Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

A F	or th	e 2021	I calendar year, or tax year beginning	07/0	1/2021	and end	ing		06/3	30/2022				
_			C Name of organization					D Employer ide						
В	check if a	pplicable:	HONEY SHINE, INC.											
	Addr chan		Doing business as					27-3545	698					
	Name	e change	Number and street (or P.O. box if mail is r	not delivered to street address))	Room/suit	ie	E Telephone number						
	Initia	l return	100 S. BISCAYNE BLVD			3RD	FL	(305)476-0095						
		return/ inated	City or town, state or province, country, a	nd ZIP or foreign postal code										
	Amer	nded	MIAMI, FL 33131					G Gross receipts	\$	268	3,183.			
		cation	F Name and address of principal officer:	TINA BROWN				H(a) Is this a ground subordinates		for Yes	X No			
	_ ,	•	SAME AS "C" ABOVE					H(b) Are all subord		ided? Yes	No			
ī	Tax-ex	cempt st	tatus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or	527	If "No," at	tach a list	t. See instructions	s			
J	Webs	ite: 🕨	WWW.HONEYSHINE.ORG					H(c) Group exem	otion num	nber >				
K	Form	of orgar	nization: X Corporation Trust	Association Other >		L Yea	ar of format	tion: 2011 M	State of	legal domicile:	FL			
P	art I	Su	ummary											
	1	Briefly	y describe the organization's mission or	most significant activities:	TO EN	ICOURAC	SE THE	BALANCE (OF MI	IND, BOD	Y			
e		AND	SOUL IN GIRLS AND WOMEN	BY PROVIDING N	URTURII	NG EXP	ERIENC	ES THAT						
Jan		ENL	IGHTEN THEIR PATHS AND E	MPOWER THEIR FU	TURE.									
Governance	2	Checl	k this box 🕨 🔙 if the organization di	scontinued its operations	or dispose	ed of more	than 25%	of its net assets	3.					
တိ	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3		32			
ა თ	4	Numb	per of independent voting members of the	he governing body (Part VI	I, line 1b)				4		27			
Activities	5	Total	number of individuals employed in cale	ndar year 2021 (Part V, lin	e 2a)				5		NONE			
Ę	6	Total	number of volunteers (estimate if necess	sary)					6		80			
ď	7a	Total	unrelated business revenue from Part VI	II, column (C), line 12					7a		NONE			
	b	Net u	nrelated business taxable income from F	Form 990-T, Part I, line 11					7b		NONE			
								Prior Year		Current \				
ē	8		ibutions and grants (Part VIII, line 1h)					281,76	55.	268	3,183.			
ent	9		am service revenue (Part VIII, line 2g)						ONE		NONE			
Revenue	10		tment income (Part VIII, column (A), line						55.		NONE			
	11		r revenue (Part VIII, column (A), lines 5,					-59	_		NONE			
_	12		revenue - add lines 8 through 11 (must					282,13		268	3,183.			
	13		ts and similar amounts paid (Part IX, colu						ONE		NONE			
	14		fits paid to or for members (Part IX, colur		N(NONE							
ses	15		ies, other compensation, employee bene		143,22	138	3,794. NONE							
Expenses			essional fundraising fees (Part IX, column					NONE						
EX			fundraising expenses (Part IX, column (E					05.01		110				
			r expenses (Part IX, column (A), lines 11a					85,25			5,885.			
	18		expenses. Add lines 13-17 (must equal					228,48			5,679.			
- S	19	Rever	nue less expenses. Subtract line 18 from	i line 12				53,65		End of Ye	2,504.			
ets c	20	Total	coacta (Part V. line 16)					295,08						
Net Assets or Fund Balances	20 21		assets (Part X, line 16) liabilities (Part X, line 26)				•				9,499. 1,827.			
nd/	22		ssets or fund balances. Subtract line 21				•	295,08	ONE		1,672.			
	rt II		anature Block	nomine 20			-	Z93,00) / •	305	:,072.			
			of perjury, I declare that I have examined this	s return including accompar	nvina schedi	ules and sta	atements a	and to the best of	mv kno	owledge and b	elief it is			
true	e, corre	ect, and	I complete. Declaration of preparer (other than	officer) is based on all inform	ation of whi	ch prepare	r has any ki	nowledge.						
Sig	ın	5	Signature of officer					Date						
He	re		TINA BROWN											
		_	Type or print name and title		CEC	<i></i>								
			/Type preparer's name	Preparer's signature		Date		Check	if PTI	IN				
Paid		JAC	OB COOK	JACOB COOK		05/	01/2023			01240455	1			
	parer	Firm's	s name ► BDO USA, LLP	011002 00010				Firm's EIN		-5381590				
Use	Only			SUITE 685 BOCA RATON,	FL 33432			Phone no.		1-909-21				
Ma	y the	_	discuss this return with the preparer							X Yes	No			
_			Reduction Act Notice, see the separate								0 (2021)			

