SHINE GLOBAL INC.

INCOME TAX RETURNS



Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

2019
Open to Public Inspection

AF	or the	2019 calendar year, or tax year beginning and	a enaing		
B c	heck if pplicable:	C Name of organization		D Employer identifi	cation number
	Address change	SHINE GLOBAL INC.]	
	Name change	Doing business as		**-***65	59
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/ termin-	350 WEST 42ND STREET	41G	646 535	
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	399,983.
	_return ☐Applica-	NEW TORK, NI 10036		H(a) Is this a group re	
	tion pending	F Name and address of principal officer: SUSAN MACLAURY		for subordinates	
		5/0 PARK STREET, MONTCLAIR, NJ 0/043		H(b) Are all subordinates in	
		npt status: X 501(c)(3)	or 527	∃ ′	list. (see instructions)
		: WWW.SHINEGLOBAL.ORG	1	H(c) Group exemption	
		rganization: X Corporation	L Year	of formation: 2005	M State of legal domicile: DE
ГС		-	ODCANIT	ZAMTON TO D	
ė		riefly describe the organization's mission or most significant activities: <u>THE</u> SIVING A VOICE TO CHILDREN & THEIR FAMILI			
au					
/err	l	theck this box if the organization discontinued its operations or disposition of voting members of the governing body (Part VI, line 1a)			16
é	ı	umber of independent voting members of the governing body (Part VI, line 1a)			15
∞ ′°		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			3
ities		otal number of volunteers (estimate if necessary)			15
Activities & Governance		otal unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		et unrelated business taxable income from Form 990-T, line 39			0.
		,		Prior Year	Current Year
40	8 C	ontributions and grants (Part VIII, line 1h)		571,181.	211,314.
nue	l	rogram service revenue (Part VIII, line 2g)		46,834.	8,190.
Revenue	10 Ir	estment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	123,204.
	l	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		618,015.	342,708.
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		183,070.	135,824.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b⊤	otal fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	'' C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		365,616.	
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		548,686.	265,171.
	19 R	evenue less expenses. Subtract line 18 from line 12		69,329.	77,537.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sset 3ala	20 T	otal assets (Part X, line 16)		335,068.	407,605.
et A	21 T	otal liabilities (Part X, line 26)		39,480.	34,480.
Z _i	22 N	let assets or fund balances. Subtract line 21 from line 20		295,588.	373,125.
		ies of perjury, I declare that I have examined this return, including accompanying schedule	ac and etatem	ante and to the heet of m	/ knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of w			kilowiedye alid bellel, it is
uu,	correct,	and complete. Decidation of property (office than officer) is based on an information of w	mich proparci	11/11/20)
Sigr	,	Signature of officer		Date	,
Her		SUSAN MACLAURY, EXECUTIVE DIRECTOR			
	Ŭ	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		CICHARD KOENIGSBERG		if self-emplo	P00300383
Prep		Firm's name ▶ SPIELMAN KOENIGSBERG & PARKER LI	LP	Firm's EIN ▶	**-***7751
Use		Firm's address 1675 BROADWAY, 20TH FLOOR			
	[NEW YORK, NY 10019		Phone no. (2	12) 453-2500
May	the IRS	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	CREATING, DEVELOPING, SUPPORTING, FUNDING, PRODUCING AND DISTRIBUT	ING,
	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 CAUSED B	<u>Y</u>
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	res X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res X No
4		200
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense:	
	revenue, if any, for each program service reported.	s, and
 4а		6,191.)
ча	CREATING, DEVELOPING, SUPPORTING, FUNDING, PRODUCING AND DISTRIBUT	
	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 CAUSED B	Y 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	
	PLIGHT AND IMPROVE THEIR LIVING CONDITIONS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$	
40	(Code:) (Expenses \$ including grants or \$) (Revenue \$)	,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 176,277.	
	For	m 990 (2019)

Form 990 (2019) SHINE GLOBAL INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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	446		x
1 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15		4.5		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		 ^ `
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-	complete Schedule G, Part III	20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		 ^`
р 31	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	<u> </u>	_ 41

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Form 990 (2		
Part IV	Checklist of Required Schedules	(continued)

	· (outlineday)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
24a	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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		—
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	•	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		<u> </u>
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ا
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	1
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· u	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Contour Contains a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8		.03	.,,,
b		1		
c				
	(gambling) winnings to prize winners?	1c	Х	

