SHINE GLOBAL INC.

INCOME TAX RETURN



Form 990

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.



AF	or th	e 2021 calendar year, or tax year beginning and	d ending		
B C	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	e SHINE GLOBAL INC.			
	Name chang	Doing business as		20-34765	59
	Initial		Room/suite	E Telephone number	
	 Final return		33B	646 535	
	termin		1	G Gross receipts \$	780,047.
	Amen	ded NEW YORK NY 10026		H(a) Is this a group re	
	Applie tion	F Name and address of principal officer: SUSAN MACLAURY		for subordinates	
	pendi	^{ng} 570 PARK STREET, MONTCLAIR, NJ 07043		H(b) Are all subordinates in	
ΙT	ax-ex	empt status: 🗴 501(c)(3) 🔲 501(c) ()◀ (insert no.) 🗌 4947(a)(1) or 📃 527	If "No," attach a	list. See instructions
		te: ▶ WWW.SHINEGLOBAL.ORG		H(c) Group exemptio	n number 🕨
KF	orm o	f organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	L Year	of formation: 2005	A State of legal domicile: DE
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities:			
Governance		GIVING A VOICE TO CHILDREN & THEIR FAMIL	IES BY	PROMOTING A	CTION.
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispo	osed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)			14
	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
es 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			3
Activities &	6	Total number of volunteers (estimate if necessary)		6	12
∖cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
-	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		442,432.	473,771.
nue	9	Program service revenue (Part VIII, line 2g)		217,612.	306,276.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,515.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		684,559.	780,047.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		130,963.	181,739.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25)			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		487,913.	598,819.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		618,876.	780,558.
	19	Revenue less expenses. Subtract line 18 from line 12		65,683.	-511.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		502,514.	480,388.
t As	21	Total liabilities (Part X, line 26)		63,706.	42,091.
		Net assets or fund balances. Subtract line 21 from line 20		438,808.	438,297.
	rt II	Signature Block			
	•	alties of perjury, I declare that I have examined this return, including accompanying schedul			knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich preparer	has any knowledge.	

	Ausannacdaury								
Sign	Signature of officer		Date						
Here		IVE DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	RICHARD KOENIGSBERG			self-employed P00300383					
Preparer	Firm's name SPIELMAN KOENIGS	BERG & PARKER LLP	Firm's	sEIN ▶ 13-3367751					
Use Only	IV Firm's address 1675 BROADWAY, 20TH FLOOR								
	NEW YORK, NY 100	19	Phone	eno.(212) 453-2500					
May the II	May the IRS discuss this return with the preparer shown above? See instructions								
				000					

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2021) SHINE GLOBAL INC.	20-3476559	Page 2
Par	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: <u>CREATING</u> , <u>DEVELOPING</u> , <u>SUPPORTING</u> , <u>FUNDING</u> , <u>PRODUCING</u> TO THE PUBLIC, FILMS & MEDIA CONCERNING THE PLIGHT OF		<u>,</u>
	INDIVIDUALS, PRINCIPALLY CHILDREN AND THEIR FAMILIES,		
	IMPACT ON THEIR PHYSICAL, EMOTIONAL AND SOCIAL WELL B		
2	Did the organization undertake any significant program services during the year which were not listed on		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program server If "Yes," describe these changes on Schedule O.	vices? Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.		
4a	(Code:)(Expenses \$ 471,460. including grants of \$) CREATING, DEVELOPING, SUPPORTING, FUNDING, PRODUCING	AND DISTRIBUTING	276.) 3,
	TO THE PUBLIC, FILMS & MEDIA CONCERNING THE PLIGHT OF INDIVIDUALS, PRINCIPALLY CHILDREN AND THEIR FAMILIES,		
	IMPACT ON THEIR PHYSICAL, EMOTIONAL AND SOCIAL WELL B		/ A NI
	MADE CONDITIONS, DISASTERS AND EVENTS, SUCH AS POVERI		
	DISEASE, SEVERE WEATHER AND ARMED CONFLICT. THE GOAL		
	INTERNATIONAL COMMUNITY TO DEVOTE GREATER RESOURCES T		
	PLIGHT AND IMPROVE THEIR LIVING CONDITIONS.	O MITIONING III	<u> </u>
	THIGHT MAD IMPROVE THEIR BIVING CONDITIOND:		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
			/
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 471,460.		
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Form	990	(2021)

