Form **990**

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.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 07/01 , 2020, and ending 06/30, 20 21 A For the 2020 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable HONEY SHINE, 27-3545698 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 100 S. BISCAYNE BLVD 3RD FI (305) 476-0095Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended MIAMI, FL 33131 G Gross receipts \$ 282,730. Application pending F Name and address of principal officer: H(a) Is this a group return for TINA BROWN Х Nο Yes subordinates' SAME AS "C" ABOVE H(b) Are all subordinates included? Yes No X | 501(c)(3) If "No," attach a list. See instructions Tax-exempt status: 4947(a)(1) or Website: ► WWW.HONEYSHINE.ORG H(c) Group exemption number FT. Form of organization: X Corporation L Year of formation: 2011 M State of legal domicile: Other > Summary Part I 1 Briefly describe the organization's mission or most significant activities: TO ENCOURAGE THE BALANCE OF MIND, AND SOUL IN GIRLS AND WOMEN BY PROVIDING NURTURING EXPERIENCES THAT Governance ENLIGHTEN THEIR PATHS AND EMPOWER THEIR FUTURE. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 27. 3 Activities & 27. Number of independent voting members of the governing body (Part VI, line 1b) 2. 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0. Total number of volunteers (estimate if necessary) 6 0. 7a 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 **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 131,007. 281,765. 0. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,227. 965. 10 0 -591. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 133,234. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 282,139. 12 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ο. Ο. 14 Benefits paid to or for members (Part IX, column (A), line 4) 71,262. 143,224. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 61,660. 85,256. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 132,922. 228,480. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 53,659. Revenue less expenses. Subtract line 18 from line 12 s or End of Year **Beginning of Current Year** 295,087. 184,392. 20 Total assets (Part X, line 16) 184,080. Total liabilities (Part X, line 26) 21 0. 312. 295,087. 22 Net assets or fund balances. Subtract line 21 from line 20, Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 04/18/2022 Sign Signature of officer Date Here TINA BROWN EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid 04/22/2022 LINDSEY PIGG Lindoe self-employed P01268923 Preparer Firm's name BDO USA, LLP Firm's EIN ▶ 13-5381590 Use Only 561-909-2100 Firm's address ▶225 NE MIZNER BLVD, SUITE 685 BOCA RATON, FL 33432 May the IRS discuss this return with the preparer shown above? (see instructions)

JSA

For Paperwork Reduction Act Notice, see the separate instructions.

No

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X Yes

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Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	-	describe the organization's mission: COURAGE THE BALANCE OF MIND, BODY AND SOUL IN GIRLS AND WOMEN BY	
	PROVID	DING NURTURING EXPERIENCES THAT ENLIGHTEN THEIR PATHS AND	
	EMPOWE	ER THEIR FUTURE.	
2	Did the	organization undertake any significant program services during the year which were not listed on the	
	prior For	orm 990 or 990-EZ? ' describe these new services on Schedule O.	Yes X No
3	Did the services?	e organization cease conducting, or make significant changes in how it conducts, any program s?	Yes X No
4	Describe	describe these changes on Schedule O. the the organization's program service accomplishments for each of its three largest program services.	
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a lexpenses, and revenue, if any, for each program service reported.	locations to others,
4a	(Code: _ HONEY) (Expenses \$205,273. including grants of \$0.) (Revenue \$SHINE, INC. PROVIDES UNIFORM T-SHIRTS, HEALTHY MEALS	0)
		KFAST AND LUNCH), TRANSPORTATION AND A VARIETY OF SUPPLIES TO	
		ITATE HANDS-ON LEARNING FOR 155 FEMALE MENTEES TO ATTEND	
		HOPS TWICE A MONTH. THE WORKSHOPS FURTHER HONEY SHINE'S	
		N TO "EMPOWER GIRLS TO SHINE AS WOMEN," BY TEACHING THEM LIFE S DESGINED TO BOOST THEIR SELFESEEM AND EXPAND THEIR WORLD	
		(CONTINUED ON SCHEDULE O)	
	<u>ATEM.</u>	(CONTINUED ON SCHEDULE O)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	` _	SHINE GRADUATES GIRLS FROM THE PROGRAM UPON THEIR COMPLETION	
	OF HIG	GH SCHOOL. MANY OF THESE YOUNG LADIES HAVE EXCELLED IN THEIR	
	ACADEM	MIC PERFORMANCE, AND QUALIFY FOR A SCHOLARSHIP THROUGH HONEY	
	SHINE,	, SPONSORED BY A VARIETY OF DONORS. THESE FORMER HONEY BUGS	
	RECEIV	VE FUNDS TO APPLY TOWARD TUITION AND/OR THE COST OF LIVING,	
	PROVID	DING THEY MAINTAIN AN AVERAGE GPA OF 2.5, AND THAT THEY	
	SUBMIT	T PROOF OF THEIR GRADES EACH SEMESTER. THESE ENDOWMENTS ARE	
	THEN D	DISBURSED TO THE STUDENTS VIA THE PROGRAM.	
_	(0. 1		
4c	(Code: _) (Expenses \$ including grants of \$) (Revenue \$)
	-		
_			
4d	Other pr	orogram services (Describe on Schedule O.)	
	(Expense		
4 -	Total	rogram convice expenses > 205, 273	

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	l		3.5
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	425		Х
	Schedule D, Parts XI and XII.	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12h	X	
13	"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	12b 13	21	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part	Checklist of Required Schedules (continued)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
				- 21
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		00		Х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		- 1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
00				X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		21
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
J	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
00		330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c		
	reportable gaining (gainbing) withings to prize withers:	10		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts 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			
u	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	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			
13	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	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.			

