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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
OPERATION SHOESTRING, INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. BOX 11223

City or town, state or country, and ZIP + 4
JACKSON, MS 39283-1223

D Employer identification number
64-0471554

E Telephone number
(601)353-6336

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ WWW.OPERATIONSHOESTRING.ORG

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 880,567.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			770,001.
	2	Program service revenue including government fees and contracts			
	3	Membership dues and assessments			
	4	Investment income			
	5a	Gross amount from sale of assets other than inventory STMT 5	5a 101.		
	b	Less: cost or other basis and sales expenses	5b 119.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	<18.>
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 110,704.		
	b	Less: direct expenses other than fundraising expenses	6b 39,391.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	71,313.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ SEE STATEMENT 4)		8	<239.>
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	841,057.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	476,832.
	13	Professional fees and other payments to independent contractors		13	71,617.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 7		14	60,054.
	15	Printing, publications, postage, and shipping		15	20,524.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	73,229.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	702,256.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	138,801.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	542,648.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 6		20	<250.>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	681,199.

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	46,713.	22	106,586.
23	Land and buildings	320,371.	23	308,796.
24	Other assets (describe ▶ SEE STATEMENT 2)	362,688.	24	393,788.
25	**Total assets**	729,772.	25	809,170.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	187,124.	26	127,971.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	542,648.	27	681,199.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 13

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 SEE STATEMENT 10

(Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐ 28a 271,595.

29 SEE STATEMENT 11

(Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐ 29a 122,835.

30 SEE STATEMENT 12

(Grants $ 0.) If this amount includes foreign grants, check here ▶ ☐ 30a 137,975.

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 532,405.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 9		73,500.	5,094.	

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ MS

42a The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (601)353-6336

Located at ▶ 1711 BAILEY AVENUE, JACKSON, MS ZIP + 4 ▶ 39283

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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

▶ Signature of officer — Date: 5/10/10

▶ Charles B Porter III Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ M. Susan Phillips, CPA	Date 3-5-10	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr.)	
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CARR, RIGGS & INGRAM, LLC P. O. BOX 2418 RIDGELAND, MS 39158-2418			EIN ▶	
			Phone no. 601-853-7050	

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
OPERATION SHOESTRING, INC.	64-0471554

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	714,396.	765,809.	674,805.	605,080.	770,001.	3,530,091.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	714,396.	765,809.	674,805.	605,080.	770,001.	3,530,091.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						88,370.
6 **Public Support.** Subtract line 5 from line 4						3,441,721.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	714,396.	765,809.	674,805.	605,080.	770,001.	3,530,091.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	157.	85.	72.	56.	517.	887.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				500.		500.
11 **Total support.** Add lines 7 through 10						3,531,478.

12 Gross receipts from related activities, etc. (see instructions)	12	331,509.

13 **First five 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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	97.46 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	95.09 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** *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 **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

OPERATION SHOESTRING, INC.

Employer identification number

64-0471554

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply.

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 MUSIC EVENT (event type)	(b) Event #2 ANNUAL DINNER (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	35,949.	74,755.		110,704.
	2 Less: Charitable contributions	0.	0.		
	3 Gross revenue (line 1 minus line 2)	35,949.	74,755.		110,704.
Direct Expenses	4 Cash prizes	0.	0.		
	5 Non-cash prizes	0.	0.		
	6 Rent/facility costs	0.	0.		
	7 Other direct expenses	16,820.	22,571.		39,391.
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(39,391.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				71,313.

Part III Gaming. Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide 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?	15a			
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:				
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?	17a			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

FORM 990-EZ — OTHER EXPENSES — STATEMENT 1

DESCRIPTION	AMOUNT
TRAVEL	2,152.
STAFF TRAINING	537.
VOLUNTEER RECOGNITION	2,254.
FOOD PURCHAES - PROGRAMS	15,159.
OFFICE EXPENSE	8,042.
EQUIPMENT RENTAL	1,595.
PROGRAM SUPPLIES	16,317.
INTEREST	6,512.
INSURANCE	19,011.
MISCELLANEOUS	1,650.
TOTAL TO FORM 990-EZ, LINE 16	73,229.

FORM 990-EZ — OTHER ASSETS — STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
RECEIVABLES	318,781.	359,564.
PREPAID EXPENSES	4,215.	4,093.
INVESTMENTS	2,357.	2,118.
UTILITY DEPOSITS	382.	382.
OTHER DEPRECIABLE ASSETS	36,953.	27,631.
TOTAL TO FORM 990-EZ, LINE 24	362,688.	393,788.

FORM 990-EZ — OTHER LIABILITIES — STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	79,917.	30,732.
OBLIGATION UNDER CAPITAL LEASE	6,503.	4,530.
MORTGAGE PAYABLE	80,704.	72,709.
LOANS PAYABLE	20,000.	20,000.
TOTAL TO FORM 990-EZ, LINE 26	187,124.	127,971.