Form 990 (2021) 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? See instructions	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
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			<u> </u>
10	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, VII, IX, or X,			
••	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI	110		<u> </u>
U		11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C		11c		x
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			- 23
u		11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
-		Tie	- 23	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		- 23
IZd		120	х	
h	Schedule D, Parts XI and XII	<u>12a</u>	- 23	
D		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
		14a		X
14a		144		- 23
U	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			
		14b		x
15	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			<u> </u>
15		15		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	1	<u> </u>
.,	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
10		18	Х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
19		19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20а ь		20a 20b		<u> </u>
р 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>~</u> I	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		x
	demode government of that it, column (v), inclusing tes, complete Schedule I, Paris Fand II	2 1		

132003 12-09-21

Form **990** (2021)

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Form	990	(2021)
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Form	SHINE GLOBAL INC. 20-3	3476559	P	age 4
	rt IV Checklist of Required Schedules (continued)	1,0000		age -
	. (ontinded)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<u> </u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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% control	led		
	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 the 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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			—
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dei	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-		1 2	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	13		
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	<u> </u>
132004	4 12-09-21	Form	1 990	(2021)

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				Yes	N
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			163	
	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 return	is?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac If "Yes," enter the name of the foreign country \blacktriangleright		4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
2	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the pavor?	7a	х	
			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s roquirod			
С			70		x
4	to file Form 8282?	7d	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	I	7-		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		A X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	<u>11a</u>			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	13b			
с	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
-	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	anv			
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	activities that would result in the imposition of an excise rax under section 4951 4952 or 4952 or				

	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			- 11
	The governing body?	8a	х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9			23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
PC	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		1 23
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	
^ -		10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
_	on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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	15a		
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA, NJ, NY			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only)	availal	ble
	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	l finano	cial	
9				
9	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			
_	State the name, address, and telephone number of the person who possesses the organization's books and records P			
_	State the name, address, and telephone number of the person who possesses the organization's books and records			
19 20 32006	State the name, address, and telephone number of the person who possesses the organization's books and records P	Form	1 990	(202

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

1a Enter the number of voting members of the governing body at the end of the tax year

Section A. Governing Body and Management

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Form 990 (2021)

18

20-3476559 Page 6

14

X

Yes No

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

1a

Form 990 (2021) SHINE GLOBAL INC.	20-3476559	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated						
Employees, and Independent Contractors							
Check if Schedule O contains a response or note to any line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.							

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do			ition) than o	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aad	Irecto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		/ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	utiona	_	mploy	st col	L.	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXANDRA BLANEY	40.00									
CFO	40.00			х				75,000.	0.	0.
(2) KEITH BROWN	0.00									
BOARD MEMBER		Х						0.	0.	0.
(3) ROBERT BAKER	0.00									
BOARD MEMBER		Х						0.	0.	0.
(4) WILLIAM MACARTHUR	0.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(5) DARIO SPINA	0.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MARILYN DELUCA	0.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KAY SARLIN WRIGHT	0.00									
BOARD MEMBER		Х						0.	0.	0.
(8) AL CATTABIANI	0.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ADRIENNE LOPEZ	0.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ALBIE HECHT	0.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(11) SUSAN MACLAURY	35.00									-
EXEC DIR/BRD MEMBER	35.00	Х		Х				0.	0.	0.
(12) ELLEN MADDREY	0.00									_
BOARD SECRETARY		Х		Х				0.	0.	0.
(13) GAIL KHOSLA	0.00									_
BOARD MEMBER		Х						0.	0.	0.
(14) MICHELLE GARZON	0.00									-
BOARD MEMBER		Х						0.	0.	0.
(15) HARSHADA JADHAV	0.00									-
BOARD MEMBER		Х						0.	0.	0.
										600 (0001)

7

132007 12-09-21

Form 990 (2021)

	990 (2021) SHINE GLO									20-34	1765	59	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	ge Position (do not check more the box, unless person is b					n an	(D) Reportable compensation from	(E) Reportable compensatio from related		am	(F) timate ount o other	
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga anc	pensa om the anizati I relate nizatio	e ion ed
1b	Subtotal	<u> </u>							75,000.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.75,000.		0.			0.
2	Total number of individuals (including but n compensation from the organization							o re	eceived more than \$100,	000 of reportable				0
													Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su				•	-		Ŭ	• •			3		х
4	For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										····	4		
Sec	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors	plete Schedule	e J fo	or st	ich r	oers	on .					5		X
1	Complete this table for your five highest con the organization. Report compensation for t		•							, 1	ensatio	on fro	m	
	(A) Name and business			ONE					(B) Description of s		Со	(C mper) Isatior	า
					-				· · · · · · · · · · · · · · · · · · ·					
								-						
2	Total number of independent contractors (ii	ncluding but pr	ot lin	niter	t ot	thos	e lie	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organiz	•				(-54			-	(990 (2	2004
											F	orm	,	∠u21)