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

0	in A. Conserving Books and Management					Λ
Sect	ion A. Governing Body and Management				Yes	No
			27		Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27			
	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.		27			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	led?.		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to e	ect o	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) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	ling th	e form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	hat c	ould give			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•				
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar	nd app	oroval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?			
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar		-			7.7
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
01	organization's exempt status with respect to such arrangements?	<u> </u>		16b		
	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL,				_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		n (1)			
	Own website Another's website X Upon request Other (explain on So		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents,	conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's HONEY SHINE INC. 100 S. BISCAYNE BLVD, NO. 3RD FL MIAMI, FL 33131 3054760095	oooks	and record	s 🕨		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles		more	than o	ne	(D)	(E)	(F)
Name and title	hours per week (list any	box,	unles			than o	ne l			
	per week (list any	office		s pe	reon		"10	Reportable	Reportable	Estimated amount
	(list any		er and			is both		compensation	compensation	of other
		officer and a director/trustee)						from the organization	from related organizations	compensation from the
	related organizations below	ner loyee employ employer itutional trirector		(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations				
	dotted line)	tee	ustee			ensated				
(1)TINA BROWN	1.00									
EXECUTIVE DIRECTOR	41.00			Х				0.	157,609.	0.
(2) STEPHEN A. MARINO, JR.	1.00									
CHAIRMAN	2.00	Х		Х				0.	0.	0.
(3) SHEVRIN JONES	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(4) CANDY M. SICLE	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(5) ANDRES ASION	1.00									
SECRETARY	2.00	Х		Х				0.	0.	0.
(6)MICHELLE FEBRES	1.00									
VICE CHAIR	2.00	X		Х				0.	0.	0.
(7) SABRINA GALLO	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(8) ALLEN FURST	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(9) SHAWN ALEXANDER	1.00									
TREASURER	2.00	Х						0.	0.	0.
(10) JASON STERNBERG	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(11) NATASHA HAMPTON	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(12) STEPHEN BOUCHER	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(13) LINDA COLL	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(14) RON BOOK	1.00									
DIRECTOR	2.00	Х						0.	0.	0.

Form **990** (2020)

Form 990 (2020) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A)	(B)			((ر)			(υ)	(E)		(F)	
Name and title	Average	(do r	not ch		ition	e than c	nna	Reportable	Reportable		stimated nount of	
	hours per week (list any	,				is both		compensation	compensation from related		other	
	hours for	office				or/trust		the	organizations	com	npensati	on
	related	Indi or d	Insti	Officer	ey	High	Former	organization	(W-2/1099-MISC)		rom the	
	organizations below dotted	/idu	tutic	er	emp	lest	ner	(W-2/1099-MISC)		_	ganizatio Id related	
	line)	al tru	nal		Key employee	com					anizatior	
		Individual trustee or director	Institutional trustee		&	pen						
		Ф	tee			Highest compensated employee						
15) SALO GROSFELD	1.00					<u> </u>						
DIRECTOR	2.00	Х						0	0.			0
16) MICHAEL FUX	1.00	21										
DIRECTOR	2.00	х						0	0.			0
17) JEFFREY FRATARCANGELI	1.00	21						0	. 0.			
MANAGING DIRECTOR	2.00	х						0	0.			0
18) MICHAEL ROSE	1.00	- 2						0	. 0.			
DIRECTOR	2.00	х						0	0.			0
19) ALBERT E. DOTSON	1.00							0	. 0.			
DIRECTOR	2.00	х						0	0.			0
20) JACKIE MANSFIELD	1.00							0	. 0.			
DIRECTOR	2.00	Х						0	0.			0
21) ELISE SCHECK BONWITT	1.00	Λ						0	. 0.			
DIRECTOR	$\frac{1.00}{2.00}$	х						0	0.			0
22) ASHLEY PERKINS	1.00							0	. 0.			
DIRECTOR	2.00	Х						0	0.			0
23) MATTHEW ROTH	1.00	Λ						0	. 0.			
DIRECTOR	2.00	Х						0	0.			0
24) PAUL A. SHELOWITZ	1.00	Λ						0	. 0.			
DIRECTOR	2.00	Х						0	0.			0
25) RUSSELL H. BROOKE	1.00	Λ						0	. 0.			
DIRECTOR	2.00	Х						0	0.			0
	2.00	Λ					_	0.	157,609.			0.
1b Sub-total								0.	137,009.			0.
c Total from continuation sheets to Part \								0.	157,609.			0.
d Total (add lines 1b and 1c)												
2 Total number of individuals (including but reportable compensation from the organize		nose 0.		a ai	OOV	e) wno	о ге	eceived more than	\$100,000 01			
											Yes	No
O Did the appropriation list any famous	-#:!:t-		4	4 _	_						163	NO
3 Did the organization list any former employee on line 1a? If "Yes," complete So										3		Х
										3		71
4 For any individual listed on line 1a, is												
organization and related organizations	•							complete Schedu	ue J for such	4	X	
individual										4	-21	
5 Did any person listed on line 1a receive	e or accrue co	mpen	satio	on t	ron	า any	un	related organizati	on or individual			