FORM 990-EZ — OTHER REVENUE — STATEMENT 4

DESCRIPTION	AMOUNT
INTEREST	517.
CHANGE IN VALUE OF SPLIT INT. AGREEMENT	<756.>
TOTAL TO FORM 990-EZ, LINE 8	<239.>

FORM 990-EZ — GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES — STATEMENT 5

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
2 SH AMGEN	101.	119.	0.	<18.>
TO FORM 990-EZ, LINE 5	101.	119.	0.	<18.>

FORM 990-EZ — OTHER CHANGES IN NET ASSETS OR FUND BALANCES — STATEMENT 6

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENT	<250.>
TOTAL TO FORM 990-EZ, LINE 20	<250.>

FORM 990-EZ — OCCUPANCY, RENT, UTILITIES AND MAINTENANCE — STATEMENT 7

DESCRIPTION	AMOUNT
DEPRECIATION	21,747.
OTHER EXPENSES	38,307.
TOTAL TO FORM 990-EZ, LINE 14	60,054.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 8

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT LANGFORD 1711 BAILEY AVENUE, JACKSON, MS 39283	EXECUTIVE DIRECTOR 40.00	73,500.	5,094.	0.
DOUG BOONE 1711 BAILEY AVENUE, JACKSON, MS 39283	PRESIDENT 2.00	0.	0.	0.
DORIAN TURNER 1711 BAILEY AVENUE, JACKSON, MS 39283	VICE PRESIDENT 2.00	0.	0.	0.
WADE OVERSTREET 1711 BAILEY AVENUE, JACKSON, MS 39283	TREASURER 2.00	0.	0.	0.
EVELYN EDWARDS 1711 BAILEY AVENUE, JACKSON, MS 39283	SECRETARY 2.00	0.	0.	0.
DONNA BARKSDALE 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
KEN BARTON 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
CHRIS BELL 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
CECIL BROWN 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
DEBRA BROWN 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
LEE BUSH 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
GEORGE EVANS 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
JAMES E. GRAVES, JR. 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
JONATHAN LEE 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.

LEMOYNE MARTIN 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
VICKIE MASON 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
SALLY MOLPUS 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
LAMAR NESBIT 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
TREY PORTER 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
MARY LARGENT PURVIS 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
CHRIS RAY 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
MELINDA RAY 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
KEITH TONKEL 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
TREY WATERLOO 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
PRIMUS WHEELER 1711 BAILEY AVENUE, JACKSON, MS 39283	BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		73,500.	5,094.	0.

PROJECT KIDS PROVIDES SCHOOL-AGED CHILDREN LIVING PRIMARILY IN THE LOW-INCOME BAILEY AVENUE NEIGHBORHOOD WITH ACADEMIC AND CULTURAL ENRICHMENT, SOCIAL DEVELOPMENT TRAINING, SUMMER CAMP AND PARENT-ENGAGEMENT ACTIVITIES. # SERVED: 136 CHILDREN IN 75 FAMILIES.

PROMISE ZONE COALITION/STAMPOUT DROPOUT PROGRAM IS A PARTNERSHIP FOCUSED ON PROVIDING SUPPORT SERVICES (YOUTH EMPLOYMENT TRAINING, AFTER-SCHOOL EDUCATIONAL PROGRAMMING, FOREIGN LANGUAGE INSTRUCTION, ARTS PROGRAMMING, AND MORE) TO CHILDREN LIVING IN THE LANIER HIGH SCHOOL FEEDER PATTERN WITH A SERVICES AND SUPPORT FOCUSING ON A HOLISTIC APPROACH TO COMMUNITY TRANSFORMATION. PROGRAM PRIORITIES INCLUDE: CARING ADULTS; SAFE PLACES; A HEALTHY START; EFFECTIVE EDUCATION; AND OPPORTUNITIES TO HELP OTHERS. # SERVED: 212.

FAMILY DEVELOPMENT PROGRAM WORKS WITH LOW-INCOME FAMILIES TO DEVELOP PERSONAL GROWTH AND SELF-SUFFICIENCY WITHIN THE NEIGHBORHOOD. WORKS WITH CHILDREN AND FAMILIES ON EDUCATION AND HEALTH PRIORITIES THROUGH WORKSHOPS, TEEN LEADERSHIP TRAINING, SCHIP/MEDICAID ENROLLMENT, REFERRALS TO OTHER QUALIFIED SERVICE PROVIDERS, SUMMER READING INITIATIVES AND MORE. # SERVED: 912 CHILDREN IN 425 FAMILIES. ADDITIONAL WEEKLY FOOD PANTRY SERVED 2,160 BOXES OF FOOD TO HUNGRY ADULTS AND FAMILIES.

TO EMPOWER CHILDREN AND FAMILIES IN OUR TARGET COMMUNITIES AND TO SERVE AS A CATALYST FOR RECONCILIATION THROUGHOUT THE LARGER COMMUNITY.

Form **8868** (Rev. April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions.	OPERATION SHOESTRING, INC.	64-0471554
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 11223	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSON, MS 39283-1223	

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ THE ORGANIZATION 1711 BAILEY AVENUE - JACKSON, MS 39283
  Telephone No. ▶ (601)353-6336 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until MAY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning OCT 1, 2008, and ending SEP 30, 2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions