601. FMV		FOOTWEAR AND CLOTHING ITEMS	FREE DISTRIBUTION OF SHOES AND CLOTHING

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2**

THE ORGANIZATION MAINTAINS SHIPPING RECORDS OF GRANTS OF GIFTS IN KIND GIVEN TO RECIPIENTS. THE ORGANIZATION ALSO REQUIRES THAT ALL RECIPIENTS SIGN A PARTNER AGREEMENT AND PROVIDE PROOF OF DISTRIBUTION OF PRODUCTS THAT WERE RECEIVED.

**SCHEDULE I PART IV**

SOLES4SOULS WORKS IN COOPERATION WITH MANY OTHER CHARITABLE ORGANIZATIONS TO FACILITATE THE DISTRIBUTION OF DONATED SHOES,

**Part IV** Supplemental Information

CLOTHING, AND OTHER RELIEF SUPPLIES AROUND THE WORLD. THESE DONATIONS TO LARGE, REPUTABLE, U.S. - BASED ORGANIZATIONS WILL BE DISTRIBUTED BOTH DOMESTICALLY AND INTERNATIONALLY TO LOCAL AGENCIES PROVIDING CRISIS AND POVERTY RELIEF TO PEOPLE IN NEED WHEREVER THEY MAY BE. A FULL TRUCKLOAD OF SHOES, CLOTHING, AND OTHER RELIEF SUPPLIES DISTRIBUTED IN THIS MANNER CAN SERVE THE NEEDS OF THOUSANDS OF PEOPLE IN DOZENS OF DIFFERENT COUNTRIES, AND WILL BE COMPLEMENTED BY OTHER NECESSITIES THAT OUR DISTRIBUTION PARTNERS HAVE AVAILABLE TO THEM. PARTNER ORGANIZATIONS ARE CAREFULLY VETTED AND CONTRACTUALLY OBLIGATED TO ENSURE THE MISSION IMPACT OF SOLES4SOULS IS MAXIMIZED.

SOLES4SOULS HAS AN EXTENSIVE NETWORK OF LOCAL VOLUNTEER ORGANIZATIONS WHO WORK ON ITS BEHALF TO DISTRIBUTE SHOES DIRECTLY TO THOSE IN NEED IN THE UNITED STATES. WITH DISTRIBUTIONS RANGING FROM A WINTER COAT DISTRIBUTION HELD IN OVER 35 CITIES ACROSS AMERICA, CHRISTMAS SEASON SHOE, TOY, AND BOOK EVENTS, AND OUR EVERYDAY SUPPORT OF HUNDREDS OF OTHER PARTNER GROUPS, WE ARE REACHING THOUSANDS OF PEOPLE WHO FIND THEMSELVES LIVING IN ADVERSE CONDITIONS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **SOLES4SOULS, INC.** Employer identification number **20-4023482**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 6:

SCHEDULE J, PART I, LINE 6A - COMPENSATION CONTINGENT ON NET EARNINGS:  
BONUSES WERE PAID TO PERSONS LISTED ON FORM 990, PART VII CONSISTENT WITH  
BOARD APPROVED BONUS POLICY BASED IN PART ON NET EARNINGS GENERATED DURING  
YEAR.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **SOLES4SOULS, INC.** Employer identification number **20-4023482**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		81,736,982.	ORGANIZATION'S ESTIM
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a	X	

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

Schedule M (Form 990) 2021

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

SCHEDULE M, LINE 32B:

SOLES4SOULS RECEIVES MILLIONS OF ARTICLES OF USED SHOES AND CLOTHING THAT HAVE BEEN COLLECTED BY INDIVIDUALS, SCHOOLS, FAITH-BASED INSTITUTIONS, CIVIC ORGANIZATIONS AND CORPORATE PARTNERS. AFTER SORTING ITEMS IN ITS NATIONAL WAREHOUSE SYSTEM, SOLES4SOULS SELLS THE USED AND ALLOWED NEW SHOES AND CLOTHING TO CAREFULLY SELECTED MICROENTERPRISE ORGANIZATIONS. THESE ARE PRIVATE AND NON-PROFIT COMPANIES WITH WHOM THE ORGANIZATION ESTABLISHES CONTRACT RELATIONSHIPS TO PROVIDE SHIPPING, FINANCING, INVENTORY, TRAINING AND OTHER SUPPORT TO ULTRA-SMALL BUSINESSES IN CENTRAL AMERICA, SOUTH AMERICA, AND AFRICA. SOLES4SOULS' CONTRACTED PARTNERS PROVIDE THE MICROENTERPRISE (ULTRA-SMALL BUSINESS) OPERATORS WITH SHOES AND CLOTHING TO SELL IN THEIR COMMUNITIES. LIKE ANY BUSINESS, THIS INVENTORY IS OFTEN PROVIDED ON CREDIT -- ALSO PROVIDED BY OUR PARTNER ORGANIZATIONS - AND THE OPERATOR KEEPS THE PROFITS THEY MAKE FROM WHAT THEY SELL. THESE PROFITS BECOME THE INCOME THAT PASSES THROUGH THE LOCAL ECONOMY. THE REVENUE THAT IS GENERATED BY PROVIDING INVENTORY FOR MICROENTERPRISE OPERATORS IN SEVERAL COUNTRIES PAYS FOR DISTRIBUTION COSTS - BY FAR OUR HIGHEST EXPENSE - OPERATIONS, SALARIES AND BENEFITS, AND TO GROW SOLES4SOULS' ABILITY TO ACQUIRE AND DIRECTLY DONATE NEW AND USED SHOES TO PEOPLE IN NEED, OR IN THE AFTERMATH OF A DISASTER. DONATIONS OF NEW SHOES ARE MIXED STYLES AND TYPES, WHICH ARE ASSIGNED AN AVERAGE FAIR VALUE BY GENDER. THE VALUE ASSIGNED TO DONATED NEW SHOES IS \$30 FOR MEN'S, \$27 FOR WOMEN'S AND \$16 FOR CHILDREN'S SHOES. USED SHOES ARE VALUED AT \$4 PER PAIR, MEASURED IN POUNDAGE, ASSUMING 1.25 LBS PER PAIR OF SHOES. NEW CLOTHING IS VALUED AT \$12 AN ITEM (0.5 LBS/ITEM) AND USED CLOTHING IS \$5 PER POUND.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

SOLES4SOULS, INC.

Employer identification number

20-4023482

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

ORGANIZATIONS, THEN DISTRIBUTING THOSE SHOES AND CLOTHES VIA BOTH  
DIRECT DONATIONS TO PEOPLE IN NEED AND BY PLACING SHOES AND CLOTHING  
INTO QUALIFIED MICROENTERPRISE PROGRAMS DESIGNED TO CREATE JOBS IN POOR  
AND DISADVANTAGED COMMUNITIES.

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

CLOTHING AND 1,108,850 PIECES OF OTHER ESSENTIALS TO THOSE IN NEED  
AROUND THE WORLD. ADDITIONALLY, S4S, IN OUR 4OPPORTUNITY PROGRAMS,  
DISTRIBUTED 4,228,660 PAIRS OF SHOES, 2,392,432 PIECES OF CLOTHING AND  
524,032 PIECES OF OTHER ESSENTIAL ITEMS PROVIDING OPPORTUNITIES FOR JOB  
AND INCOME CREATION AROUND THE WORLD.

