SHINE GLOBAL INC.

INCOME TAX RETURNS



Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

A F	or the	e 2018	calendar year, or tax year beginning		, 2018, a	nd ending				, 20
_			C Name of organization				D E	Employer ide	ntificat	ion number
Вс	Check if a	pplicable:	SHINE GLOBAL INC.					20-3476	5559	
	Addre		Doing business as							
	7	change	Number and street (or P.O. box if mail is	not delivered to street address)	F	Room/suite	Ε٦	Telephone nu	mber	
	Initial	return	350 WEST 42ND STREET			41G	(6	546) 53	5 – 67	703
		return/	City or town, state or province, country, a	and ZIP or foreign postal code						
	termii Amer	nded	NEW YORK, NY 10036	- '			G	Gross receipts	s \$	618,015.
		cation	F Name and address of principal officer:	SUSAN MACLAURY				a) Is this a grou		· · · · · · · · · · · · · · · · · · ·
	pendi	ing	570 PARK STREET, MONTO					subordinates	?	
_	Toy ov	empt sta			47/-)/4)			Are all subord		st. (see instructions)
			atus: X 501(c)(3) 501(c) (WWW.SHINEGLOBAL.ORG) ◀ (insert no.) 49-	47(a)(1) or	527				
_				A i-si-si		1 1/2		COOF NO.		of legal domicile: DE
				Association Other		L Year of	formation:	2003 W	State d	or legal domicile: DE
	art I		ımmary	м	TIE ODG	7	ON TO	DEDICA	תמח	TO CIVING A
	1		/ describe the organization's mission or						IED	TO GIVING A
Governance			CE TO CHILDREN AND THEIR							
na			ILIENCE TO RAISE AWARENE							
)Ve	2			scontinued its operations or	•				1 1	1.5
ŏ	3		er of voting members of the governing						3	15.
ς, α	4	Numb	er of independent voting members of the	he governing body (Part VI, li	ne 1b) 🚬				4	14.
Activities &	5	Total r	number of individuals employed in cale	endar year 2018 (Part V, line 2	a)				5	3.
듩	6	Total r	number of volunteers (estimate if necess	sary)					6	20.
ĕ	7a	Total (unrelated business revenue from Part VI	III, column (C), line 12					7a	0.
	b	Net ur	nrelated business taxable income from I	Form 990-T, line 38					7b	
a)							Р	rior Year		Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h) .			[441,10	1.	571,181.
Revenue	9		am service revenue (Part VIII, line 2g)					435,60	6.	46,834.
eve	10		tment income (Part VIII, column (A), line						0.	0.
ď	11		revenue (Part VIII, column (A), lines 5,					-2,23	3.	0.
	12		revenue - add lines 8 through 11 (must					874,47	4.	618,015.
	13		s and similar amounts paid (Part IX, colu						0.	0.
	14		its paid to or for members (Part IX, colu						0.	0.
"	4.5		es, other compensation, employee bene					156,05	4.	183,070.
Expenses	16 a		ssional fundraising fees (Part IX, column			F		· ·	0.	0.
ber	h		fundraising expenses (Part IX, column (I		^					
Ж	17		expenses (Part IX, column (A), lines 11					520,88	5.	365,616.
			expenses. Add lines 13-17 (must equal					676,93		548,686.
	19		nue less expenses. Subtract line 18 from					197,53	_	69,329.
-Se		IVEVEI	Tue less expenses. Subtract line to from	TIME IZ	<u></u>		Reginning	of Current Y		End of Year
Net Assets or Fund Balances	20	Total	coacte (Port V. line 16)			-	Dogmini	454,91	_	335,068.
\ss Bala	24		assets (Part X, line 16) liabilities (Part X, line 26)					134,70		39,480.
ag t	21							320,21	_	295,588.
	22 Irt II		ssets or fund balances. Subtract line 21	from line 20	<u></u>			320,21		273,300.
				a ratura including accompanyin	a sabadula	o and atatam	onto and t	to the best of	: mu ler	aculadae and haliaf it is
true	e, corre	ect, and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	officer) is based on all information	on of which	n preparer has	any knowl	edge.	IIIy KI	lowledge and belief, it is
			1 7 400							
Sig	ın		Signature of officer					Date		
He			•	a a vitir va Dina atau au	d 0 = E			Date		
			Susan MacLaury, Exc	ecutive Director and	<u>a Co-F</u>	<u>-ounder</u>				
			Type or print name and title	Propararia cianatura		Doto			D-	TIN
Paic	t		Type preparer's name	Preparer's signature		Date	0010	Check	"	
	- parer	KTCI	HARD KOENIGSBERG			07/29/		self-employe		P00300383
	Only		s name SPIELMAN KOENIGSB			10010	Firr	m's EIN ▶ 1		
			s address ▶1675 BROADWAY - 2			10019				453-2500
			iscuss this return with the preparer		ictions) <u>.</u>					X Yes No
For	Pape	rwork	Reduction Act Notice, see the separate	e instructions.						Form 990 (2018)