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

filing of this form, visit www.irs.gov/e-file-providers/e-file-f			tructions). For more de	etails on tr	ie electronic			
Automatic 6-Month Extension of Time. Only submi	it original	(no copies needed).						
All corporations required to file an income tax return oth must use Form 7004 to request an extension of time to file		•	20-C filers), partnership	ps, REMIC	s, and trusts			
Type or Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	on number (TIN)				
print HONEY SHINE, INC.								
File by the due date for	x, see instruc							
filing your 100 S. BISCAYNE BLVD SUITE 3R	r [100 S. BISCAYNE BLVD SUITE 3RD FL							
return. See City, town or post office, state, and ZIP code. For instructions.	a foreign ad	dress, see instructions.						
MIAMI, FL 33131								
Enter the Return Code for the return that this application	is for (file	a separate application fo	r each return)		0 1			
Application	Return	Application			Return			
Is For	Code	Is For			Code			
Form 990 or Form 990-EZ	01	Form 1041-A			08			
Form 4720 (individual)	03	Form 4720 (other than	n individual)	09				
Form 990-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above) Form 990-T (corporation)	06 07	Form 8870			12			
Telephone No. ▶ 305 4760095 If the organization does not have an office or place of the lifthis is for a Group Return, enter the organization's for for the whole group, check this box ▶	fousiness in ur digit Groff it is for parton is for.	oup Exemption Number (our of the group, check the	k this box	. If t	his is ttach			
1 I request an automatic 6-month extension of time ur for the organization named above. The extension is			3 , to file the exemp	t organiza	tion return			
calendar year 20 or x tax year beginning 07/ If the tax year entered in line 1 is for less than 12 m Change in accounting period	<u>01</u> , 202 <u>1</u>	, and ending						
3a If this application is for Forms 990-PF, 990-T, nonrefundable credits. See instructions.	4720, or	6069, enter the tent	ative tax, less any	20 6	NONE			
b If this application is for Forms 990-PF, 990-T,	4720. or	6069, enter any refu	indable credits and	3a \$	NONE			
estimated tax payments made. Include any prior yea		-		3b \$	NONE			
c Balance due. Subtract line 3b from line 3a. Incusing EFTPS (Electronic Federal Tax Payment System	-		orm, if required, by	3c \$	NONE			
Caution: If you are going to make an electronic funds withdraws instructions.	•		see Form 8453-TE and Fo					
For Privacy Act and Panerwork Reduction Act Notice see instr	uctions			Form 8869	3 (Pay 1-2022)			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)