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Form	990 (2019) SHINE GLOBAL INC.		**-***6	559	Þ	age 5			
Pai				000		age •			
	. (continued)				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1				1,0			
	filed for the calendar year ending with or within the year covered by this return	2a	3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction								
За				За		Х			
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accour	t)?	4a		X			
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 A	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	nization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		•						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).				X				
а									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					l			
	to file Form 8282?	1	 I	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				1,,			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		├			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	Э						
_				8					
9	Sponsoring organizations maintaining donor advised funds.								
a				9a		├─			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	- مد ا	I						
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a							
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	114							
D	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a					
ıza	Coulon 10 11 (a), in the charitable trades in the organization ming 1 of the 300 in fled of 1 of the			Liza	1				

_____15 X

14a

14b

13a

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a Is the organization licensed to issue qualified health plans in more than one state?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

14a Did the organization receive any payments for indoor tanning services during the tax year?

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 the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(29) qualified nonprofit health insurance issuers.

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

X

Х

Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonup CA , NJ , NYSection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2019)

SPIELMAN KOENIGSBERG - 212-453-2500 & PARKER 1675 BROADWAY, 20TH FLOOR NEW,

YORK.

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

hours for related organizations organization (W-2/1099-MISC) from the hours for related organizations organizations organizations organization (W-2/1099-MISC) organization organizations and related organizations organizations organizations organization organization (W-2/1099-MISC) organization organizat	(A) Name and title	(B) Average hours per week	box	not cl , unles cer an	Pos heck i ss per	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
BOARD MEMBER		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		compensation from the organization and related organizations
COLOR COLO									0	0	0
DOARD MEMBER D.O.O. X			Λ	\vdash						0.	<u>_</u>
(3) DON MELNICK			×						n	n	0
DOARD MEMBER			25						•	•	
(4) WILLIAM MACARTHUR			x						0.	0.	0
BOARD TREASURER	(4) WILLIAM MACARTHUR		 								
STATE Color Colo	BOARD TREASURER		Х		х				0.	0.	0
G	(5) DARIO SPINA										
BOARD MEMBER	BOARD MEMBER	0.00	Х						0.	0.	0
(7) KAY SARLIN WRIGHT	(6) MARILYN DELUCA	0.00									
BOARD MEMBER O.00 X O. O.	BOARD MEMBER	0.00	Х						0.	0.	0
(8) AL CATTABIANI	(7) KAY SARLIN WRIGHT										
BOARD MEMBER	BOARD MEMBER		X						0.	0.	0
(9) ADRIENNE LOPEZ 0.00 X 0.00 0.00 BOARD MEMBER 0.00 X 0.00 0.00 BOARD MEMBER 0.00 X 0.00 0.00 EXEC DIR/BRD MEMBER 35.00 X X 7,692. 0.00 EXEC DIR/BRD MEMBER 0.00 X X 0.00 0.00 BOARD SECRETARY 0.00 X X 0.00 0.00 BOARD MEMBER 0.00 X 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00			l								
BOARD MEMBER			X						0.	0.	0
10 ALBIE HECHT			l								
BOARD MEMBER			X						0.	0.	0
(11) SUSAN MACLAURY 35.00			. ,							_	_
EXEC DIR/BRD MEMBER 35.00 X X 7,692. 0.00			A						0.	0.	0
Color			~		~				7 602	_	0
BOARD SECRETARY 0.00 X X			^		^				1,032.	0.	0
(13) REGAN MCCARTHY			v		v				n	0	0
BOARD MEMBER 0.00 X 0			22		22				•	0.	
(14) ANNE PROST			x						0.	0.	0
BOARD CHAIR 0.00 X X 0.00 (15) GAIL KHOSLA 0.00 X 0.00 X BOARD MEMBER 0.00 X 0.00 X (16) ALEXANDRA BLANEY 40.00											
(15) GAIL KHOSLA			x		х				0.	0.	0
BOARD MEMBER 0.00 X 0. 0. (16) ALEXANDRA BLANEY 40.00											
	BOARD MEMBER		X			L	L	L	0.	0.	0
CFO 40.00 X 70,000. 0.	(16) ALEXANDRA BLANEY										
	CFO	40.00			Х				70,000.	0.	0
											- 000 /0

Form 990 (2019)