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P		Statement of Program Service Check if Schedule O contains a	Accomplishments response or note to any line in this Part	III	
1	Briefly des	scribe the organization's missior HMENT 1		***************************************	
_	Dialabasa				41
2	prior Form		ficant program services during the yea		
3	Did the o	organization cease conducting	, or make significant changes in h		
4	Describe expenses.	Section 501(c)(3) and 501(c)	dule O. rvice accomplishments for each of it (4) organizations are required to reported. r each program service reported.		
4a	(Code:) (Expenses \$	378,700. including grants of \$) (Revenue \$	46,829.)
			TING, FUNDING, PRODUCING A	ND	
			FILMS & MEDIA CONCERNING		
			PALLY CHILDREN AND THEIR FA		
			ICAL, EMOTIONAL AND SOCIAL		
			S, DISASTERS AND EVENTS, ST VERE WEATHER AND ARMED CONT		
			NATIONAL COMMUNITY TO DEVO		
			R PLIGHT AND IMPROVE THEIR		
	CONDITI		R I HI GHI THE I THE ROVE I HILLIR	1111110	
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			niolaanig grante of \$) (ποτοπάο ψ	/
_	(O - 1 -) (Famous a d	's also the manage of the) (D	\
4C	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
	-				
4d		gram services (Describe in Sche			
	(Expenses			\$)	
4e	· Total prog	gram service expenses >	378,700.		

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Part IV Page 3

	IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
		-4-		23
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		X
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		2
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Σ
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Σ
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		2
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
•		110	X	
_	complete Schedule D, Part VI	11a	- 21	
)	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			١.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		-
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			١,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		2
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
Э	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		:
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		2
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		2
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
		15		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		H
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			١.
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		2
а	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		2
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
~	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		2
				1
1.000			990	/0-

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ĺ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
,	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	20a		
D		28b		Х
_	Schedule L, Part IV	260		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		Х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.5
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	L
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38		Х
Part				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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Part VI

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

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		3.7	
а	The governing body?	8a	X	_
	Each committee with authority to act on behalf of the governing body?	8b	Λ	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		X
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	-)	
0001	on b. I choics (This decison b requests information about policies not required by the internal Neventae	Code	·/ Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	···		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		v	
Cooti	organization's exempt status with respect to such arrangements?	16b	Х	<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CA, NJ, NY,			.04()
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	U1(C)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
10		orost	nolic:	, 054
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	holic	, and
20	· · · · · · · · · · · · · · · · · · ·	c ۱		
20	State the name, address, and telephone number of the person who possesses the organization's books and record SPIELMAN KOENIGSBERG & PARKER 1675 BROADWAY, 20TH FLOOR NEW YORK, NY 10019 212-453-2500	J -		

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

						<u>'</u>				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck s pe	erson	e than control Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			ee			sated				
(1)KEITH BROWN	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(2)ROBERT BAKER	0.									
BOARD MEMBER	0.	X						0.	0.	0.
(3)DON MELNICK	0.									
BOARD MEMBER	0.	X						0.	0.	0.
(4)WILLIAM MACARTHUR	0.								_	_
BOARD TREASURER	0.	X		Х				0.	0.	0.
(5)DARIO SPINA	0.								_	_
BOARD MEMBER	0.	X						0.	0.	0.
(6)MARILYN DELUCA	0.								_	_
BOARD MEMBER	0.	X						0.	0.	0.
(7)KAY SARLIN WRIGHT	0.								_	_
BOARD MEMBER	0.	Х						0.	0.	0.
(8)AL CATTABIANI	0.									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)ADRIENNE LOPEZ	0.									
BOARD MEMBER	0.	Х						0.	0.	0
(10)ALBIE HECHT	0.									
BOARD MEMBER	0.	X						0.	0.	0.
(11)SUSAN MACLAURY	0.									
EXEC DIR/BRD MEMBER	0.	Х		X				50,000.	0.	0.
(12)ELLEN MADDREY	0.									
BOARD SECRETARY	0.	Х		Х				0.	0.	0
(13)REGAN MCCARTHY	0.									
BOARD MEMBER	0.	Х						0.	0.	0
(14)ANNE PROST	0.									
BOARD CHAIR	0.	X		Χ				0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es, a	and F	lig	hest Compensat	ed Employ	ees (c	ontinued)	Page o
(A) Name and title	(B) Average hours per week (list any hours for	Position (do not check more than box, unless person is both officer and a director/trus				than on is both or/truste	ne an ee)	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	ole on from	(F Estim amou oth comper	ated nt of er
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from organi: and re organiz	zation lated
15) ALEXANDRA BLANEY	0.							50.000		_		
CFO	0.			Х				69,038.		0.		0.
1b Sub-total							>	50,000. 69,038.		0.		0.
c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	-						>	119,038.		0.		0.
2 Total number of individuals (including but not	limited to t	hose I	liste				re	ceived more than	\$100,000 o	f		
reportable compensation from the organization	1 🚩	0.	•								Υ	es No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	X
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	. If	"Yes	,"				4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	from	any	un				5	X
Section B. Independent Contractors	ss, comple	ie sci	ieau	ie J	101	Sucii	per	5011			_ 5	
Complete this table for your five highest com- compensation from the organization. Report c year.	•											
(A) Name and business add	lress							(B) Description of se	rvices	С	(C) compensati	on