Page 2 Form 990 (2021)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
<u> </u>	Briefly describe the organization's mission:	. X
•	TO ENCOURAGE THE BALANCE OF MIND, BODY AND SOUL IN GIRLS AND WOMEN BY	
	PROVIDING NURTURING EXPERIENCES THAT ENLIGHTEN THEIR PATHS AND	
	EMPOWER THEIR FUTURE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others,
	the total expenses, and revenue, if any, for each program service reported.	
_		
4a	(Code:) (Expenses \$)
	HONEY SHINE, INC. PROVIDES UNIFORM T-SHIRTS, HEALTHY MEALS	
	(BREAKFAST AND LUNCH), TRANSPORTATION AND A VARIETY OF SUPPLIES TO	
	FACILITATE HANDS-ON LEARNING FOR 224 FEMALE MENTEES TO ATTEND	
	WORKSHOPS TWICE A MONTH. THE WORKSHOPS FURTHER HONEY SHINE'S	
	VISION TO "EMPOWER GIRLS TO SHINE AS WOMEN," BY TEACHING THEM LIFE SKILLS DESIGNED TO BOOST THEIR SELF-ESTEEM AND EXPAND THEIR WORLD	
	VIEW. (CONTINUED ON SCHEDULE O)	
	VIEW. (CONTINUED ON SCHEDOLE O)	
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	HONEY SHINE GRADUATES GIRLS FROM THE PROGRAM UPON THEIR COMPLETION	,
	OF HIGH SCHOOL. MANY OF THESE YOUNG LADIES HAVE EXCELLED IN THEIR	
	ACADEMIC PERFORMANCE, AND QUALIFY FOR A SCHOLARSHIP THROUGH HONEY	
	SHINE, SPONSORED BY A VARIETY OF DONORS. THESE FORMER HONEY BUGS	
	RECEIVE FUNDS TO APPLY TOWARD TUITION AND/OR THE COST OF LIVING,	
	PROVIDING THEY MAINTAIN AN AVERAGE GPA OF 2.5, AND THAT THEY	
	SUBMIT PROOF OF THEIR GRADES EACH SEMESTER. THESE ENDOWMENTS ARE	
	THEN DISBURSED TO THE STUDENTS VIA THE PROGRAM.	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
_		
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 218,933	

4e Total p

JSA
1E1020 1.000

Form **990** (2021) 3990SX YJ4H 4

Form 990 (2021)
Part IV Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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			
	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	X	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		3.7
_	Schedule D, Parts XI and XII.	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	426	37	
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	37
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		X
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		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	עדי		X
13	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	10		
	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	- 1		
	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?	'0		- 25
13	If "Yes," complete Schedule G, Part III	19		Х
20.2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
JSA 151021			990	(2021)
1E1021	3990SX YJ4H		5	(= - - 1)

Form 990 (2021) Page 4

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			37
22	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		v
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
2 4a	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		
20	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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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			37
2.4	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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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 on 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			
,	Fatantha number annotation have 2 of Famo 4000. Fatan 0 Wasters P. 11		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c		
JSA			990	(2021)
1E1030	1.000 3990SX YJ4H		6	, ,=./
			-	

Form 990 (2021) Page

Form	990 (2021)		-	age 3			
Par	t V 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 2a NONE						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.						
	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					
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Х			
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-ta					
D	If "Yes," enter the name of the foreign country ►						
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		Х			
	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						
	organization solicit any contributions that were not tax deductible as charitable contributions?						
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a	X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c		X			
	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			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h					
8	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
Ü	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					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	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.)	40					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	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.	13a					
а	Is the organization licensed to issue qualified health plans in more than one state?	154					
h	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						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	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		Х			
	If "Yes," see the 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		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					

Form 990 (2021) HONEY SHINE, INC. 27-3545698 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	32			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	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 ur					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	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 under	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	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					37
Socti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O on B. Policies (This Section B requests information about policies not required by the Inte			9 Codo	1	X
Jecu	on B. Folicies (This Section B requests information about policies not required by the line	mai	Neveriue		·/ Yes	No
40-	Did the consciention have lead about on househor on attitude 2			10a		X
	Did the organization have local chapters, branches, or affiliates?			104		
D	If "Yes," did the organization have written policies and procedures governing the activities of		-	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt put has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	X	
11a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	iing in	e ionne			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests t					
b	rise to conflicts?		_	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the pe					
·	describe on Schedule O how this was done	-		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review an					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	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			465		
Soct	organization's exempt status with respect to such arrangements?			16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ▶_FL, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990	2000 has	(000	ion F	01(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website X Upon request Other (explain on Sc.	ply.		(Sec)		υ i (C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	f inter	est p	olicy,
20	and financial statements available to the public during the tax year.	بنامم	ood =====			
20	State the name, address, and telephone number of the person who possesses the organization's k	JOUKS	anu record	ა ≯		