SOLES4SOULS PARTNERS WITH NON-GOVERNMENTAL ORGANIZATIONS ("NGOS") IN  
HAITI, HONDURAS, GUATEMALA AND MOLDOVA WHO RUN 4OPPORTUNITY OPERATIONS,  
AS WELL AS CONTRACTS WITH ESTABLISHED 4OPPORTUNITY PARTNERS TO  
DISTRIBUTE SHOES AND CLOTHING IN CENTRAL AMERICA, SOUTH AMERICA, AFRICA  
AND ASIA. OUR 4OPPORTUNITY PROGRAM IS DESIGNED TO PROVIDE IMPOVERISHED  
PEOPLE IN DEVELOPING NATIONS WITH THE RESOURCES TO START AND MAINTAIN  
THEIR OWN BUSINESSES.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

NEED MET, THEY FEEL MORE CONFIDENT, CAN PARTICIPATE IN SPORTS, AND STAY  
FOCUSED ON THEIR LEARNING. DURING FY22, SOLES4SOULS DISTRIBUTED 34,075  
PAIRS OF SHOES TO HOMELESS STUDENTS IN 68 CITIES ACROSS THE UNITED  
STATES.

Name of the organization SOLES4SOULS, INC.	Employer identification number 20-4023482
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A CORE COMPONENT OF THE SOLES4SOULS MISSION IS PROVIDING RELIEF TO PEOPLE IMPACTED BY NATURAL DISASTERS. DURING FY22, SOLES4SOULS PROVIDED APPAREL, FOOTWEAR AND ADDITIONAL ACCESSORIES TO RESPOND TO DOMESTIC AND INTERNATIONAL RELIEF EFFORTS. DOMESTICALLY, WE SERVED AFGHANS AND HAITIANS WHO WERE RECENT ARRIVALS TO THE U.S., PROVIDED DONATIONS IN KENTUCKY TO RESPOND TO SPRING 2022 FLOODING, SERVED FAMILIES AFFECTED BY WILDFIRES IN REDDING, CA AND DELIVERED RELIEF TO VICTIMS OF HURRICANE IDA. WE HAVE CONTINUED TO RESPOND TO THE UKRAINIAN HUMANITARIAN CRISIS AND IN FY22 ALONE, SOLES4SOULS SUPPLIED 308,227 PAIRS OF SHOES, 181,272 PIECES OF CLOTHING AND 170,936 UNITS OF ACCESSORIES TO THOSE WHO FLED UKRAINE TO SEEK SAFETY. ON AVERAGE, ITEMS WERE DISTRIBUTED WITHIN 6-12 WEEKS POST DISASTER.

THROUGH OUR MANY DISTRIBUTION PROGRAMS DESCRIBED ABOVE, SOLES4SOULS KEPT 9,815,624 PAIRS/PIECES OUT OF LANDFILLS TOTALING APPROXIMATELY 8,805,410 POUNDS OF PRODUCT. SINCE INCEPTION, SOLES4SOULS HAS KEPT 83,125,796 PAIRS/PIECES OUT OF LANDFILLS TOTALING APPROXIMATELY 80,692,961 POUNDS.

THROUGH THE SOLES4SOULS GLOBAL EXPERIENCES PROGRAM, VOLUNTEERS FROM ACROSS THE UNITED STATES JOIN SOLES4SOULS STAFF ON DISTRIBUTION TRIPS TO COUNTRIES WHERE WE HAVE PARTNER MICROENTERPRISE OPERATIONS TO EXPERIENCE FIRST-HAND PROVIDING SHOES TO PEOPLE IN THESE DEVELOPING COUNTRIES. DURING FY 22, SOLES4SOULS CONDUCTED 8 TRIPS WITH APPROXIMATELY 77 INDIVIDUALS TRAVELING TO HONDURAS, GUATEMALA AND WITHIN THE UNITED STATES.

Name of the organization SOLES4SOULS, INC.	Employer identification number 20-4023482
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FORM 990, PART VI, SECTION A, LINE 3:

DURING 2021, THE ORGANIZATION BEGAN USING AN OUTSOURCED HUMAN RESOURCES FIRM TO MANAGE ITS HR FUNCTION.

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

UPON APPROVAL OF THE DRAFT RETURN BY THE CEO, CFO, AND CONTROLLER, THE FORM 990 IS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO ITS FILING.

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

ENFORCEMENT OF CONFLICTS POLICY:

DIRECTORS DISCLOSE ANY POTENTIALLY CONFLICTING INTERESTS AND ARE IN FREQUENT COMMUNICATION. IT IS INCUMBENT UPON THE DIRECTORS TO MONITOR ANY POTENTIAL CONFLICT SITUATIONS ON A CONTINUING BASIS.