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

SHINE GLOBAL INC. 20-3476559 Form 990 (2018) Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part V	'III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	141,904. 45,000. 384,277.				
	h	Total. Add lines 1a-1f		571,181.			
ž			Business Code				
Program Service Revenue	2a b c d	LICENSE FEES	900099	46,834.	46,934.		
g	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		46,834.			
	3	Investment income (including divider and other similar amounts).	nds, interest,	0.			
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties		0.			
	6a b c d 7a b	Gross rents	(ii) Other	0.			
	d	Net gain or (loss)		0.			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b	0.				
U	C	Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b	0.				
	С	Net income or (loss) from gaming activities		0.			
		Gross sales of inventory, less returns and allowances a	0.				
	b c	Less: cost of goods sold	<u> </u>	0.			
		Miscellaneous Revenue	Business Code				
	11a b c						
	d	All other revenue		0.			
	e	Total. Add lines 11a-11d			46.004		
	12	Total revenue. See instructions.		618,015.	46,934.		

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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 resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	119,038.	59,519.	59,519.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	44,424.	22,212.	22,212.	
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	6,000.	3,000.	3,000.	
10	Payroll taxes	13,608.	6,804.	6,804.	
11	Fees for services (non-employees):				
а	Management	0.			
b	Legal	14,370.	2,874.	11,496.	
С	Accounting	19,001.	3,800.	15,201.	
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0.	F0 600		
12	Advertising and promotion	50,698.	50,698.	1 760	
	Office expenses	3,520.	1,760.	1,760.	
	Information technology	0.			
	Royalties	35,320.	17,660.	17 660	
	Occupancy	7,181.	3,591.	17,660. 3,590.	
	Travel	/,101.	3,391.	3,390.	
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	1,298.		1,298.	
	Depreciation, depletion, and amortization	4,437.		4,437.	
	Insurance	1,10,1		1,137,	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	FILM PRODUCTION COSTS	187,051.	187,051.		
u	CREDIT CARD FEES	4,372.		4,372.	
	PROFESSIONAL MEMBERSHIPS	225.		225.	
_	MEALS AND ENTERTAINMENT	1,506.		1,506.	
_	All other expenses	36,637.	19,731.	16,906.	
	Total functional expenses. Add lines 1 through 24e	548,686.	378,700.	169,986.	
	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)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response o	r note	e to any line in this Pa	art X		
		·		,	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			188,618.	1	193,629.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			30,765.	3	3,545.
	4	Accounts receivable, net		0.	4	0.	
	5	Loans and other receivables from current and f		·			
		trustees, key employees, and highest co					
	•	Complete Part II of Schedule L Loans and other receivables from other disqualified person	,		0.	5	0.
	6	4958(f)(1)), persons described in section 4958(c)(3)(B),	ons (as and c	contributing employers			
		and sponsoring organizations of section 501(c)(9) volu	ntary e	employees' beneficiary	0		
Ś		organizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net			128,064.	7	0.
As	8	Inventories for sale or use			0.	8	0.
	9	Prepaid expenses and deferred charges			0.	9	0.
1	10 a	Land, buildings, and equipment: cost or		10 440			
		other basis. Complete Part VI of Schedule D			E 111		4 522
		Less: accumulated depreciation			5,111.		4,533.
	11	Investments - publicly traded securities			0.	11	0.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11		0.	13	0.	
	14	Intangible assets		102,361.	14	133,361.	
	15 4.c	Other assets. See Part IV, line 11		454,919.	15	335,068.	
	16 17	Total assets. Add lines 1 through 15 (must equal			30,818.	16 17	20,351.
	17 18	Accounts payable and accrued expenses	0.	18	0.		
	10 19	Grants payable	0.	19	0.		
	20	Deferred revenue	0.	20	0.		
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa	0.	21	0.		
	- · 22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compens					
ig		disqualified persons. Complete Part II of Schedule			35,000.	22	0.
_ ≝ ;	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated t	hird p	arties	0.	24	0.
1	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			68,882.	25	19,129.
	26	Total liabilities. Add lines 17 through 25			134,700.	26	39,480.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		there X and			
auc :	27	Unrestricted net assets			242,665.	27	253,978.
Fund Balances	28	Temporarily restricted net assets			77,554.	28	41,610.
힏	29	Permanently restricted net assets		<u></u> [0.	29	0.
or Fui		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and			
	30	Capital stock or trust principal, or current funds				30	
ð	31	Paid-in or capital surplus, or land, building, or equ				31	
	32	Retained earnings, endowment, accumulated inco				32	
Net	33	Total net assets or fund balances			320,219.	33	295,588.
	34	Total liabilities and net assets/fund balances			454,919.	34	335,068.