Section B. Independent Contractors

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

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

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

Part VII

Χ

Part VII Section A. Officers, Directors, Tru		y ⊏n	ibio	_		and F	ugi		I i	Onlinue		
(A)	(B)			(C				(D)	(E)	_	(F)	
Name and title	Average hours per	(do i	not ch	Posi		e than o	ne	Reportable compensation	Reportable compensation from		stimated nount o	
	week (list any	,				is both		from	related		other	
	hours for			-		or/trust		the	organizations		pensati	
	related organizations	ndiv or di	nsti	Officer	(ey	Highest employe	Former	organization	(W-2/1099-MISC)		om the	
	below dotted	idu:	tutio	ĕ	emp	est l	Э	(W-2/1099-MISC)		_	d relate	
	line)	Individual trustee or director	Institutional truste		Key employee	e				orga	anizatio	ns
		stee	trust		Ф	pens						
			ee			st compensated yee						
6) GREGORY DEUTCH	1.00											
DIRECTOR	2.00	Х						0	0.			(
7) MAGDA J. CASTINEYRA	1.00											
DIRECTOR	2.00	Х						0	0.			(
8) JODI A. SILVA	1.00											
DIRECTOR	2.00	Х						0	0.			
9) ERIC JAMES VAINDER	1.00											
DIRECTOR	2.00	Х						0	0.			
0) ROD ADKINS	1.00											
DIRECTOR (BEG 12/20)	2.00	Х						0	0.			
1) JACQUELYNN POWERS	1.00											
DIRECTOR (BEG 12/20)	2.00	X						0	0.			
2) DR. JAYNE A. KLEIN	1.00											
DIRECTOR	2.00	X						0	0.			(
3) JERRY POWERS	1.00											
DIRECTOR (END 7/20)	2.00	X						0	0.			
		1										
								0.	0.			0
1b Sub-total								0.	0.			
c Total from continuation sheets to Part VII, S	-											
d Total (add lines 1b and 1c)									\$400,000 of			
reportable compensation from the organizatio		nose 0.		u at	JOVE	e) wnc	те	ceived more than	\$ 100,000 01			
Toportable compensation from the organization											Yes	No
3 Did the organization list any former offic	or directo	or or	tru	ctor	^	kov o	mn	lovoo or highos	t componented		100	110
employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr												
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "Y</i>										5		Х
Section B. Independent Contractors	,										1	
1 Complete this table for your five highest com	pensated i	ndepe	ende	nt c	con	tracto	rs t	hat received more	than \$100,000 c	of		
compensation from the organization. Report of												

year.

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

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

HONEY SHINE, INC. 27-3545698 Form 990 (2020) Page 9

Part VIII Statement of Revenue

1 a Federated campaigns 1 a Federated campaigns 1 b 1 1 1 1 1 1 1 1	Par	rt VIII	Check if Schedule O contains a respon	se or note to an	ny line in this Part \	/III		
State Stat					(A)	(B) Related or exempt	(C) Unrelated	Revenue excluded from tax under
State Stat	ts	1a	Federated campaigns 1a					
State Stat	ran		. •					
State Stat	פֿאַ	С	·	15,301.				
State Stat	ifts Ir A	1						
State Stat	פֿיָפּ			36,900.				
State Stat	Sin	f	, ,					
State Stat	er			229,564.				
State Stat	들본	q	Noncash contributions included in					
State Stat	dat		lines 1a-1f 1g	5				
20 20 20 20 20 20 20 20	ğ Ö	h	Total. Add lines 1a-1f	▶	281,765.			
Total. Add lines 2a-21. 3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 A Gross rents. 6 B (i) Reall (ii) Personal because the first of the first				Business Code				
Total. Add lines 2a-21. 3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 A Gross rents. 6 B (i) Reall (ii) Personal because the first of the first	<u>8</u>	2a						
Total. Add lines 2a-21. 3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 A Gross rents. 6 B (i) Reall (ii) Personal because the first of the first	e Z							
Total. Add lines 2a-21. 3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 A Gross rents. 6 B (i) Reall (ii) Personal because the first of the first	S c	С						
Total. Add lines 2a-21. 3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 A Gross rents. 6 B (i) Reall (ii) Personal because the first of the first	ran	d						
Total. Add lines 2a-21. 3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. 6 A Gross rents. 6 B (i) Reall (ii) Personal because the first of the first	90	е						
3 Investment income (including dividends, interest, and other similar amounts). 965. 965. 4 Income from investment of tax-exempt bond proceeds. 0. 5 Royalties	7	f	All other program service revenue					
Other similar amounts 965. 965.		g	Total. Add lines 2a-2f	<u></u>	0.			
4 Income from investment of tax-exempt bond proceeds 0 0		3	, ,	· ·				
Total revenue Form Service Form Service Form Service Form Service Form Service Form Service Servic			other similar amounts)	•	965.			965.
10 10 10 10 10 10 10 10		1	Income from investment of tax-exempt bond	proceeds . >				
Second		5			0.			
Description			(i) Real	(ii) Personal				
C Rental income or (loss) 6c		6a						
Net rental income or (loss)		b	·					
Table Tabl		С			_			
Sales of assets other than inventory Description Des					0.			
other than inventory b Less: cost or other basis and sales expenses		7a		(II) Other				
b Less: cost or other basis and sales expenses								
and sales expenses .	•	١.	,					
Net gain or (loss) Net gain or (loss) Net gain or (loss) Net income or (loss) Net	Jue	D						
Net gain or (loss) Net gain or (loss) Net gain or (loss) Net income or (loss) Net	Ş.							
events (not including \$	Re		` '		0			
events (not including \$	her		• ' '		0.			
of contributions reported on line 1c). See Part IV, line 18	₹	ва	9					
1c). See Part IV, line 18			events (not morading \$\psi\$					
See Part IV, line 10 See Part IV, line 10 See Part IV, line 19 See Part IV, line 19				0.				
C Net income or (loss) from fundraising events. 9a Gross income from gaming activities. See Part IV, line 19 9a 0. b Less: direct expenses 9b 0. 10a Gross sales of inventory, less returns and allowances 10a 0. b Less: cost of goods sold 10b 0. c Net income or (loss) from sales of inventory. 0. 8usiness Code 11a b 0. 4 All other revenue 0. 12 Total revenue. See instructions > 0.		h	10). 000 1 4.111,					
9a Gross income from gaming activities. See Part IV, line 19			2000: 0::00:00; 0::000 : 1 : 1 : 1 : 1 : 1		-591.			-591.
activities. See Part IV, line 19 9a		9a	` '					
b Less: direct expenses		""		0.				
C Net income or (loss) from gaming activities		b		0.				
Total revenue. See instructions 10a 0. 10b 0.					0.			
Total revenue. See instructions 10a 0. 10b 0.		10a	Gross sales of inventory, less					
Net income or (loss) from sales of inventory, Description Descript				0.				
C Net income or (loss) from sales of inventory. 0. Business Code 0. C d All other revenue . 0. e Total. Add lines 11a-11d . 0. 12 Total revenue. See instructions . 282,139.		b	Less: cost of goods sold 10b					
11a		С	Net income or (loss) from sales of inventory.	<u></u> ▶	0.			
e Total. Add lines 11a-11d	S			Business Code				
e Total. Add lines 11a-11d	e ec	11a						
e Total. Add lines 11a-11d	lan ent	b						
e Total. Add lines 11a-11d	Se Se	С						
e Total. Add lines 11a-11d	Alis R	d	All other revenue					
		е			0.			
	10.4	12	Total revenue. See instructions		282,139.			374.