132008 12-09-21

		Check if Schedule O	conta	ains a respons	e or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
សូ	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues							
Ū, Ū	с	Fundraising events							
ifts ar A	d								
s, G	е				30,487.				
Sis	f	All other contributions, gifts,			-				
her		similar amounts not included			443,284.				
Idti	q	Noncash contributions included in			59,666.				
Cor	h	Total. Add lines 1a-1f				473,771.			
					Business Code	·			
Ð	2 a	PRODUCTION			900099	274,859.	274,859.		
vic	b	LICENSE FEES			900099	28,868.	28,868.		
Sei	с	MISCELLANEOUS			900099	2,549.	2,549.		
am	d								
Program Service Revenue	е								
Pr	f	All other program service	rever	nue					
	g	Total. Add lines 2a-2f			>	306,276.			
	3	Investment income (includ	ding c	dividends, inte	erest, and				
		other similar amounts)			►				
	4	Income from investment of	of tax-	-exempt bond	proceeds				
	5	Royalties			>				
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses \dots	6b						
	С	Rental income or (loss)	6c						
		Net rental income or (loss)						
	7 a	Gross amount from sales of		(i) Securities	s (ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
nue		and sales expenses	7b						
eve		Gain or (loss)	7c						
her Revenue		Net gain or (loss)			▶				
	8 a	Gross income from fundraisi	ng eve	ents (not					
ō		including \$		of					
		contributions reported on							
		Part IV, line 18			Ba				
					Bb				
					P				
	9 a	Gross income from gamin							
	h	Part IV, line 19)a)b				
		Less: direct expenses							
		Gross sales of inventory, I			····· •				
	10 a	•			00				
	h	and allowances 10a Less: cost of goods sold 10b							
		Net income or (loss) from							
	U		54103	, or involtiony	Business Code				
sno	11 a								
nec	b								
ella Wet	c								
Miscellaneous Revenue	d	All other revenue							
Σ		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				780,047.	306,276.	0.	0.
13200	9 12-09								Form 990 (2021)

18151027 145685 00751957-000

9

2021.04030 SHINE GLOBAL INC.

Form 990 (2021) SHINE G
Part VIII Statement of Revenue SHINE GLOBAL INC.

Form 990 (GLOBA	
Part IX	Sta	tement	of Funct	ional	Expens	es

SHINE GLOBAL INC.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPCINCO	general expenses	CAPCINGES
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	75,000.	56,250.	18,750.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	85,327.	63,995.	21,332.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	_			
9	Other employee benefits	8,569.	7,284.	1,285.	
D	Payroll taxes	12,843.	10,917.	1,926.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal	5,000.		5,000.	
С	Accounting	25,000.	14,500.	5,000.	5,500
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	10 700	10 700		
2	Advertising and promotion	18,798.	18,798.	7 0 7 0	
3	Office expenses	7,870.		7,870.	
4	Information technology				
5	Royalties	16 090	3,218.	10 071	
6		16,089. 490.	5,210.	<u>12,871.</u> 490.	
7	Travel	490.		490.	
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0 1	Interest				
1 2	Payments to affiliates	1,152.	864.	288.	
		3,889.	0010	200.	3,889
3 4	Other expenses. Itemize expenses not covered	5,005.			5,005
•	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	FILM PRODUCTION COSTS	469,463.	272,289.	93,892.	103,282
b	FUNDRAISING	22,053.	16,540.	5,513.	
с	OUTSIDE SERVICES	8,420.	6,315.	2,105.	
d	CREDIT CARD FEES	6,952.		6,952.	
е	All other expenses	13,643.	490.	13,153.	
5	Total functional expenses. Add lines 1 through 24e	780,558.	471,460.	196,427.	112,671
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

132010 12-09-21

10 2021.04030 SHINE GLOBAL INC. Form 990 (2021)

1

2

Part X Balance Sheet

	3	Pledges and grants receivable, net			12,165.	3	15,031.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			0.	9	10,125.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>10,448.</u> 9,879.			
	b	Less: accumulated depreciation		9,879.	1,721.	10c	569.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			124,449.	15	73,389.
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	s)	502,514.	16	480,388.
	17	Accounts payable and accrued expenses			6,557.	17	11,090.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	E7 140		21 001
		of Schedule D			<u>57,149.</u> 63,706.	25	<u>31,001.</u> 42,091.
	26	Total liabilities. Add lines 17 through 25			03,700.	26	42,091.
s		Organizations that follow FASB ASC 958, che	ск nere				
nce	27	and complete lines 27, 28, 32, and 33.			436,189.	27	423,219.
Balances	27 28	Net assets without donor restrictions			2,619.	27	15,078.
	20	Organizations that do not follow FASB ASC 9			2,019.	20	13,070.
Fun		and complete lines 29 through 33.	Jo, chec				
Net Assets or Fund	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or eq			30		
Ass	31	Retained earnings, endowment, accumulated inc			31		
let.	32	Total net assets or fund balances			438,808.	32	438,297.
~	33			502,514.	33	480,388.	
		· · · · · · · · · · · · · · · · · · ·			-		Form 990 (2021)

SHINE GLOBAL INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

(B) End of year

381,274.