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Part							
	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			18,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2		548,686.			
3	Revenue less expenses. Subtract line 2 from line 1	3		69,329			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		320,219.			
5	Net unrealized gains (losses) on investments	5				0.	
6	Donated services and use of facilities				0.		
7	Investment expenses	7				0.	
8	Prior period adjustments	8		_	93,9	960.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		2	95,5	588.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght				
	of the audit, review, or compilation of its financial statements and selection of an independent acc		•	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.	•					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in				
		3a		X			
b	the Single Audit Act and OMB Circular A-133?	lergo	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SHINE GLOBAL INC.

Employer identification number 20-3476559

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions			
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1		A church, convention of chu	urches, or associat	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).			
2		A school described in secti	school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	L	A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).			
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and st	tate:							
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).			
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public		
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete	Part II.)					
9		An agricultural research org					I in conjunction with a	land-grant college		
		or university or a non-land-	=			-				
		university:		,	,		, ,,	3		
10	X	An organization that norma	Ilv receives: (1) me	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross		
		receipts from activities rela	ted to its exempt f	unctions - subject to o	certain e	exception	s, and (2) no more tha	n 331/3 %of its		
		support from gross investmacquired by the organizatio	nent income and ui	nrelated business tax	able inco	ome (less	s section 511 tax) from	businesses		
11		An organization organized				•	•			
12		An organization organized	•	•	-			arry out the nurnoses		
-		of one or more publicly su	-	•	-					
		Check the box in lines 12a t	· ·							
а	Г	Type I. A supporting orga	=				•	_		
u	_	the supported organization	·		-					
		supporting organization.				ajointy of	the anothers of tracte			
b		Type II. A supporting org	-			with its	supported organization	on(s) by having		
	_	control or management of	•				· · ·			
		organization(s). You must		-		o po.co.	io triat control of man	ago ino capportoa		
С		Type III functionally integ	•		ited in co	onnectio	n with and functional	ly integrated with		
·	_	its supported organization						iy intogratou witii,		
d		Type III non-functionally		•				ted organization(s)		
-	_	that is not functionally inte	=		-					
		requirement (see instruct	-	- · · · · · · · · · · · · · · · · · · ·	-		•	an anomivorious		
е		Check this box if the orga		-				I Type III		
Ū	_	functionally integrated, or						., . , po		
f	Er	nter the number of supported	<i>7</i> 1	, , ,		•				
g		ovide the following information								
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
				(described on lines 1-10		ur governing		other support (see		
				above (see instructions))	Yes	ment?	instructions)	instructions)		
						110				
(A)										
/D\										
(B)										
(C)										
(C)										
(D)										
(<i>U</i>)										
(E)										
\ - ,										
Tota	al									

Schedule A (Form 990 or 990-EZ) 2018

Page 2 Schedule A (Form 990 or 990-EZ) 2018

	, , , , , , , , , , , , , , , , , , , ,						- 3 -
Par							
	(Complete only if you checked Part III. If the organization fair						alify under
Sec	tion A. Public Support	is to quality di	TIGOT THE TESTS	nstea below, p	ocase comple	to r art iii.)	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
		(4)	(4)	(1)	(1)	(1)	()
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 through 3						
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).						
6	Public support. Subtract line 5 from line 4 tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	Amounts from line 4	(a) 2014	(b) 2013	(6) 2010	(u) 2017	(e) 2010	(i) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	,				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2018 (li		_	11. column (f)).		14	%
15	Public support percentage from 2017						%
16a	331/3% support test - 2018. If the or						check this
	box and stop here. The organization q			-			
b	33 1/3% support test - 2017. If the org	-					
		-		_			
17a	this box and stop here . The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization in Part VI how the organization	2017. If the organization meets	ganization did r s the "facts-an	ot check a box d-circumstances	on line 13, 16 to test, check t	a, 16b, or 17a his box and s	, and line top here.
18	supported organization						▶ 🔲

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **3**

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

SHINE GLOBAL INC.