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a res Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	· · · ·	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations		3. 1 3. 13 3 3	gameranan	
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	0.			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	143,224.	143,224.		
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits				
10 Payroll taxes	0.			
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	16,817.	14,294.	2,523.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	0.			
13 Office expenses	19,387.	19,482.	-95.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.	4 000		
22 Depreciation, depletion, and amortization	4,033.	4,033.	0.044	
23 Insurance	23,475.	21,431.	2,044.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)	2 620		2 620	
aFEES AND MEMBERSHIPS	2,629.	2 000	2,629.	16 106
bOTHER EXPENSES	18,915.	2,809.		16,106.
c				
d				
e All other expenses	220 400	205 272	7 101	16 100
Total functional expenses. Add lines 1 through 24eJoint costs. Complete this line only if the	228,480.	205,273.	7,101.	16,106.
organization reported in column (B) joint costs				
from a combined educational campaign and				
fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			
10110WING 001 30-2 (A00 300-120)	1 0.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	82,576.	1	252,334.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	85,000.	3	0.
	4	Accounts receivable, net	9,821.	4	26,700.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ą	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 14,100.			
	b	0.166	0.	10c	4,934.
	11	Investments - publicly traded securities	2,227.	11	6,601.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	4,768.	15	4,518.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	184,392.	16	295,087.
	17	Accounts payable and accrued expenses	20,285.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	36,900.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	126,895.	25	0.
	26	Total liabilities. Add lines 17 through 25	184,080.	26	0.
seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	312.	27	295,087.
å	28	Net assets with donor restrictions	0.	28	0.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
× ⊅	32	Total net assets or fund balances	312.	32	295,087.
ž	33	Total liabilities and net assets/fund balances	184,392.	33	295,087.
		Total national of and not about of and balanced, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	201,372.	55	Form 990 (2020)

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01111 00	70 (2020)					gc • =
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			82,1	
2						
3	Revenue less expenses. Subtract line 2 from line 1	3			53,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			3	312.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		2	41,1	16.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2	95,0)87.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			ſ		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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	n a 📗			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c		X
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			3.5
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

27-3545698

Department of the Treasury Internal Revenue Service Name of the organization

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

HOI	1EY	SHINE,	INC.					27-35456	98
Pa	rt I	Reasor	n for Public Cha	rity Status. (All o	organizations must	complet	te this pa	art.) See instructions	S.
The	orga	anization is	not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church,	convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school of	described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital	l or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical	I research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		•	name, city, and s						
5		_	•		a college or universit	ty owner	d or ope	erated by a governme	ntal unit described in
			70(b)(1)(A)(iv). (C						
6	Щ				rnmental unit describe		•		
7	X	_		=	•	ipport fro	om a go	vernmental unit or fro	om the general public
_)(1)(A)(vi). (Compl					
8	Щ		-	-	o)(1)(A)(vi). (Complete	-			
9		_		-			-	d in conjunction with a	
			-	grant college of ag	griculture (see instruct	ilons). Ei	nter the I	name, city, and state o	r the college or
10		university:		Illy receives (1) ma	are then 224/20/ of its	oupport	from oor	ntributions, membersh	in food, and gross
10		receipts fi support fr acquired l	rom activities rela rom gross investn by the organizatio	nted to its exempt finent income and un on after June 30, 19	functions, subject to connelated business tax 1975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	331/3 % of its
11	Щ	•	•	•	usively to test for publi				
12		J	Ū	•	•			ne functions of, or to o	
								section 509(a)(2). S	
	Г			=			_	zation and complete lin	_
а	L			•		-		orted organization(s),	
			-				ajority of	f the directors or truste	es of the
L	Г	¬ ··	• •	-	te Part IV, Sections A		مئا طئاس	aummented argenizati	an(a) hu havina
b	_			•				s supported organizations that control or man	. ,
			-		, Sections A and C.	ine sam	e persor	is that control of man	age the supported
С				-		ated in co	onnectio	n with, and functional	ly integrated with
·	_		-		ns). You must comple				iy integrated with,
d			_		•			ection with its suppor	ted organization(s)
	_		-			-		oution requirement and	
			-	-	omplete Part IV, Sect	-		•	
е			•	•	-			hat it is a Type I, Type I	I, Type III
			_		ionally integrated sup				
f	En			l organizations					
g	Pro	ovide the fo	ollowing informati	on about the suppo	orted organization(s).				
	(i) N	ame of suppo	orted organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