(A) Beginning of year

364,179.

1

2

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	1990 (2021) SHINE GLOBAL INC.	20-347	5559	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	780	,04	<u>17.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	780	-	
3	Revenue less expenses. Subtract line 2 from line 1	3		-51	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	438	,80	<u>)8.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	438	, 29	<u>97.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			,	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		
			Form	990	2021

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury

(Form 990)

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.

OMB No. 1545-0047
2021
Open to Public

Internal	Revenu	ue Service		Go to www.irs.gov	v/Form990 for instruction	ons and th	ne latest ir	nformation.		Ins	pection
Name	e of th	ne organizati									ation number
David		Deserve		E GLOBAL II						0-347	6559
Par					(All organizations must c			ee instructior	IS.		
					For lines 1 through 12, c						
1 L					on of churches described		on 170(b)(1	I)(A)(i).			
2 L					Attach Schedule E (Forn						
3 [anization described in se						
4 [ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospi	tal's name,
- [city, and state	-							. al 1.a	
5 [•		or the benefit of a co Complete Part II.)	llege or university owned	or operat	ed by a go	overnmental u	Init describe	ea in	
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 [An organizati	on that normal	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	he general p	oublic des	cribed in
		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9 [An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:									
10	X	An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross re	ceipts from
		activities relation	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross	investment
		income and u	Inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	fter June	30, 1975.
_		See section	509(a)(2). (Cor	mplete Part III.)							
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes	of one or
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the	box on
		lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	d 12g.		
а		Type I. A si	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the support	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting	
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	on(s), by hav	ring	
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted	
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
С			-		g organization operated				lly integrate	d with,	
		1	-). You must complete I						
d			-	• •	porting organization oper				° °	. ,	
			-		zation generally must sat	•			d an attentiv	reness	
		1			nplete Part IV, Sections						
е			•		written determination fro			Туре I, Туре	II, Type III		
					nally integrated supporti	ng organiz	ation.				
			of supported o	0							
g		Name of supp		about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Am	ount of other
	.,	organization		() =	(described on lines 1-10	in your governi Yes	ing document? No	support (see i			ee instructions)
		-			above (see instructions))	103					
Total											

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Schedule A	Form	990)	202
		000,	202

SHINE GLOBAL INC.

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

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

Se	ction A. Public Support			-			-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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							
	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)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
		(-) 0017	(1-) 0010	(=) 0010	(4) 0000	(-) 0001	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	Amounts from line 4 Gross income from interest,						
8	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	nns)			12	
	First 5 years. If the Form 990 is for th			fourth or fifth tax			
.0	organization, check this box and stop	0		,	,	()()	
See	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2021. If the c					nore, check this be	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check t	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	ganization did not				
	and if the organization meets the facts						
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported of	organization		
b	10% -facts-and-circumstances test	- 2020. If the orç	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, che	ck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 13, 16	<u>a, 16b, 17a, or 17</u>	b, check this box a	and see instructior	ıs ►
						Schedule A	(Form 990) 2021

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021

SHINE GLOBAL INC.

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

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

Section A. Public Support (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 473,209. 608,118. 334,518. 466,947. 443,284 2326076. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 217,612. 336,769. 1045011. 435,606. 46,834. 8,190. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 780,053. 908,815. 654,952. 342,708. 684,559. 3371087. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons 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 c Add lines 7a and 7b 0 3371087. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 908,815. 654,952. 780,053. 3371087. 342,708. 684,559. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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.) 908,815. 654,952. 342,708. 684,559. 780,053. 3371087. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 100.00 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 100.00 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .00 17 Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f)) % 17 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22 15

^{2021.04030} SHINE GLOBAL INC.

SHINE GLOBAL INC.