(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.)

Sec	tion A. Public Support			· · ·	_ ·		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	354,630.	480,975.	583,120.	473,209.	608,118.	2,500,052.
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	41,842.	15,681.	10,176.	435,606.	46,829.	550,134.
3	Gross receipts from activities that are not an	,	.,		,		
ŭ	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
							0
_	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						0
_	organization without charge	225 472	105 555	500.005	222 215	654.045	0.
6	Total. Add lines 1 through 5	396,472.	496,656.	593,296.	908,815.	654,947.	3,050,186.
<i>r</i> a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						0.
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						-
	or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from						
	line 6.)						3,050,186.
	tion B. Total Support	(=) 2044	(h) 204 <i>E</i>	(=) 2046	(4) 2017	(-) 2040	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. Gross income from interest, dividends,	396,472.	496,656.	593,296.	908,815.	654,947.	3,050,186.
iva	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						0.
С	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						0.
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	396,472.	496,656.	593,296.	908,815.	654,947.	3,050,186.
14	First five years. If the Form 990 is for	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,					. 15	100.00%
16	Public support percentage from 2017 Sche					16	100.00%
Sec	tion D. Computation of Investment				Т		
17	Investment income percentage for 2018 (lin					17	%
18	Investment income percentage from 2017 S					18	.00%
19 a	331/3% support tests - 2018. If the org	ganization did no	t check the box	on line 14, and	line 15 is more	e than 331/3%, a	
	17 is not more than 331/3%, check this	is box and stop	here. The orga	nization qualifies	as a publicly s	supported organiz	ation . ► X
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than $331/3\%$, check			•			
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this box	x and see instru	ctions -

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Schedule A (Form 990 or 990-EZ) 2018 Page 4

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

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

		Yes	No
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	3b		
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or	10b	990-F7	7) 2019

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				- 3
Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
	7 2 3 3 3 3 3 3 3		Yes	No
4	Did the directors, trustone, or membership of one or more supported organizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Soction	on C. Type II Supporting Organizations	2		
Secur	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the experiencian provide to each of its supported experiencians by the local day of the fifth month of the		Yes	No
ı	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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	Yes	
2	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		
	or its supported organizations: if Tes, describe in Fait VI the Fole played by the organization in this regard.	<u>3D</u>		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izatior	ıs	5
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations	must complete Sectio	ns 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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (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 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integr	ated Type III supporting	g organization (see
instructions).	=		•

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		/i)	(ii)	(iii)			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
_1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
СС	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2014						
b	Excess from 2015						
С	Excess from 2016						
d	Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2018

Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018 Page **8**

Schedule A (Form 990 or 990-EZ) 20

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SHINE GLOBAL INC. 20-3476559 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ▶ \$

SHINE GLOBAL INC. Page 2 Schedule D (Form 990) 2018

Pa	rt III Organizations Maintaini	ng Collecti	ons of A	Art, Histo	rical Tre	asures, d	or Other	Similar Assets (rage =
3	Using the organization's acquisition	n, accessio	n, and ot	ther recor	ds, checl	any of t	he follow	ing that are a sigi	nificant use	of its
	collection items (check all that app	ly):			_					
а	Public exhibition			d	Loan	or exchanç	ge progra	ms		
b	Scholarly research			e	Other					
С	Preservation for future gene	rations								
4	Provide a description of the organ	nization's co	llections	and expla	ain how t	hey furthe	er the or	ganization's exemp	t purpose ir	n Part
	XIII.									
5	During the year, did the organization									_
	assets to be sold to raise funds rath			ined as pa	rt of the o	organizatio	on's colle	ction?	Yes	No
Pa	rt IV Escrow and Custodial A								_	
	Complete if the organiza	ition answe	red "Yes	s" on For	m 990, F	art IV, Iin	e 9, or r	eported an amou	nt on Form	
	990, Part X, line 21.									
1a	Is the organization an agent, truste									¬
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i	n Part XIII ai	nd compl	lete the fol	llowing tab	ole:				
								Amount	<u> </u>	
C	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
f	Ending balance									
	Did the organization include an am								Yes	No
	If "Yes," explain the arrangement i	n Part XIII. C	neck ne	re if the ex	xpianation	nas been	provided	on Part XIII		
Pa	rt V Endowment Funds. Complete if the organiza	ation anewo	rad "Vas	e" on For	m 000 E	Part I\/ lin	10 م			
	Complete if the organiza	(a) Current		(b) Prio		(c) Two ye		(d) Three years back	(e) Four year	c back
		(a) Current	. year	(b) F110	yeai	(c) 1 wo ye	Zais back	(u) Three years back	(e) Four year	S Dack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
_	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	·			(1) 4		\\			
2 a	Provide the estimated percentage Board designated or quasi-endown			nd balance %	e (line 1g,	column (a)) neid as	:		
b	Permanent endowment	%		. 70						
	Temporarily restricted endowment		%							
·	The percentages on lines 2a, 2b, a			00%						
3a	Are there endowment funds not in				ation that	are held a	ınd admir	nistered for the		
-	organization by:	р 0 0 0 0 0 0		o o. ga <u>-</u> o		a. o			Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relate								3b	
4	Describe in Part XIII the intended u	uses of the c	rganizati	ion's endo	wment fur	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ujpment.	1 113 7		000	5 (N (P	4.4	. F P	() () (
	Description of property	ation answe	ered "Ye a) Costoro	s" on For		Part IV, III or other basis			art X, line 19 d) Book value	υ
	Description of property		(investn	nent)		ther)		eciation	a) book value	
1 a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment					10,448	·	5,915.	4,	533.
	Other						1			
Tota	I. Add lines 1a through 1e. (Column	(d) must eq	ual Form	990, Part	X, columi	n (B), line	10c.)	▶	4,	533.

Schedule D (Form 990) 2018 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answer	ered "Yes" on Form 990) Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on:
(1) Financi	ial derivatives			
	y-held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII				
	Complete if the organization answer	ered "Yes" on Form 990	0, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat	
			Cost or end-of-year mark	et value
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets. Complete if the organization answer	ered "Yes" on Form 990	0, Part IV, line 11d. See Form 990,	Part X, line 15.
) Description		(b) Book value
	TALIZED FILM COSTS			126,962
(2) SECU	RITY DEPOSIT			6,399
(3)				
_(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col.	(B) line 15.)	<u></u>	133,361
Part X	Other Liabilities. Complete if the organization answer	ered "Yes" on Form 99	0, Part IV, line 11e or 11f. See Forr	m 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book val	ue	
	ral income taxes			
(2) ACCR	UED LIABILITIES	19,	129.	
(3) INVE	STMENT IN ONE WAY UP			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line	25.) ▶ 19,	129.	
	or uncertain tax positions. In Part XIII provide	, .		norte the

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SHINE GLOBAL INC.

Schedule D (Form 990) 2018 Page 4 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. 669,954. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2c c Recoveries of prior year grants............ 51,939 Other (Describe in Part XIII.) 51,939. 618,015. 3 3 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 4b **b** Other (Describe in Part XIII.) 4c Add lines 4a and 4b 618,015. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 600,625. 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2a 2b 2c c Other losses...... 51,939 Other (Describe in Part XIII.) 51,939. 2e 548,686. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b..... **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 548,686. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). . . . 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. FORM 990 LINE 11 RECLASSIFICATION RENTAL EXPENSE REIMBURSEMENT IN THE AMOUNT OF \$51,939.

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 Schedule D (Form 990) 2018
 SHINE GLOBAL INC.
 20-3476559
 Page 5

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

d

In-person solicitations

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number SHINE GLOBAL INC. 20-3476559 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g

or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(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
			Yes	No			
1			163	140			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				>			
3	List all states in which the organiza registration or licensing.	tion is registered o	r licensec	to solicit	contributions or	has been notified	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2018

Page 2

SHINE GLOBAL INC.

Schedule G (Form 990 or 990-EZ) 2018

Pa	rt I	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts greaters.	aising event contributi			
		<u> </u>	(a) Event #1 AUCTION/SPECIAL	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	182,386.		0.	182,386
Œ	2 3	Less: Contributions Gross income (line 1 minus	100 206		0	100 206
	4	Line 2) Cash prizes			0.	182,386
		Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	40,482.			40,482
	11	Direct expense summary. Add lin Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u> </u>	40,482
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "` le 6a.	Yes" on Form 990, F	Part IV, line 19, or	reported more than
Revenue		· -,,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 8	l	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state		Yes No
10a		Were any of the organization's gaming				Yes No
		· · -				

SHINE GLOBAL INC.

Sched	dule G (Form 990 or 990-EZ) 2018	Page 3
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?	No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	
	Address ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	No
b		
	amount of gaming revenue retained by the third party ▶ \$	
С		
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		
	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 ▶ \$	
Par	Supplemental Information. Provide the explanation 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 (Form 990 or 990-EZ) 2018

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 20-3476559

Name of the organization SHINE GLOBAL INC.

FORM 990; PART VI; SECTION B; LINA 11A

FORM 990 IS PREPARED BY CPA FIRM AND REVIEWED INFORMALLY BY GOVERNING

BODY FOR ANY IRREGULARITIES AGAINST BOOKS AND RECORDS OF ORGANIZATION.

FORM 990; PART VI; SECTION C; LINA 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990; PART VI; SECTION B; LINA 15A/15B N/A

FORM 990; PART VI; SECTION B; LINE 12C

ORGANIZATION CIRCULATES A COMPLETE LIST OF DONARS AND VENDORS TO EACH
BOARD MEMBER. THE BOARD MEMBERS SIGN POLICY INDICATING THERE ARE NO

CONFLICTS OF INTEREST.

FORM 990; PART VI; SECTION A; LINA 2 SUSAN MACLAURY, ALBIE HECHT & KAY SARLIN WRIGHT

FAMILY RELATIONSHIP

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CREATING, DEVELOPING, SUPPORTING, FUNDING, PRODUCING AND
DISTRIBUTING, TO THE PUBLIC, FILMS & MEDIA CONCERNING THE PLIGHT OF
NEEDY INDIVIDUALS, PRINCIPALLY CHILDREN AND THEIR FAMILIES, THE
ADVERSE IMPACT ON THEIR PHYSICAL, EMOTIONAL AND SOCIAL WELL BEING

Name of the organization Employer identification number

SHINE GLOBAL INC. 20-3476559

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CAUSED BY MAN MADE CONDITIONS, DISASTERS AND EVENTS, SUCH AS POVERTY, FAMINE, DISEASE, SEVERE WEATHER AND ARMED CONFLICT. THE GOAL IS TO INSPIRE THE INTERNATIONAL COMMUNITY TO DEVOTE GREATER RESOURCES TO MITIGATING THEIR PLIGHT AND IMPROVE THEIR LIVING CONDITIONS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization

SHINE GLOBAL INC.

Employer identification number 20-3476559

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if app	olicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) INOCENTE FILM LLC	45-3008238					
350 W 42ND ST;APT 41G	NEW YORK, NY 10036	FILM PRODUCT	NY	0.	0.	SHINE GLOBAL
(2) DAUGHTERS OF THE HILLS LLC	80-0948263					
350 W 42ND ST;APT 41G	NEW YORK, NY 10036	FILM PRODUCT	NY	0.	0.	SHINE GLOBAL
(3) WAR DANCE VENT. LLC	26-0886433					
350 W 42ND ST;APT 41G	NEW YORK, NY 10019	FILMDISTRIBUT	NY	0.	0.	SHINE GLOBAL
(4) VIRTUALLY FREE LLC	61-1846240					
350 W 42ND ST;APT 41G	NEW YORK, NY 10036	FILM PRODUCT	NY	0.	0.	N/A
(5) ELECTION EFFECT LLC	61-1816836					
350 W 42ND ST;APT 41G	NEW YORK, NY 10036	FILM PRODUCT	NY	0.	0.	SHINE GLOBAL
(6) ONE WAY UP LLC	61-1710911					
350 W 42ND ST; APT 41G	NEW YORK, NY 10036	FILMDISTRIBUT	NY	0.	0.	SHINE GLOBAL

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	g) 512(b)(13) rolled ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization
SHINE GLOBAL INC.

Employer identification number 20-3476559

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Name, address, and EIN	(a) (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SOD FILM LLC	47-4472998					
350 W 42ND ST; APT 41G	NEW YORK, NY 10036	FILMDISTRIBUT	NY	0.	0.	SHINE GLOBAL
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	g) 512(b)(13) rolled ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018 Page **2**

Part III	Identification of Relati because it had one or	•				•	inswered "Yes'	on Form	990, Part IV,	line 34,	
Nar	(a) ne. address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant	(f) Share of total	(g) Share of end-of-	(h)	(i) Code V - UBI	(j) General or	(Perce

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		Disproportionate		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	ij) eral or aging tner?	(k) Percentage ownership
		oounity)		,			Yes	No		Yes	No																	
(1)																												
(2)																												
(3)																												
(4)																												
(5)																												
(6)																												
(7)																												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1 controlle entity?
<u>(1)</u>								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule P (Form 990) 2018

Schedule R	(Form 990) 2018
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				١	Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
b	Gift, grant, or capital contribution to related organization(s)				1b		
	Gift, grant, or capital contribution from related organization(s)				1c		
	Loans or loan guarantees to or for related organization(s)				1d		
	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		
g	Sale of assets to related organization(s)				1g		
h	Purchase of assets from related organization(s)				1h		
i	Exchange of assets with related organization(s)				1i		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
0	Sharing of paid employees with related organization(s)				10		
р	Reimbursement paid to related organization(s) for expenses				1p		
	Reimbursement paid by related organization(s) for expenses				1q		
	Other transfer of cash or property to related organization(s)				1r		
S	Other transfer of cash or property from related organization(s)		<u> </u>		1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete to	his line, including cove	ered relationships and transa	action thres	holds		
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method o	(d)	minin	a
	Name of folded organization	type (a-s)	Amount involved		nt invol		3
(4)	TNOODNEE BILM II C			7 CITTA T			
(1)	INOCENTE FILM LLC	0		ACTUAL			
(2)	WAR DANCE LLC	0		ACTUAL			
(2)	WAR DANCE LLC	0		ACTUAL			
(2)	DAUGHTERS OF THE HILLS LLC	0		ACTUAL			
(3)	DAUGHTERS OF THE HILLS LLC	0		ACTUAL			
(4)	SOD FILM LLC	0		ACTUAL			
(4)	DOD LIBN DDC			ACTUAL			
(5)	ONE WAY UP LLC	0		ACTUAL			
(3)	OTT 11.11 OT DDC			ACTUAL			
(6)	VIRTUALLY FREE LLC	0		ACTUAL			

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Schedule R (Form 990) 2018

Page 3

20-3476559 SHINE GLOBAL INC.

Sched	ule R (Form 990) 2018				Page 3
Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.		
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_	Yes No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a
b	Gift, grant, or capital contribution to related organization(s)				1b
С	Gift, grant, or capital contribution from related organization(s)				1c
d	Loans or loan guarantees to or for related organization(s)				1d
	Loans or loan guarantees by related organization(s)				1e
f	Dividends from related organization(s)				1f
g	Sale of assets to related organization(s)				1g
h	Purchase of assets from related organization(s)				1h
i	Exchange of assets with related organization(s)				1i
j	Lease of facilities, equipment, or other assets to related organization(s)				1j
k	Lease of facilities, equipment, or other assets from related organization(s)				1k
I	Performance of services or membership or fundraising solicitations for related organization(s)				11
m	Performance of services or membership or fundraising solicitations by related organization(s)				1 m
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n
	Sharing of paid employees with related organization(s)				10
р	Reimbursement paid to related organization(s) for expenses			[1p
q	Reimbursement paid by related organization(s) for expenses			[1q
-					
r	Other transfer of cash or property to related organization(s)			[1r
s	Other transfer of cash or property from related organization(s)				1s
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	ered relationships and transa	action thres	holds.
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of	(d) f determining at involved
(1)	ELECTION EFFECT LLC	0		ACTUAL	
(2)					
(3)					
(4)					
`''					
(5)					

Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
			sections 512-514)	Yes				Yes	No		Yes	No	
(1)	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2018

Page 4

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

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

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER EQUIPMENT	04/09/2007	1,786.	100.000	240.0	rtoudottori	1,786.	1,786.	1,786.	SL		5.000	Olass	0.000	<i></i>	doprodiation
COMPUTER EQUIPMENT	12/30/2007	649.	100.000			649.	649.	649.	SL		5.000				
FILM EQUIPMENT	05/08/2008	730.	100.000			730.	730.	730.	SL		5.000				
COMPUTER EQUIPMENT	10/05/2016	1,221.	100.000			1,221.	305.	549.	SL		5.000				244.
COMPUTER EQUIPMENT	10/05/2016	3,824.	100.000			3,824.	957.	1,722.	SL		5.000				765.
ELECTRONIC EQUIP	04/01/2017	631.	100.000			631.	95.	221.	SL		5.000				126.
FURNITURE	04/01/2017	887.	100.000			887.	95.	222.	SL		7.000				127.
COMPUTER EQUIPMENT	09/28/2018	720.	100.000			720.		36.	SL		5.000				36.
Less: Retired Assets Subtotals Listed Property		10,448.				10,448.	4,617.	5,915.							1,298.
·															
Less: Retired Assets									1				•		
Subtotals		10,448.				10,448.	4,617.	5,915.							1,298.
AMORTIZATION		10,110.			I.	10,110.	1,027.	3,713.							1,250.
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life					Current-year amortization
TOTALS															

*Assets Retired

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1MQ3UW 7012 7/29/2019 4:14:37 PM V 18-6F 51957 PAGE 45