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

Schedule A (Form 990 or 990-EZ) 2020

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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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	824,728.	665,082.	435,940.	130,247.	281,765.	2,337,762.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	824,728.	665,082.	435,940.	130,247.	281,765.	2,337,762.	
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)						328,681.	
6	Public support. Subtract line 5 from line 4						2,009,081.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	824,728.	665,082.	435,940.	130,247.	281,765.	2,337,762.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						2,338,727.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12		
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>						
Sec	tion C. Computation of Public Sup	oort Percenta	ge					
14	Public support percentage for 2020 (lin					14	85.90 %	
15	Public support percentage from 2019					15	89.28 %	
16a	331/3% support test - 2020. If the org							
	box and stop here. The organization qu							
b	33 1/3% support test - 2019. If the org							
	this box and stop here. The organization	-		-				
17a	10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported							
b	organization	2019. If the organization meets the the facts-and	ganization did no e facts-and-circu -circumstances to	ot check a box umstances test, est. The organi	on line 13, 16 check this box zation qualifies	a, 16b, or 17a, and stop here as a publicly su	and line . Explain upported ▶	
18	Private foundation. If the organizatio instructions						▶□	

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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.)

	tion A. Public Support		I	T	T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5						
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support		1				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2020 (lin	ie 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the org	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation . 🕨 🔲
b	331/3% support tests - 2019. If the orga	anization did no	t 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 $331/3\%$, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔙
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions >

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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

- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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.
 - 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.)

		Yes	No
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	2		
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id ie			
	3b		
3)	3с		
If			
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to	10a		
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 Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 	11a 11b	Yes	
 a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 	11a 11b	res	NI-
 a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 	11b		No
 11c below, the governing body of a supported organization? b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 	11b		
 b A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.			
detail in Part VI.	١ ١		
	11c		
		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? If "No," describe in Part VI how the supported organization(s)			
effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
organization, describe how the powers to appoint and/or remove 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 benefit carried out the purposes of the supported organization(s) that operated,			
supervised, or controlled the supporting organization.	2		
Section C. Type II Supporting Organizations			
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).	1		
Section D. All Type III Supporting Organizations			
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
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		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3 By reason of the relationship described in 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 organization used to satisfy the Integral Part Test during the year (see ins	tructio	ons).	
The organization satisfied the Activities Test. Complete line 2 below.			
 b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see 	o instr	uctions	2)
The organization supported a governmental entity. Describe in Fait vi now you supported a governmental entity (se		Yes	
2 Activities Test. Answer lines 2a and 2b below.		103	110
2 Activities Test. <i>Answer lines 2a and 2b below.</i>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
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			
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,			
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	2a		
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.	2a		
 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 in line 2a, above, constitute activities that, but for the organization's involvement, 	2a		
 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 in 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 	2a		
 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 in 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 	2a 2b		
 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 in 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 			
 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 in 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 	2b		
 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 in 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. 			

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	3	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi			
Se	ction 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		
	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) Other expenses (see instructions)	6 7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
	Acquisition indebtedness applicable to non-exempt-use assets	3		
4	Subtract line 2 from line 1d. 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		
	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		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	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			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

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emergency temporary reduction (see instructions).

(see instructions).

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Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a					
b					
C	From 2017				
d					
е					
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
_ <u>i</u>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years Applied to 2020 distributable amount				
b	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
J	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury

Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

HONEY SHINE, INC. 27-3545698 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization HONEY SHINE, INC.

Employer identification number 27-3545698

Part I	Contributors	(see instructions).	Use duplicate cop	ies of Part I if additiona	al space is needed.
--------	--------------	---------------------	-------------------	----------------------------	---------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	M&M ARISON FOUNDATION TWO ALHAMBRA PLAZA NO 1040 CORAL GABLES, FL 33134	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE MIAMI FOUNDATION (C) 200 SOUTH BISCAYNE BLVD SUITE 505 MIAMI, FL 33131-5330	\$14,433.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	UNITED WAY OF MIAMI DADE 100 S. BISCAYNE BLVD MIAMI, FL 33131	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
	Hailie, audi 635, aliu Zif T 4	Total contributions	Type of contribution
4	THE FINE AND GREENWALD FOUNDATION, INC THE FINE & GREENWALD FOUNDATION, INC AVENTURA, FL 33180	\$ 7,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
-	THE FINE AND GREENWALD FOUNDATION, INC		Person X Payroll Noncash (Complete Part II for
4(a)	THE FINE AND GREENWALD FOUNDATION, INC THE FINE & GREENWALD FOUNDATION, INC AVENTURA, FL 33180 (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	THE FINE AND GREENWALD FOUNDATION, INC THE FINE & GREENWALD FOUNDATION, INC AVENTURA, FL 33180 (b) Name, address, and ZIP + 4 US DEPARTMENT OF TREASURY - PPP 1500 PENNSYLVANIA AVE, NW	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization HONEY SHINE, INC.