-*6559

ı aı	Section A. Officers, Directors, Trus		oloy	ees,	anc	Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B) (C) Average Position							(D)	(E)			(F)	_
	Name and title	Average hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation	Estimated amount of			
		week					or/trus		from	from related			other	Oi
		(list any	ector						the	organizations			pensa	
		hours for related	or dir	ee			ated		organization	(W-2/1099-MISC)		om th	
		organizations	trustee	al trust		ee/	mpens		(W-2/1099-MISC)			_	anizat d relat	
		below	Individual trustee or director	Institutional trustee	je.	Key employee	Highest compensated employee	Jer.					ınizati	
		line)	Indi	Insti	Officer	Key	High	Former			\perp			
			-											
											\dashv			
			1											
											\neg			
							_				\dashv			
			-											
							\vdash				\dashv			
			1											
											\top			
											_			
			-											
	Subtotal						<u> </u>		77,692.		0.			0.
	Subtotal Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								77,692.		0.			0.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer	•		•		•		_	• •	•				Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		Λ
7	and related organizations greater than \$150	•		•					•	•		4		х
5	Did any person listed on line 1a receive or a	,		•								·		
	rendered to the organization? If "Yes." con											5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										nsatio	on fro	m	
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.				
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	Со	(C mper	' <i>)</i> nsatio	n
					_				·					
2	Total number of independent contractors (i		ot lin	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation >				()						000	
											F	orm	99U (2019)

Form 990 (2019) SHINE G
Part VIII Statement of Revenue

			Check if Schedule O contain	s a response o	or note to any lin	e in this Part VIII			
					, ,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S S			Fundraising events						
fts,			Related organizations						
ية إق									
ons,			Government grants (contributions						
utic		T	All other contributions, gifts, grants,		211 211				
ë			similar amounts not included above		211,314.				
o d		-	Noncash contributions included in lines 1a-1			211,314.			
Oa		n	Total. Add lines 1a-1f		Business Code	211,314.			
	_		TTORNOR REEC			6 101	6 101		
<u>ic</u> e			LICENSE FEES		900099	6,191.	6,191.		
er Je			MISCELLANEOUS		900099	1,999.	1,999.		
n S		С							
Jrar 3e∖		d							
Program Service Revenue		е							
			All other program service revenue			0 100			
		g	Total. Add lines 2a-2f			8,190.			
	3		Investment income (including div						
			other similar amounts)						
	4		Income from investment of tax-ex						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ine			and sales expenses 7b						
Ver		С	Gain or (loss) 7c						
Re		d	Net gain or (loss)						
her Revenue	8	а	Gross income from fundraising event	s (not					
₽			including \$	of					
			contributions reported on line 1c						
			Part IV, line 18		180,479.				
		b	Less: direct expenses	8b	57,275.				
		С	Net income or (loss) from fundrai	sing events	>	123,204.			123,204.
	9	а	Gross income from gaming activi	ties. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming	activities	>				
	10	а	Gross sales of inventory, less reto	urns					
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales o						
,					Business Code				
ous •	11	а							
ane		b							
Miscellaneous Revenue		С							
Aisc		d	All other revenue						
2			Total. Add lines 11a-11d		>				
	12		Total revenue. See instructions			342,708.	8,190.	0.	123,204.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 77,692. 58,269. 19,423. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 43,500. 32,625. 10,875. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,827. 3,620. 1,207. Other employee benefits 9 9,805. 7,354. 2,451. 10 Payroll taxes Fees for services (nonemployees): Management 8,297. 1,659. 6,638. Legal 16,000. 3,200. 12,800. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 9,199. 9,199. Advertising and promotion 12 11,193. 8,395. 2,798. Office expenses 13 Information technology 14 15 Royalties 14,202. 4,734. 18,936. 16 Occupancy 9,914. 7,436. 2,478. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,406. 1,406. Depreciation, depletion, and amortization 22 3,861. 3,861. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 14,227. 14,227. DISTRIBUTION OUTSIDE SERVICES 12,280. 9,210. 3,070. 6,096. FILM FESTIVALS & CONFER 6,096. 5,288. 5,288. UTILITIES 785. 12,650. 11,865. All other expenses 265,171. 176,277. 88,894. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			193,629.	1	223,717.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3,545.	3	0.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial co	ontributor, or 35%			
		controlled entity or family member of any of	hese perso	nsL		5	
	6	Loans and other receivables from other disqu	ualified pers	ons (as defined			
		under section 4958(f)(1)), and persons descri	bed in secti	on 4958(c)(3)(B) L		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Donate Salar and the salar				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	10,448. 7,321.			
	b	Less: accumulated depreciation	10b	7,321.	4,533.	10c	3,127
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	133,361.		180,761		
	16	Total assets. Add lines 1 through 15 (must e			335,068.		407,605
	17	Accounts payable and accrued expenses			20,351.	17	15,818.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
iab.		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X	10 100		10 660
		of Schedule D		·····	19,129.	25	18,662.
	26	Total liabilities. Add lines 17 through 25	· · · ·	▶ ▼	39,480.	26	34,480.
ý		Organizations that follow FASB ASC 958,	cneck nere				
nce		and complete lines 27, 28, 32, and 33.			253,978.	07	296,349.
ala	27				41,610.	27	76,776.
d B	28	Net assets with donor restrictions			41,010•	28	70,770.
-un		Organizations that do not follow FASB AS					
or F	200	and complete lines 29 through 33.	1		20		
ets	29	Capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, o			29		
Net Assets or Fund Balances	30			Г		30 31	
et /	31 32	Retained earnings, endowment, accumulated Total net assets or fund balances			295,588.	32	373,125.
Ž		Total liabilities and net assets/fund balances			335,068.	33	407,605.
	33	Total liabilities and het assets/fund balances			333,000.	JJ	Form 990 (2010