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Yes No

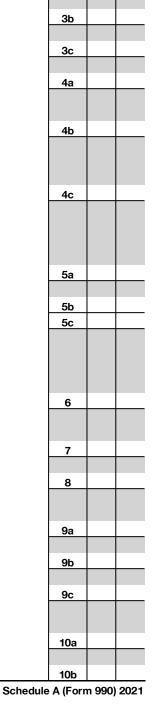
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

132024 01-04-21



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Part IV	Supporting C	Drganizations _{(co}	ntinued)	

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Yes No

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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 officers, 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 hanafit corriad out the purposes of the supported arganization(a) that anaroted		

roviding such benefit carried out the purposes of the supported organization(s) that operated. d or controlled the supporting organization

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Section C.	Type II Supp	porting Orga	nižations

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)

Section D	. All Type III	Supporting	Organizations

			Yes	No
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how you supported	a governmental entity (see instruction <u>s).</u>
---	--	---	---------------------------------------	---

17

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" provide details in Part VI.

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.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2021

132025 01-04-22

2021.04030 SHINE GLOBAL INC.

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Sche	dule A (Form 990) 2021 SHINE GLOBAL INC.		2	20-3476559 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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-function	ally integrate	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

19 2021.04030 SHINE GLOBAL INC.

SHINE GLOBAL INC.

Section D - Distributions **Current Year** 1 **1** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e

	line 7: \$		
а	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
с	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
C	Excess from 2019		
d	Excess from 2020		
е	Excess from 2021		

Schedule A (Form 990) 2021

g Applied to underdistributions of prior years h Applied to 2021 distributable amount

4 Distributions for 2021 from Section D,

i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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Schedule A		
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SHINE GLOBAL INC. 20-3476559 Page 8

Section D, lines 1, 2, 30, 30, 40, 40, 54, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, n E, lines 2, 5, and 6. Also complete this part for any additional information.
132028 01-04-22	Schedule A (Form 990) 2021
	20

	HEDULE D n 990)		al Financial Statements anization answered "Yes" on Form 990,		OMB No. 1545-0047
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10 ►	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990. 90 for instructions and the latest inform	2b.	Open to Public Inspection
-	e of the organizati				Employer identification number
	-	SHINE GLOBAL INC.			20-3476559
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acco	ounts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at er	nd of year			
2	Aggregate value of	f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4		t end of year			
5	-	on inform all donors and donor advisors in v	-		
_		on's property, subject to the organization's			
6	•	on inform all grantees, donors, and donor a	•••		
		ooses and not for the benefit of the donor o		•	
Par	impermissible priv	ate benefit? ation Easements. Complete if the org			Yes No
				Part IV, IIn	le 7.
1		servation easements held by the organization		f a hiatavia	
		n of land for public use (for example, recrea			ally important land area
		of natural habitat		i a certine	d historic structure
2		n of open space through 2d if the organization held a qualif	ied conservation contribution in the form	of a conse	protion essement on the last
2	day of the tax year	c c .			Held at the End of the Tax Year
а					2a
b					2b
c	-	vation easements on a certified historic stru		·····	2c
d		vation easements included in (c) acquired a			
-		nal Register			2d
3		vation easements modified, transferred, rel			ion during the tax
	year 🕨			-	-
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enf	orcement of the conservation easements it	holds?		Yes 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation e	easements during the year
	▶				
7		es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva-	tion easer	nents during the year
	▶\$				
8		vation easement reported on line 2(d) abov	, i i		
)(4)(B)(ii)?			
9		be how the organization reports conservation	-		
		d include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that o	describes the
Par	t III Organization's acc	ounting for conservation easements. ations Maintaining Collections of	Art Historical Treasures or Ot	her Sim	nilar Assets
		f the organization answered "Yes" on Form			
12		elected, as permitted under FASB ASC 95		nd halanc	e sheet works
14	•	easures, or other similar assets held for put	•		
		Part XIII the text of the footnote to its finar			
b	· •	elected, as permitted under FASB ASC 95			neet works of
	-	sures, or other similar assets held for public			
		ing amounts relating to these items:	, ,		
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$
					\$
2	If the organization	received or held works of art, historical trea			vide
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included	on Form 990, Part VIII, line 1			\$
b	Assets included in	Form 990, Part X			\$
LHA	For Paperwork R	eduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021
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		LOBAL INC.		<u> </u>				20-34			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	easures, or	Othe	r Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following that	make si	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how th	ey further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, his	storical treas	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatic	on answered ""	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1 a	Is the organization an agent, trustee, custodia							_	_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing t	able:					-		
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fo						ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i							vaara baak	(e) Fou	. vooro	book
		(a) Current year	(0) P	rior year	(c) Two years	S DAUK	(d) Three y	Cars Dack	(e) Fou	years	Dauk
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g	g, column (a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c show	•									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held ar	nd administere	ed for th	ie organiza	ation	i		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm			/ line 11 - C			line 10				
	Complete if the organization answered							.			
	Description of property	(a) Cost or of basis (investm		. ,	t or other (other)	• •	ccumulate preciation	ed	(d) Boo	k value	Э
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment			1	0,448.		9,8'	79.		50	69.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	X, colur	nn (B). line 1	0c.)					50	69.
								~ · · ·	B (E	000	0004