3054760095

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	neck ss pe	ition more	e than construct that is both cor/trust employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) TINA BROWN	1.00									
CEO	41.00			Х				NONE	148,943.	NONE
(2) STEPHEN A. MARINO, JR., ESQ.	1.00									
CHAIRMAN	2.00	Х		Х				NONE	NONE	NONE
(3) MICHELLE FEBRES	1.00									
VICE CHAIR	2.00	Х		Х				NONE	NONE	NONE
(4) ANDRES ASION	1.00									
SECRETARY	2.00	Х		Х				NONE	NONE	NONE
(5) SHAWN ALEXANDER	1.00									
TREASURER	2.00	X		Х				NONE	NONE	NONE
(6) ROD ADKINS	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(7) RON BOOK	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(8) STEPHEN BOUCHER	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(9) RUSSELL H. BROOKE	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(10) MAGDA J. CASTINEYRA	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(11) LINDA COLL	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(12) GREGORY DEUTCH, ESQ.	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(13) ALBERT E. DOTSON, JR., ESQ.	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE
(14) JEFFREY FRATARCANGELI	1.00									
DIRECTOR	2.00	X						NONE	NONE	NONE 5

Form 990 (2021) Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	(B) (C) (D) (E)							(E)	(F)
Name and title	Average			Posit				Reportable	Reportable	Estimated
	hours per	,				than c is both		compensation	compensation from	amount of
	week (list any hours for	office	r and			or/trust		from the	related organizations	other compensation
	related	or a	Ins	읓	Ke)	Hig	For	organization	(W-2/1099-MISC)	from the
	organizations	dividual r	titut	Officer	/ em	hes	Former	(W-2/1099-MISC)	(organization
	below dotted line)	tor t	iona		Key employee	t cor				and related organizations
	,	Individual trustee or director	Institutional trustee		/ee	npe				. g
		ĕ	stee			Highest compensated employee				
15) ALLEN BUDGE	1 00					ed				
15) ALLEN FURST	$\frac{1}{2} \cdot \frac{00}{00}$							NONE	NIONIE	MONE
DIRECTOR	2.00	X						NONE	NONE	NONE
16) MICHAEL FUX	$\frac{1.00}{2.00}$	X						NONE	NIONIE	MONE
DIRECTOR	1.00	Λ		-				NONE	NONE	NONE
17) SABRINA GALLO	2.00	X						NONE	NONE	NONE
DIRECTOR 18) SALO GROSFELD	1.00	Λ		_				NONE	NONE	NONE
DIRECTOR	$\frac{1}{2.00}$	x						NONE	NONE	NONE
19) NATASHA HAMPTON	1.00	Λ		_				NONE	NONE	NONE
DIRECTOR	$\frac{1}{2.00}$	X						NONE	NONE	NONE
20) SHEVRIN JONES	1.00	Λ.		_				NONE	NONE	NONE
DIRECTOR	2.00	X						NONE	NONE	NONE
21) DR. JAYNE A. KLEIN	1.00	21		\dashv				NONE	NONE	NONE
DIRECTOR	2.00	X						NONE	NONE	NONE
22) JACQUELINE MANSFIELD	1.00	21						IVOIVE	IVOIVE	110111
DIRECTOR	2.00	X						NONE	NONE	NONE
23) ASHLEY PERKINS	1.00							110112	110112	
DIRECTOR	2.00	Х						NONE	NONE	NONE
24) JACQUELYNN POWERS	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NONE
25) MICHAEL ROSE	1.00									
DIRECTOR	2.00	Х						NONE	NONE	NONE
1b Sub-total	1						•	NONE	148,943.	NONE
c Total from continuation sheets to Part VII, S	ection A						•	NONE		NONE
d Total (add lines 1b and 1c)	-						•	NONE	148,943.	NONE
2 Total number of individuals (including but not							o re	ceived more than		
reportable compensation from the organizatio					NOI					
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ividu	ıal .						3

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated		
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1 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

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 ▶

Page (2021)

Part VII Section A. Officers, Directors, 1	rustees, Ke	y En	nplo	yee	es,	and F	lig	hest Compensat	ed Employees (d	continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for	box,	not ch unles er and	s pei	more rson	e than o is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizatio and related organization	b
26) MATTHEW ROTH	1.00										
DIRECTOR	2.00	X						NONE	NONE]	NONE
27) ELISE SCHECK BONWITT, ESQ.	1.00										
DIRECTOR	2.00	X						NONE	NONE]	NONE
28) CANDY M. SICLE	1.00										
DIRECTOR	2.00	X						NONE	NONE]	NONE
29) JODI A. SILVA	$-\frac{1}{2} \cdot \frac{00}{00}$	- 37						NONE	NONE		NT/NTF
DIRECTOR 30) PAUL A. SHELOWITZ	1.00	X						NONE	NONE	_	NONE
DIRECTOR	2.00	X						NONE	NONE	,	NONE
31) JASON STERNBERG	1.00	21						IVOIVE	110111	-	LVOIVE
DIRECTOR	2.00	X						NONE	NONE]	NONE
32) ERIC JAMES VAINDER	1.00										
DIRECTOR	2.00	Х						NONE	NONE]	NONE
1b Sub-total							▶				
c Total from continuation sheets to Part VII,							\blacktriangleright				
d Total (add lines 1b and 1c)							>				
2 Total number of individuals (including but no reportable compensation from the organizat		hose	liste	d ab	OOV	e) who	re	eceived more than	\$100,000 of		
Toportubio compensation from the organization										Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3	X
4 For any individual listed on line 1a, is the organization and related organizations	e sum of rep	oortab	ole c	om	pen	satior	n ai	nd other compen	sation from the		
individual										4	X
5 Did any person listed on line 1a receive of for services rendered to the organization? If										5	Х
Section B. Independent Contractors											
 Complete this table for your five highest or compensation from the organization. Repor year. 											

(A)	(B)	(C)
(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 ► NONE

27-3545698 Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
សស	1a	Federated campaigns 1a					
Gran	b	Membership dues 1b					
	c	Fundraising events 1c					
fts F A	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e	178,835.				
	f	All other contributions, gifts, grants,					
er (and similar amounts not included above . 1f	89,348.				
들본	g	Noncash contributions included in					
ξģ			\$				
နှင့်	h	Total. Add lines 1a-1f		268,183.			
			Business Code				
e S	2a						
e Š	b						
Program Service Revenue	c						
eve	d						
99 R	e						
Ţ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	NONE			
	4	Income from investment of tax-exempt bond	d proceeds . ►	NONE			
	5	Royalties	▶	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
Re	C	Gain or (loss)					
er	d	Net gain or (loss)		NONE			
Other I	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	NONE				
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses 8b		NONE			
	C	Net income or (loss) from fundraising events	· · · · · · · · ·	NONE			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	١.	'	NONE				
		Less: direct expenses		NONE			
	100			1,011			
	10a	Gross sales of inventory, less returns and allowances	NONE				
	 	Less: cost of goods sold					
	b	Net income or (loss) from sales of inventory		NONE			
·s		, , , , , , , , , , , , , , , , , , , ,	Business Code				
e go	11a						
Miscellaneous Revenue	b						
	C						
ဒ္ဓ	d	All other revenue					
Σ		Total. Add lines 11a-11d		NONE			
				268,183.			