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities	1 2 3 4 5 6 7	34 26 7	2,7 5,1 7,5 5,5	71. 37.		
8	Investment expenses Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37	3,1	25.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	 O.		Yes	No		
2a	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a	2a	X			
L	Separate basis X Consolidated basis Both consolidated and separate basis		2b		Х		
	b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
С	, , , , , , , , , , , , , , , , , , , ,	•					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?	-	3a		х		
þ	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	ed audit	Ja				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2019)		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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

2019

Open to Public Inspection

Name of the organization

SHINE GLOBAL INC.

Employer identification number

D -			F GHODAH TI					
Ра	rt I	Reason for Public C	charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
Γhe	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	·					•
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C		,		, ,		
6		A federal, state, or local gov		nental unit described in	section 17	70/h)/1)/A)	(v)	
7	H	An organization that normal	-					public described in
•	ш	-	-	iliai part of its support ii	om a gove	en in i c nitai	unit or norm the general p	public described in
		section 170(b)(1)(A)(vi). (Co	•	4VAVvi) (Complete Dor	+ 11 \			
8	H	A community trust describe						
9	Ш	An agricultural research org				-	-	•
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	eor
	77	university:						
10	X	An organization that normal						
		activities related to its exem		• •	٠,,		• •	•
		income and unrelated busing	ess taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)					
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must c	omplete Part IV, Se	ctions A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	ving .
		control or management of	· ·					-
		organization(s). You mus					3	
С		Type III functionally inte			in connect	ion with.	and functionally integrate	ed with
•		its supported organization					• •	,
d		Type III non-functionally						zation(s)
ŭ		that is not functionally into					• • • • • • • • • • • • • • • • • • • •	* *
		requirement (see instructi	-		•		•	Veness
_		Check this box if the orga	•					
е							Type I, Type II, Type III	
	- Cnto	functionally integrated, or		ially integrated supporting	ng organiz	ation.		
-		r the number of supported o						
g		ide the following information Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(-7	(described on lines 1-10	in your governi	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	163	140		
					 			
					-			

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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.						
	ction B. Total Support			•			•
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
	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						
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	p here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2018. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop I	here. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s >
						dule A (Form 990	

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

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not									
	include any "unusual grants.")	480,975.	583,120.	473,209.	608,118.	334,518.	2479940.			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15,681.	10,176.	435,606.	46,829.	8,190.	516,482.			
3	Gross receipts from activities that		-		-	-				
	are not an unrelated trade or business under section 513									
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	496,656.	593,296.	908,815.	654,947.	342,708.	2996422.			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.			
,	Add lines 7a and 7b						0.			
	Public support. (Subtract line 7c from line 6.)						2996422.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Amounts from line 6	496,656.	593,296.	908,815.	654,947.	342,708.	2996422.			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)									
13	Total support. (Add lines 9, 10c, 11, and 12.)	496,656.	593,296.	908,815.	654,947.	342,708.	2996422.			
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,			
							>			
	ction C. Computation of Publi	• • •								
15	Public support percentage for 2019 (I	ine 8, column (f), di	ivided by line 13, c	olumn (f))			100.00 %			
	16 Public support percentage from 2018 Schedule A, Part III, line 15 100.00 %									
	ction D. Computation of Inves		<u>-</u>							
17	Investment income percentage for 20)19 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.00 %			
18	Investment income percentage from					18	%			
19a	33 1/3% support tests - 2019. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17				
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the		-	•	• •		▶ X			
	line 18 is not more than 33 1/3%, che	ck this box and ste	op here. The orga	nization qualifies a	s a publicly suppo	rted organization				
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see inst	tructions				

Van Na

Part IV | Supporting Organizations

(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

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

	162	NO
1		
2		
_		
3a		
3b		
20		
3c		
4a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
7		
•		
8		
9a		
9b		
9с		
30		
10a		
10b		

Par	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)			
	below, the governing body of a supported organization?	11a		
b		11b		
	· · · · · · · · · · · · · · · · · · ·	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the diverters twisters as membership of any as more supported associations have the names to		163	140
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.	2		
Sec	tion 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			
	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		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		163	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		
Sec	tion 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 instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer (a) and (b) below.	7 (. 0 / . 0 / .	Yes	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	2a		
h	that these activities constituted substantially all of its activities.	Za		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Section	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 .	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b .	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	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		
	Multiply line 5 by .035.	6		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1 .	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	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-functional	ly integrated	d Type III supporting orga	nization (see
	instructions).	. •		,

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	}		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From				
d	From	2017			
е	From				
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2019, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2019. Subtract lines 3h			
	and 4				
	Part \				
7	Exces	ss distributions carryover to 2020. Add lines 3j			
	and 4	c.			
8	Break	down of line 7:			
а		s from 2015			
b	Exces	s from 2016			
С	Exces	s from 2017			
d	Exces	s from 2018			
		s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

SHINE GLOBAL INC.

Employer identification number **-***6559

Pa			imilar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets hel	d in donor advised f	unds
Ū	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footness.	ote to the organization's	financial statements	that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tres	euros or Otho	r Similar Assots
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.
			nue statement and h	palanaa ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			erance or public
h	service, provide in Part XIII the text of the footnote to its finan			noe shoot works of
D	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurthera	nce of public service,
	provide the following amounts relating to these items:			• \$
	(i) Revenue included on Form 990, Part VIII, line 1			. .
2		neuroe or other similar as		
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide
_	the following amounts required to be reported under FASB AS	~		•
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
IJ	ASSERT INCIDITED IN FULL BOOK FAIL A			🕶 🛡

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

Schedule D (Form 990) 2019

Par	t III	Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar	Assets	(continu	ıed)	
3	Using	the organization's acquisition, accession	n, and other record	s, check	any of the t	following that	t make sigr	nificant u	se of its	•	,	
	collec	tion items (check all that apply):										
а		Public exhibition	d		Loan or exc	hange progra	am					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Provid	de a description of the organization's coll	ections and explair	n how th	ey further th	ne organizatio	on's exemp	t purpos	e in Part	XIII.		
5	During	g the year, did the organization solicit or	receive donations o	of art, his	storical treas	sures, or othe	er similar a	ssets				
	to be	sold to raise funds rather than to be main	ntained as part of th	he organ	ization's co	llection?				Yes		No
Par	t IV	Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990	, Part IV, I	ine 9, or		
		reported an amount on Form 990, Part	X, line 21.									
1a	Is the	organization an agent, trustee, custodial	n or other intermed	iary for c	contribution	s or other as	sets not ind	cluded		_		_
	on Fo	rm 990, Part X?								Yes		No
b		s," explain the arrangement in Part XIII ar										
										Amount		
С	Begin	ning balance						1c				
d	Additi	ons during the year						1d				
е	Distrib	outions during the year						1e				
f	Endin	g balance						1f				
2a	Did th	e organization include an amount on For	m 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liability	?		Yes		No
b	If "Yes	s," explain the arrangement in Part XIII. C										
Par	<u>t V</u>	Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10					
			(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	I) Three y	ears back	(e) Four y	ears t	oack_
1a	Begin	ning of year balance										
b	Contr	ibutions										
		vestment earnings, gains, and losses										
d	Grant	s or scholarships										
е	Other	expenditures for facilities										
	and p	rograms										
f	Admir	nistrative expenses										
g	End o	f year balance										
2	Provid	de the estimated percentage of the curre	nt year end balance	e (line 1g	j, column (a)) held as:						
а	Board	l designated or quasi-endowment 🕨 _		_%								
b	Perma	anent endowment 🕨	%									
С	Term	endowment 🕨%	D									
	The p	ercentages on lines 2a, 2b, and 2c shoul	d equal 100%.									
За	Are th	ere endowment funds not in the possess	sion of the organiza	tion that	t are held ar	nd administer	red for the	organiza	tion	_		
	by:									`	/es	No
	(i) U	nrelated organizations								3a(i)	_	
	(ii) R	elated organizations								3a(ii)	_	
b	If "Yes	s" on line 3a(ii), are the related organizati	ons listed as requir	ed on So	chedule R?					3b		
4		ibe in Part XIII the intended uses of the c		wment f	unds.							
Par	t VI	Land, Buildings, and Equipme	ent.									
		Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, lir	ne 10.				
		Description of property	(a) Cost or o basis (investr			or other (other)		umulate eciation	d	(d) Book	value	·
1a	Land											
		ngs										
		hold improvements										
		ment	I		1	0,448.		7,32	21.	3	,12	27.
		ines 1a through 1e. (Column (d) must eq		X. colum	nn (B). line 1	0c.)			D	3	,12	27.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 SHINE GLOBA	L INC.	**	-***6559 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	1d Soo Form 900 Part V line 15	
	Description	Tu. See Form 990, Fart A, line 13.	(b) Book value
61 D T T T T T T T T T T T T T T T T T T	Description		174,362.
			6,399.
			0,333.
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			100 761
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)	>	180,761.
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	# N D
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			10.660
(2) ACCRUED LIABILITIES			18,662.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2019