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

CEO: THE CEO'S COMPENSATION IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE IN CONJUNCTION WITH A REVIEW OF PERFORMANCE BY THE EXECUTIVE COMMITTEE OF THE BOARD. SOLES4SOULS ENSURES THAT AN INDEPENDENT COMPENSATION SURVEY IS COMPLETED EVERY FIVE YEARS. BEGINNING IN 2022, THIS WILL BECOME AN ANNUAL STUDY. IN 2017, THE COMPENSATION COMMITTEE ALSO REVIEWED OTHER INDUSTRY PRACTICES/POLICIES IN DEVELOPMENT OF SOLES4SOULS' ORGANIZATIONAL BONUS POLICY.

OTHER OFFICERS AND KEY EMPLOYEES: THE CEO ESTABLISHES AND ADMINISTERS COMPENSATION LEVELS OF THE EXECUTIVE STAFF. EXECUTIVE STAFF POSITIONS ARE INCLUDED IN THE INDEPENDENT COMPENSATION SURVEY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Name of the organization SOLES4SOULS, INC.	Employer identification number 20-4023482
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TN, AL, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, UT  
VA, WV, WI

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, COLUMN D & F:

PER THE FORM 990 INSTRUCTIONS THE OFFICERS' COMPENSATION AMOUNTS LISTED  
ON PART VII, COLUMNS D & F ARE FOR THE 2021 CALENDAR YEAR. THE FISCAL  
YEAR COMPENSATION AMOUNTS FOR THESE OFFICERS ARE INCLUDED ON PART IX  
LINE 5.

FORM 990, PART IX, LINE #24A:

THE MICROENTERPRISE IN-KIND DISTRIBUTIONS CONSISTED OF APPROXIMATELY  
2,900,000 PAIRS OF SHOES VALUED AT APPROXIMATELY \$44,200,000 AND  
APPROXIMATELY 1,300,000 PIECES OF CLOTHING VALUED AT APPROXIMATELY  
\$15,600,000.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS  
OR THE SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED  
FROM THE PRIOR YEAR.





**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME AND ADDRESS OF RELATED ORGANIZATION:**

SOLES4SOULS EUROPE STICHTING (RSIN 859934640)

STIELTJESWEG 8

ARNHEM, NETHERLANDS NL6827BV

PRIMARY ACTIVITY: CARRY ON THE ACTIVITIES OF SOLES4SOULS, INC IN EUROPE

DIRECT CONTROLLING ENTITY: SOLES4SOULS INC

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME AND ADDRESS OF RELATED ORGANIZATION:**

SOLES4SOULS CANADA (INCOPORATION # 962795-2)

720 BATHURST STREET

TORONTO, ONTARIO, CANADA M5S 2R4

PRIMARY ACTIVITY: TO CARRY ON THE ACTIVITIES OF SOULS4SOULS INC IN CANADA

DIRECT CONTROLLING ENTITY: SOULS4SOULS INC

**NAME AND ADDRESS OF RELATED ORGANIZATION:**

SOLES4SOULS ASIA LTD (EUN 201930535R)

705 SIMS DRIVE #02-12

SINGAPORE, SINGAPORE 387384

PRIMARY ACTIVITY: TO CARRY ON THE ACTIVITIES OF SOULS4SOULS INC IN ASIA

DIRECT CONTROLLING ENTITY: SOULS4SOULS INC

**PART V, TRANSACTIONS WITH RELATED ORGANIZATIONS**

INFORMATION FURNISHED WITH THIS 990 INLCUDES CONSOLIDATED FOREIGN

RELATED PARTIES LISTED AS 100% OWNED BY SOLES4SOULS INC (BOTH TAX

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

EXEMPT AND THOSE CATEGORIZED AS CORPORATIONS) FOR WHICH FORM 5471'S ARE  
FILED.

Multiple horizontal lines for supplemental information.