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D) (Form 990)) 2021	SHINE	GLOBAL	INC

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-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	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	vear market value
(1)	(2) 2001 1000		<u></u>
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	L		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) CAPITALIZED FILM COSTS			66,589
(2) SECURITY DEPOSIT			6,800
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.		····· • • • • • • • • • • • • • • • • •	73,389
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			21 001
(2) ACCRUED LIABILITIES			31,001
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			31,001
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 SHINE GLOBAL INC.			20-34	176559	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	852	,047.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	72,000.			
е	Add lines 2a through 2d			2e		,000.
3	Subtract line 2e from line 1			3	780	,047.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	780	,047.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per R	leturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	852	,558.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses					
d	Other (Describe in Part XIII.)		72,000.			
е	Add lines 2a through 2d			2e		,000.
3	Subtract line 2e from line 1			3	780	,558.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	780	,558.
Pa	t XIII Supplemental Information.					

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL INCOME

72,000.

72,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

OCCUPANCY COSTS

132054 10-28-21

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047							
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	^{if the} 2021		
Department of the Treasury		Attach to Form 990	-		-			Open to Public		
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection		
Name of the organization	SHINE G	LOBAL INC.					20-3476			
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not		
a 📃 Mail solicitat	tions email solicitations		tion of tion of	non-g gover	overnment grants nment grants					
key employees list	on have a written o ed in Form 990, Pa) highest paid indiv	or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization.	rofessi	onal fi	undraising services?		Ye			
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts to from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No	-					
		n is registered or licensed to solicit c	contrib	▶ utions	or has been notified	it is o	exempt from r	egistration		
		ing and the location of a state of the state	000	000 -			0-1 - 1	- 0 (Farm 000) 000 (
LHA For Paperwork Re	eauction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	۲ ۲ .		Schedul	e G (Form 990) 2021		

132081 10-21-21

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AUCTION/SPEC			(add col. (a) through
			IAL			
			(event type)	(event type)	(total number)	col. (c))
Revenue						
svel	1	Gross receipts				
Å	•					
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)				
	<u> </u>					
	4	Cash prizes				
	•	P				
	5	Noncash prizes				
Se	-	·····				
ense	6	Rent/facility costs				
gx	-					
ц	7	Food and beverages				
Direct Expenses	-					
Ц	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			
	11	Net income summary. Subtract line 10 from li				
Pa	rt I	II Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) Birigo	bingo/progressive bingo		col. (a) through col. (c))
Revenue						
щ	1	Gross revenue				
S	2	Cash prizes				
nse						
xpe	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			└── Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		····· •	
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac	tivities in each of these s	tates?		Yes No
b	lf "	No," explain:				
					•	
		ere any of the organization's gaming licenses re			/ear?	Yes No
b	If "	Yes," explain:				
	_					
)-21-21		. <u></u>	Sche	dule G (Form 990) 2021

33 2021.04030 SHINE GLOBAL INC.

Sch	edule G (Form 990) 2021	SHINE	GLOBAL	INC.	20-3476559 ⊦	Page 3
11	Does the organization conduct ga	ming activitie	s with nonme	embers?	Yes	No
12	Is the organization a grantor, bene	eficiary or trus	stee 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	g activity cond	ducted in:			
а	The organization's facility				<u>13a</u>	%
						%
14	Enter the name and address of th	e person who	prepares the	organization's gaming/special events books and reco	rds:	
	Name ►					
	Address 🕨					
15a	Does the organization have a con	tract with a th	nird party fron	n whom the organization receives gaming revenue? \dots	Yes	No
b	If "Yes," enter the amount of gam	ing revenue re	eceived by th	e organization 🕨 💲 and the am	iount	
	of gaming revenue retained by the	e third party	\$			
с	If "Yes," enter name and address	of the third pa	arty:			
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
	Name					
		•				
	Gaming manager compensation	\$				
	Description of convisor provided					
	Description of services provided					
	Director/officer	Employ	ree	Independent contractor		
17	Mandatory distributions:					
	-	state law to	make charital	ole distributions from the gaming proceeds to		
	retain the state gaming license?				Yes	No
b	Enter the amount of distributions			be distributed to other exempt organizations or spent		
	organization's own exempt activit					
Pa	rt IV Supplemental Infor	mation. Pro	ovide the exp	lanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b,	10b,
	15b, 15c, 16, and 17b, as	applicable. A	Also provide a	ny additional information. See instructions.		
10000	33 10-21-21				Schedule G (Form 990)) 2024
13208				34		<i>, 202</i> 1