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

18,662.

Par	t XI	Reconciliation of Revenue per Audited Financial Stat	tements With R	evenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total	revenue, gains, and other support per audited financial statements			1	403,268.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a			
b	Dona	ed services and use of facilities	2b			
С		veries of prior year grants				
d	Other	(Describe in Part XIII.)	2d	60,560.		
е	Add li	nes 2a through 2d			2e	60,560.
3		act line 2e from line 1			3	342,708.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			_
С	Add li	nes 4a and 4b			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.))		5	342,708.
Par	t XII	Reconciliation of Expenses per Audited Financial Sta		Expenses per F	keturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total	expenses and losses per audited financial statements			1	325,731.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а		ed services and use of facilities				
b	Prior	/ear adjustments				
С	Other	losses		60 560		
d		(Describe in Part XIII.)	2d	60,560.		60 560
е		nes 2a through 2d			2e	60,560.
3		act line 2e from line 1			3	265,171.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
а		ment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.)	4b			0
		nes 4a and 4b			4c	0.
5 Dar	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Supplemental Information.	8.)		5	265,171.
			1.5.187.11	101 5 11/15 4		
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part X, I	ine 2; Part XI,
iines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional informa	ation.		
ם ג כ	т 7	I, LINE 2D - OTHER ADJUSTMENTS:				
PAL	I V	I, DINE ZD - OTHER ADOUGHENTS:				
אים ס	TTT A T	INCOME				60,560.
KEN	IIAL	INCOME				00,300.
DΔE	ייי ע	II, LINE 2D - OTHER ADJUSTMENTS:				
LAI	L	II, DINE 2D OTHER ADOUGHMENTS.				
റ്റ	בסוזי	NCY COSTS				60,560.
000	,017	NCI CODID				00,500.

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

nternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization	Name of the organization SHINE GLOBAL INC. Employer identification number **-**6559							
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	. Form 990-E2	Z filers are not
	complete this part							
	 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations E Solicitation of non-government grants 							
	lions email solicitations				nment grants			
c Phone solici		g Special						
d In-person so	licitations							
		or oral agreement with any individual		-		tees, o		
• • •		art VII) or entity in connection with prividuals or entities (fundraisers) pursua			-	a fun	draiser is to b	
compensated at le			ant to	agreei	nents under which ti	ie iuiii	uraiser is to b	6
	•		····			(-3./	\	
(i) Name and addres or entity (fund		(ii) Activity	fundr have con contribu	ustody trol of	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total				•				
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	xempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·	
			(a) Event #1 AUCTION / SPEC IAL (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
une			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	180,479.			180,479.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	180,479.			180,479.
	4	Cash prizes				
	5	Noncash prizes				
ses						
Expen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ω	8	Entertainment				
	9	Other direct expenses				57,275. 57,275.
		Direct expense summary. Add lines 4 through			_	123,204.
Pa	rt I	Net income summary. Subtract line 10 from I Gaming. Complete if the organization		990 Part IV line 19 or i		123,204.
		\$15,000 on Form 990-EZ, line 6a.		,,		
4)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) birigo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
Rev	_	0				
	1_	Gross revenue				
es	2	Cash prizes				
kpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Δ	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
		•				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Fn	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re			/ear?	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 SHINE GLOBAL INC.		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	,,,
17	The the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name ▶		
	Name		
	Addison N		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	∟ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L 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 ▶ \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	t III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	SHINE GLOBAL	INC.	**-***6559	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
	тарыстыны те	(continued)			
-					
-					
-					
-					
-					

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

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

Inspection

OMB No. 1545-0047

Name of the organization

SHINE GLOBAL INC.

Employer identification number **-***6559

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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.
FORM 990, PART VI, SECTION A, LINE 2:
SUSAN MACLAURY & ALBIE HECHT ARE MARRIED COUPLE
SUSAN MACLAURY IS KAY WRIGHT'S MOTHER
FORM 990, PART VI, SECTION B, LINE 11B:
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 B, LINE 12C:
ORGANIZATION CIRCULATES A COMPLETE LIST OF DONORS AND VENDORS TO EACH BOARD
MEMBER. THE BOARD MEMBERS SIGN POLICY INDICATING THERE ARE NO CONFLICTS OF
INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
N/A
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST

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

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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 **2019**

Open to Public Inspection

Name of the organization	Employer identification number
SHINE GLOBAL INC.	**-***6559

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
INOCENTE FILM LLC - 45-3008238					
350 W 42ND ST; APT 41G					
NEW YORK, NY 10036	FILM PRODUCTION	NEW YORK	0.	0.	SHINE GLOBAL INC.
DAUGHTERS OF THE HILLS LLC - 80-0948263					
350 W 42ND ST;APT 41G					
NEW YORK, NY 10036	FILM PRODUCTION	NEW YORK	0.	0.	SHINE GLOBAL INC.
WAR DANCE VENTURES LLC - 26-0886433					
350 W 42ND ST; APT 41G					
NEW YORK, NY 10036	FILM DISTRIBUTION	NEW YORK	0.	0.	SHINE GLOBAL INC.
/IRTUALLY FREE LLC - 61-1846240					
350 W 42ND ST;APT 41G					
NEW YORK, NY 10036	FILM PRODUCTION	NEW YORK	0.	0.	SHINE GLOBAL INC.

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	(f) Direct controlling entity	Section 5 contr ent	
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2019

Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
ELECTION EFFECT LLC - 61-1816836					
350 W 42ND ST; APT 41G					
NEW YORK, NY 10036	FILM PRODUCTION	NEW YORK	0.	0.	SHINE GLOBAL INC.
ONE WAY UP LLC - 61-1710911					
350 W 42ND ST; APT 41G					
NEW YORK, NY 10036	FILM DISTRIBUTION	NEW YORK	0.	0.	SHINE GLOBAL INC.
SOD FILM LLC - 47-4472998					
350 W 42ND ST; APT 41G					
NEW YORK, NY 10036	FILM DISTRIBUTION	NEW YORK	0.	0.	SHINE GLOBAL INC.
			I	I	I

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity Legal domicile	Legal domicile Direct controlling Predominant income Share of total Share	Share of total income			ortionate	Code V-UBI	General	Percentage ownership		
of related organization		(state or foreign	entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income end-of-year assets			itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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		tion b)(13) rolled tity?
		country						Yes	No

1a

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

Yes No

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

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	
	Lease of facilities, equipment, or other assets from related organization(s)				1k	
	Performance of services or membership or fundraising solicitations for related organ				11	
	Performance of services or membership or fundraising solicitations by related organ				1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	
0	Sharing of paid employees with related organization(s)				10	
	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	
	· · · · · · · · · · · · · · ·				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on w	<u>rho must complete th</u>	is line, including covered r	elationships and transaction thresholds.		
	(a) Name of related organization	(b)	(c)	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount inv	olved	
		type (a-3)				
(1)						
(2)						
(0)						
(3)						
(4)						
(E)						
(5)						
(e)						
(6)	20.40.40	I		Cabadula	D /Fax	000) 0040
132163	09-10-19	39		Schedule	n (rorm	55 0) 2019

Page 4

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 sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040