Employer identification number 27-3545698

art II	Noncash Property	(see instructions). Use duplicate c	opies of Part II if ad	ditional space is needed.
--------	-------------------------	-------------------	--------------------	------------------------	---------------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization HONEY SHINE, INC.

Employer identification number 27-3545698

	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the copies of the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional contributions of \$1.000 or less for the Use duplicate copies of Part III if additional	the year from any ons completing Part e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transf nd ZIP + 4	-	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferred name address on	(e) Transf		
	Transferee's name, address, an	IQ ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transf nd ZIP + 4		nship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I		(0) 200		
	Transferee's name, address, an	(e) Transf nd ZIP + 4	-	nship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HON	NEY SHINE, INC.	27-3545698
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant full	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt I Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation of	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination	nated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of violations.	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	uncorvation eacoments during the year
'	S	inservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170/h)/4)/B)/i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
b	art, historical treasures, or other similar assets held for public exhibition, education, or rese	
	provide the following amounts relating to these items:	,
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	• • • • • • • • • • • • • • • • • • •
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

Scried	iule D (Follii 990) 2020										Page Z
Pa	rt Organizations Maintain	ing Colle	ctions of	Art, Histo	rical Tre	asures	s, or Othe	er Similar A	ssets (d	continue	d)
3	Using the organization's acquisition	on, access	sion, and o	other recor	ds, check	k any o	f the follo	wing that m	nake sigr	nificant u	se of its
	collection items (check all that app	ly):			_						
а	Public exhibition			d	Loan	or excha	ange prog	ram			
b	Scholarly research			e	Other						
С	Preservation for future gene	rations									
4	Provide a description of the orga	nization's	collections	and expla	ain how t	they fur	ther the	organization's	s exemp	t purpose	e in Part
	XIII.										
5	During the year, did the organization	on solicit c	or receive o	donations o	f art, histo	orical tr	easures, c	r other simila	ar _		
	assets to be sold to raise funds rath	ner than to	be maint	ained as pa	rt of the	organiza	ation's col	ection?		Yes	No
Pa	rt IV Escrow and Custodial A	rrangem	ents.								
	Complete if the organiza	ation ansv	wered "Ye	es" on For	m 990, F	Part IV,	line 9, or	reported a	n amour	nt on For	m
	990, Part X, line 21.										
1a	Is the organization an agent, trus	tee, custo	odian or o	ther interm	nediary fo	or conti	ributions o	or other asse	ets not		
	included on Form 990, Part X?								[Yes	No
b	If "Yes," explain the arrangement i	n Part XII	and comp	olete the fo	llowing tab	ole:					
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an am	ount on F	orm 990,	Part X, line	21, for e	scrow	or custodi	al account lia	bility?	Yes	No
b	If "Yes," explain the arrangement i	n Part XII	I. Check h	ere if the e	xplanation	has be	en provide	d on Part XIII			
Pa	rt V Endowment Funds.										
	Complete if the organiza	ation ans	wered "Ye	es" on For	m 990, F	Part IV,	line 10.				
		(a) Cur	rent year	(b) Prio	r year	(c) Tw	o years back	(d) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage		rrent vear	end balanc	e (line 1a.	column	(a)) held	as:			
а	Board designated or quasi-endown			_%	· 0,		· //				
b	Permanent endowment ▶	%									
С	Term endowment ▶	%									
	The percentages on lines 2a, 2b, a	and 2c sho	ould equal	100%.							
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are hel	d and adn	ninistered for	the		
	organization by:									Y	es No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organiz	zations liste	ed as require	ed on Sch	edule R	?			3b	
4	Describe in Part XIII the intended		e organiza	tion's endo	wment fur	nds.					
Pa	rt VI Land, Buildings, and Equation Complete if the organization	uipment.	wored "V	os" on Es	m 000 l	Dar+ I\/	lino 11a	Soo Earm	000 Pa	rt Y lina	. 10
	Description of property	alion ans		other basis	(b) Cost			Accumulated		I) Book valu	
	2000p.ion of proporty			tment)		ther)		preciation		, DOOR VAIL	
1a	Land										
b	Buildings										
С	Leasehold improvements	[
d	Equipment	[14,10	00.	9,166.			4,934.
e	Other										
Tota	I. Add lines 1a through 1e. (Column	n (d) must	equal Forr	n 990, Part	X, columi	n (B), lir	ne 10c.)				4,934.

Schedule D (Form 990) 2020

Page 3 Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
	Complete if the organization answered	I "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, lin	ne 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (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, lin	ne 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
<u>(8)</u>				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I dit ix		I "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, lin	ne 15.
		scription	(b) Bool	
(1)	(-)		(2) = 2.2	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities.), Part IV, line 11e or 11f. See Form 990, Pa	rt X,
1.	(a) Descrip	tion of liability	(b) Boo	k value
(1) Feder	al income taxes	•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2 Linkility fo	or upportain toy positions. In Part VIII, provide the		4h	

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 .

Page 4 Schedule D (Form 990) 2020

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part \/	line 1: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5		

Schedule D (Form 990) 2020 HONEY SHINE, INC. 27-3545698 Page **5**

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AS CHARITABLE ORGANIZATIONS WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX AND UNDER SIMILAR PROVISIONS OF THE FLORIDA STATUTES. THE ORGANIZATIONS CURRENTLY HAVE NO UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED AS OF JUNE 30, 2021 AND 2020.

THE ORGANIZATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY. NO UNCERTAIN TAX POSITIONS WERE IDENTIFIED BY THE ORGANIZATIONS AS OF JUNE 30, 2021 AND 2020.

THE U.S. FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTION WHERE THE ORGANIZATIONS FILE INCOME TAX RETURNS. HS IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2018. ALL YEARS SINCE INCEPTION ARE OPEN FOR EXAMINATION BY U.S. FEDERAL TAX AUTHORITIES FOR HOLDINGS.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number HONEY SHINE, INC. 27-3545698 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2020

Page 2

Schedule G (Form 990 or 990-EZ) 2020

		(a) Event #1 EVENT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
,		(event type)	(event type)	(total number)	col. (c))
enile ,	1 Gross receipts	15,301.			15,30
2	2 Less: Contributions 3 Gross income (line 1 minus line 2)	15,301.			15,301
4	4 Cash prizes				
	5 Noncash prizes				
Secretary Secretary	Rent/facility costs				
ן בא	7 Food and beverages				
2	B Entertainment				
9	Other direct expenses	591.			593
10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		59.
	Net income summary. Subtract li				
1′ Part		anization answered "\			reported more that
Part	Gaming. Complete if the org	anization answered "\			reported more that
Part	Gaming. Complete if the org	anization answered "` e 6a.	(b) Pull tabs/instant	Part IV, line 19, or	reported more that
Part	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "`e 6a. (a) Bingo	(b) Pull tabs/instant	Part IV, line 19, or	reported more that
Part	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "`e 6a. (a) Bingo	(b) Pull tabs/instant	Part IV, line 19, or	reported more tha
Part spelledy spelledy	Gaming. Complete if the org \$15,000 on Form 990-EZ, line Gross revenue Cash prizes	anization answered "\e 6a. (a) Bingo	(b) Pull tabs/instant	Part IV, line 19, or	reported more tha
Part Parisas P	Gaming. Complete if the org \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes	anization answered "\e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	reported more that (d) Total gaming (add col. (a) through col. (c)
en least Experience	Gaming. Complete if the org \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Rent/facility costs	anization answered "\e 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	reported more tha (d) Total gaming (add col. (a) through col. (c)
antiavay sasiladay nairo	Gaming. Complete if the org \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	anization answered "\e 6a. (a) Bingo Yes % No	Yes% No	Part IV, line 19, or (c) Other gaming Yes%	reported more that (d) Total gaming (add col. (a) through col. (c)
Part Spellady Spellady Diagram	Gaming. Complete if the org \$15,000 on Form 990-EZ, line Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	anization answered "\e 6a. (a) Bingo Yes % No es 2 through 5 in column	Yes% No	Part IV, line 19, or (c) Other gaming Yes% No	reported more that (d) Total gaming (add col. (a) through col. (c)
Part	Gaming. Complete if the org \$15,000 on Form 990-EZ, ling 1 Gross revenue	anization answered "\e 6a. (a) Bingo Yes	Yes	Yes% No	(d) Total gaming (add col. (a) through col. (c)

Sched	ule G (Form 990 or 990-EZ) 2020
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HONEY SHINE, INC.

Employer identification number

27-3545698

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations Written employment contract Compensation survey or study Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		7.7
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		21
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:	C-		Х
a	The organization?	6a		X
D	Any related organization?	6b		22
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		Х
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	-		25
J	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

HONEY SHINE, INC. 27-3545698

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TINA BROWN	(i)	0.	0.	. 0.	0.	0.	0.	
1EXECUTIVE DIRECTOR	(ii)	154,109.	3,500.	0.	0.	0.	157,609.	0.
	(i)							
_ 2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(ii)							

HONEY SHINE, INC. 27-3545698

Schedule J (Form 990) 2020

Part III Supplemental Information

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

HONEY SHINE, INC.

Name of the organization

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

Employer identification number 27-3545698

FORM 990, PART III, LINE 4A (CONTINUE)

EACH WORKSHOP COVERS A VARIETY OF TOPICS INCLUDING: SOCIAL AND BEHAVIORAL ETTIQUETTE, HEALTH AND WELLNESS, CUTLURAL ARTS, CAREER EXPLORATION,

COLLEGE PREPARATION, COMMUNICATION SKILLS, BULLYING, FINANCIAL LITERACY

AND OTHER TOPICS THAT PREPARE THEM FOR LEADERSHIP ROLES IN THEIR SCHOOLS

AND COMMUNITIES. WORKSHOPS ARE HELD AT A VARIETY OF LOCATIONS THROUGHOUT

SOUTH FLORIDA TO ENCOURAGE CONFIDENCE IN ANY SETTING. THE MENTEES ARE

AFFECTIONATELY REFERRED TO AS "HONEY BUGS," REPRESENTING VARIOUS

ETHNICITIES, INCLUDING AFRICAN AMERICAN (80%), HISPANIC (19%), AND

CAUCASIAN (1%), FROM THE ARES OF MIAMI DADE COUNTY WHERE PRIMARILY THE

MEDIAN INCOME RANGE FOR MOST SINGLE FAMILY HOUSEHOLDS IS \$11,000
\$15,000 ANNUALLY.

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

A DRAFT OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY, WHOM THEN REVIEWS IT FOR ACCURACY AND APPROVES IT FOR FILING.

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

EACH BOARD MEMBER IS ASKED ANNUALLY AT BOARD MEETINGS IF THEY HAVE AN INTEREST THAT COULD GIVE RISE TO A CONFLICT.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. AN INTERESTED PERSON MAY

Name of the organization Employer identification number HONEY SHINE, INC. 27-3545698

CONTACT THE ORGANIZATION VIA PHONE OR SEND A LETTER REQUESTING SUCH INFORMATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
RELATED ENTITY ASSET ADJUSTMENT......\$241,707.

FORM 990, PART XII, LINE 2C:

PRIOR TO NOVEMBER 30, 2019, OVERTOWN WAS ALSO RELATED TO HONEY SHINE, INC. ("HS"), A NON-PROFIT ORGANIZATION ESTABLISHED AND INCORPORATED IN THE STATE OF FLORIDA IN SEPTEMBER 2010, AS A 501 (C)(3) ORGANIZATION.

ON NOVEMBER 30, 2019, OVERTOWN ACQUIRED MFF AND HS WHEN THE BOARD OF DIRECTORS FOR THE THREE ORGANIZATIONS MERGED IN AN EFFORT TO OPERATE MORE EFFICIENTLY, LEVERAGE PROGRAMMATIC RESOURCES AND CREATE MORE CONSISTENCY ACROSS THE ORGANIZATIONS. PRIOR TO THIS, THE ORGANIZATIONS HAD SEPARATE BOARDS AND MANAGEMENT. OVERTOWN HAS MAJORITY CONTROL IN THE NEW COLLABORATIVE BOARD. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA ("U.S. GAAP") REQUIRE THE CONSOLIDATION OF ENTITIES UNDER COMMON CONTROL, WITH THE ENTITY WITH MAJORITY CONTROL AS THE REPORTING ENTITY. OVERTOWN DID NOT PAY ANY CONSIDERATION IN THIS TRANSACTION. INSTEAD, IT RECEIVED ALL THE ASSETS AND LIABILITIES OF MFF AND HS AS OF THE ACQUISITION DATE, RESULTING IN AN INHERENT CONTRIBUTION OF \$7,394,357 REPORTED ON THE CONSOLIDATED STATEMENT OF ACTIVITIES. MFF AND HS CONTINUE TO BE STAND-ALONE, NON-PROFIT ORGANIZATIONS AS OF JUNE 30, 2021. THE ENTITIES SHARE KEY FUNCTIONAL AREAS SUCH AS EXECUTIVE MANAGEMENT, HUMAN RESOURCES AND FINANCE.

HONEY SHINE, INC. 27-3545698

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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

2020

Open to Public Inspection

Name of the organization
HONEY SHINE, INC.

Employer identification number 27-3545698

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) entity (1) (2) (3) (4) (5) (6)

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	12(b)(13)
							Yes	No
(1) MOURNING FAMILY FOUNDATION, INC.	65-1075983							
100 SOUTH BISCAYNE BLVD, 3RD FL	MIAMI, FL 33131	YOUTH SRVCS	FL	501(C)(3)	LINE 7	OYC		X
(2) ZO'S FUND FOR LIFE, INC.	52-2302989							
PO BOX 330110	COCONUT GROVE, FL 33233	MED RESEARCH	FL	501(C)(3)	LINE 7	N/A		X
(3) OVERTOWN YOUTH CENTER, INC.	65-1048896							
450 NW 14 STREET	MIAMI, FL 33139	YOUTH SRVCS	FL	501(C)(3)	LINE 7	N/A		X
(4) OYC PROPERTY HOLDINGS, INC.	84-0480122							
450 NW 14TH ST	MIAMI, FL 33136	SUPP ORG	FL	501(C)(3)	LINE 12	OYC		X
(5)								
(6)								
		1						
(7)								
		1						

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

Schedule R (Form 990) 2020

HONEY SHINE, INC. 27-3545698

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.																						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			General or managing		General or managing		General or managing		General or managing		General o		(k) Percentage ownership
		country)		300010110 012 011)			Yes	No		Yes	No											
(1)																						
(2)																						
(3)																						
(4)																						
(5)																						
(6)																						
(7)																						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2020 Page 3

Conodato It ((1.0111.000) 2020	
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

b Gift, grant, or capital contribution to related organization(s)

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?

С	Gift, grant, or capital contribution from related organization(s)				1c	X					
	Loans or loan guarantees to or for related organization(s)				1d		X				
	Loans or loan guarantees by related organization(s)				1e		X				
_											
f	Dividends from related organization(s)				1f		Х				
	Sale of assets to related organization(s)				1g		X				
	Purchase of assets from related organization(s).				1h		X				
	Exchange of assets with related organization(s).				1i		X				
•	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
J	Lease of facilities, equipment, of other assets to related organization(s)				٠,						
l.	Lacas of facilities assuingment, or other assets from related argonization(a)				1k		Х				
K	Lease of facilities, equipment, or other assets from related organization(s)				11		X				
ı	I Performance of services or membership or fundraising solicitations for related organization(s)										
	Performance of services or membership or fundraising solicitations by related organization(s).			1m		X					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X				
0	Sharing of paid employees with related organization(s)				10						
							37				
_	Reimbursement paid to related organization(s) for expenses				1p		X				
q	Reimbursement paid by related organization(s) for expenses				1q		X				
r	Other transfer of cash or property to related organization(s)				1r	X					
S	Other transfer of cash or property from related organization(s)				1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	red relationships and transa	action thres	sholds	s					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Mathad	(d)	rminin	20				
	Name of related organization	type (a-s)	Amount involved	Method of determining amount involved							
(1)											
(2)											
(3)											
(4)											
(5)											
			<u> </u>								
(6)											
SA			Sch	nedule R (F	orm	990)	2020				

Yes No

Χ

Χ

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

HONEY SHINE, INC. 27-3545698

Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity	(b) Primary activity Primary activity Legal domicile (state or foreign country)		(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) (e) Are all partners section 501(c)(3) organizations? Yes No		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(40)													
(16)													

Schedule R (Form 990) 2020

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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.