Failly	Supplemental information	(continued)	
			Schedule G (Form 990)
132084 11-18-	-21		

SCHEDULE L		Tra	Insactior	ıs V	Vith	Inte	rested	P	ersons			ON	1B No.	1545-00	147			
(Form 990)	Complete	if the o	28b, or 28c, o	or Fori	m 990	-EZ, Part		or	line 25a, 25b, 2 40b.	6, 27,	28a,	O	2	02 • Put				
Department of the Treasury Internal Revenue Service		Go to	www.irs.gov/Fo	orm99	0 for iı	nstructio	ns and the	late	est information.			-	Inspection					
Name of the organization		a - 0										identi		on nu	mber			
Part I Excess			BAL INC.	01/0)/2)	ion 501/a)(4) and an	otion	n 501(c)(29) orgai			765	59					
									Form 990-EZ, Pa									
1			Relationship betv									<u>.</u>	(d)	Corre	ected?			
(a) Name of disqua	llified person		person and or	rganiza	ation		(0		escription of tran	sactio	n		Y	es	No			
														\rightarrow				
2 Enter the amount of	of tax incurred b	y the o	rganization man	agers	or disc	qualified p	ersons dur	ing 1	the year under									
3 Enter the amount of	of tax, if any, on	line 2,	above, reimburs	ed by	the or	ganizatio	ייייי				▶ \$							
Part II Loans to	o and/or Fro	m Int	erested Pers	sons.														
Complete	if the organizatio	on ansv	vered "Yes" on I	Form 9	90-EZ	, Part V, I	ine 38a or F	orm	n 990, Part IV, line	e 26; o	or if th	e orga	nizatio	on				
reported a	in amount on Fo	rm 990	, Part X, line 5, 6	6, or 22	2.	· · ·						-						
(a) Name of	(b) Relat		(c) Purpose		an to or n the		Driginal	(1	f) Balance due		,	(h) App by boa			Vritten			
interested persor	n with orga	ΠΖατιστι	of loan		zation?	1 · ·	al amount				ault?	comm		-	ement?			
				To	From					Yes	No	Yes	No	Yes	No			
															1			
Total							🕨 \$											
	or Assistanc		-															
	if the organization								(a) T	- 4		(-)	D		4			
(a) Name of intere	estea person		(b) Relationship interested pers				Amount of sistance		(d) Type assistan				assist	ose o ance	T			
			the organiza	ation														

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

Schedule L (Form 990) 2021

132131 11-02-21

Schedule L (Form 990) 2021 SHINE GLOBAL INC. 20-3476559									
Part IV Business Transactions Involv	ing Inter	ested Perso	ns.						
Complete if the organization answered	"Yes" on F	orm 990, Part I\	/, line 28a	a, 28	8b, or 28c.				
(a) Name of interested person	(b) Relationship between interested person and the organization			ed	(c) Amount of transaction	(d) Description of transaction	(e) Sharing or organization's revenues?		
							Yes	No	
TIME STUDIOS	BOARD	MEMBER '	S (KI	ΞI	12,500.	DEVELOPMENT		X	
Part V Supplemental Information.	1					1			
Provide additional information for respo	onses to qu	estions on Sche	edule L (s	see i	nstructions).				

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TIME STUDIOS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER'S (KEITH BROWN) SPOUSE

(D) DESCRIPTION OF TRANSACTION: DEVELOPMENT FEE

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2021 Open to Public Inspection

Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.
Name of the organization	۱	

SHINE	GLOBAL	INC.	

Employer	ide	ntific	ation	number

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	59,666,	STOCK QUOTE			
10	Securities - Closely held stock				2001			
11	Securities - Partnership, LLC, or							
••								
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Austoric structures Qualified conservation contribution - Other							
1 4 15	Real estate - Residential							
16	Real estate - Commercial							
17								
	Real estate - Other							
18 19	Collectibles							
	Food inventory							
20 21	Drugs and medical supplies							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
<u>28</u>	Other ()		 					
29	Number of Forms 8283 received by the organiz		, ,					
	for which the organization completed Form 828	53, Part V, L	onee Acknowledg	ement			Y.	N
<u> </u>	During the reserved of the supervised in a size by			autodia Daut I linaa 1 tauruu	ah 00 that it		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date					00-		х
	exempt purposes for the entire holding period?	,				30a		~
	If "Yes," describe the arrangement in Part II.			f and a second and a second side.	tioneQ			v
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties of		•	· · ·				v
-						32a		Х
	If "Yes," describe in Part II.			for a state of the	- Local			
33	If the organization didn't report an amount in co	oiumn (c) foi	r a type of property	r tor which column (a) is che	CKED,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

132141 11-17-21

20-3476559 Page 2

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

132142 11-17-21	Scheduk 39	e M (Form 990) 202

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection Employer identification number

20-3476559

SHINE GLOBAL INC.

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 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

40

ARE AVAILABLE TO THE PUBLIC UPON REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

18151027 145685 00751957-000

2021.04030 SHINE GLOBAL INC.

Name of the organization	Employer identification number
SHINE GLOBAL INC.	20-3476559
FORM 990, PART VIII, LINE 1E	
ON MAY 1, 2020, THE ORGANIZATION BORROWED PROCEEDS OF	\$30,487 FROM A
SMALL BUSINESS ADMINISTRATION ("SBA") APPROVED BANK, I	ESTABLISHED
THROUGH THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECU	URITY ("CARES")
ACT - PAYCHECK PROTECTION PROGRAM ("PPP"). THE PPP LOA	AN WAS SUBJECT TO
A PROMISSORY NOTE AND CERTAIN QUALIFICATIONS AS SET OU	UT BY THE SBA
LENDING PROGRAM. AS PART OF THE PROGRAM'S INTENT, THE	ORGANIZATION
APPLIED FOR FORGIVENESS OF THE LOAN BALANCE, AND WAS I	NOTIFIED ON MAY 4,
2021, THAT THE FULL LOAN BALANCE WAS FORGIVEN. IN ACCO	ORDANCE WITH REV
PROC 2021-48, THE FORGIVENESS IS REPORTED IN LINE 1E.	

00751951

132212 11-11-21

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. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SHINE GLOBAL INC.

Employer identification number 20-3476559

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
INOCENTE FILM LLC - 45-3008238					
350 W 42ND ST;APT 33B					
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 33B					
NEW YORK, NY 10036	FILM PRODUCTION	NEW YORK	0.	0.	SHINE GLOBAL INC.
WAR DANCE VENTURES LLC - 26-0886433					
350 W 42ND ST;APT 33B					
NEW YORK, NY 10036	FILM DISTRIBUTION	NEW YORK	0.	0.	SHINE GLOBAL INC.
VIRTUALLY FREE LLC - 61-1846240					
350 W 42ND ST;APT 33B					
NEW YORK, NY 10036	FILM PRODUCTION	NEW YORK	0.	0.	SHINE GLOBAL INC.

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 Part II 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		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2021

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ELECTION EFFECT LLC - 61-1816836 350 W 42ND ST;APT 33B					
NEW YORK, NY 10036	FILM PRODUCTION	NEW YORK	0.	0.	SHINE GLOBAL INC.
ONE WAY UP LLC - 61-1710911					
350 W 42ND ST;APT 33B					
NEW YORK, NY 10036	FILM DISTRIBUTION	NEW YORK	0.	0.	SHINE GLOBAL INC.
SOD FILM LLC - 47-4472998					
350 W 42ND ST;APT 33B					
NEW YORK, NY 10036	FILM DISTRIBUTION	NEW YORK	0.	0.	SHINE GLOBAL INC.

Schedule R (Form 990) 2021 SHINE GLOBAL INC.

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.

									1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate ations?	amount in box 20 of Schedule	Gene mana partr	ging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	1											

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	(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	Sec 512(I contr ent	tion b)(13) rolled tity?
		country)		0				Yes	No

Schedule R (Form 990) 2021 SHINE GLOBAL INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a			
	Gift, grant, or capital contribution to related organization(s)	1b			
	Gift, grant, or capital contribution from related organization(s)	1c			
	Loans or loan guarantees to or for related organization(s)	1d			
	Loans or loan guarantees by related organization(s)	1e			
f	Dividends from related organization(s)	1f			
g	Sale of assets to related organization(s)	1g			
h	Purchase of assets from related organization(s)	1h			
i	Exchange of assets with related organization(s)	1i			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k			
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11			
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n			
	Sharing of paid employees with related organization(s)	10			
р	Reimbursement paid to related organization(s) for expenses	1p			
q	Reimbursement paid by related organization(s) for expenses	1q			
r	Other transfer of cash or property to related organization(s)	1r			
s	Other transfer of cash or property from related organization(s)	1s			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

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

Schedule R (Form 990) 2021 SHINE GLOBAL INC.

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)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	ı)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO	
												-	
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Schedule R (Form 990) 2021

SHINE GLOBAL INC.

Part VII Supplemental Information

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

Schedule R (Form 990) 2021

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