Part IX Statement of Functional Expenses

						organizations		

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	138,794.	121,485.	10,441.	6,868.
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
11	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	NONE			
c	Accounting	NONE			
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	NONE			
12	Advertising and promotion	NONE			
13	Office expenses	21,508.	18,913.	2,595.	
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	NONE			
17	Travel	524.	524.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	NONE			
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.)				
а	FEES AND MEMBERSHIPS	3,958.		3,958.	
b	OTHER EXPENSES	90,895.	78,011.		12,884.
c					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	255,679.	218,933.	16,994.	19,752
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2021) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	252,334.	1	436,010.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	26,700.	4	59,807.
	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	NONE	5	NONE
	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)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ğ	9	Prepaid expenses and deferred charges	NONE	9	NONE
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a NONE			
	b	Less: accumulated depreciation 10b	4,934.	10c	NONE
	11	Investments - publicly traded securities	6,601.	11	3,682.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	4,518.	15	NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	295,087.	16	499,499.
_	17	Accounts payable and accrued expenses	NONE		NONE
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
G	22	Loans and other payables to any current or former officer, director,	NONE	<u> </u>	NONE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
pi		controlled entity or family member of any of these persons	NONE	22	NONE
Lia	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE	24	NOINE
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
			NONE	25	104 007
	26	of Schedule D	NONE		194,827. 194,827.
_	20		NONE	26	194,627.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	205 007	27	204 672
Bal	28	Net assets with donor restrictions.	295,087.		304,672.
pu	20		NONE	28	NONE
Ē		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
šeti	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	295,087.	32	304,672.
Ž	33	Total liabilities and net assets/fund balances	295,087.	33	499,499.
			,		Form 990 (2021)

Form **990** (2021)

3990SX YJ4H **14**

Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	68,	<u> 183</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	55,	<u>679</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			12,	<u>504</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2	95,	<u>087</u>
5	Net unrealized gains (losses) on investments	5			-2,	<u>919</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		3	04,	<u>672</u>
Part	XII Financial Statements and Reporting					
	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," ex	kplain	on			
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	na			
	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	ersight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?		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 for	rth in t	the			
	Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

3990SX YJ4H 15

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number						
ion.	Inspection					
	Open to Public					
empi chamable irusi.						

IOH	NEY	SHINE, INC.						545698	
Pa	rt I	Reason for Public C	harity Status. (All	organizations must	complet	te this p	art.) See instructions	S.	
The	orga	anization is not a private t	oundation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, convention of	churches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school described in se	ction 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)			
3		A hospital or a cooperat	•	•		٠,			
4		A medical research orga	· ·	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and							
5		An organization operate section 170(b)(1)(A)(iv).		a college or universit	y owner	d or ope	erated by a governme	ental unit described in	
6		A federal, state, or local		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7	X		•					om the general public	
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8		A community trust descr		•	Part II.)				
9		An agricultural research	organization describe	ed in section 170(b)(1)(A)(ix)	operated	d in conjunction with a	land-grant college	
		or university or a non-lar	nd-grant college of a	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or	
		university:							
10		An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11 12		An organization organize An organization organize	•	•	•			rry out the nurneess of	
12		one or more publicly sup	•	•				• • •	
а	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
а	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
		supporting organizatio				ajority of	the directors of tracte	oco or trio	
b		Type II. A supporting of				with its	supported organizati	on(s), by having	
		control or managemer	-				· · ·		
		organization(s). You m				•		0 11	
С		Type III functionally in	tegrated. A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,	
	_	its supported organiza	ion(s) (see instruction	ns). You must comple	te Part I	V, Section	ons A, D, and E.		
d		Type III non-functiona	<mark>lly integrated.</mark> A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)	
		that is not functionally	integrated. The orga	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness	
		_ requirement (see instr	uctions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.		
е		Check this box if the o	•					II, Type III	
	_	functionally integrated,		ionally integrated sup	porting o	organizat	tion.		
f		ter the number of suppor							
g		ovide the following inform			6-2		63 0	(14) A	
	(1) 14	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	, ,	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(
(D)									
(E)									
Tota	al								

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	665,082.	435,940.	130,247.	281,765.	268,183.	1,781,217.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	665,082.	435,940.	130,247.	281,765.	268,183.	1,781,217.
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)						261,323.
6	Public support. Subtract line 5 from line 4						1,519,894.
	tion B. Total Support	(-) 0047	(1-) 0040	(-) 0040	(4) 0000	(-) 0004	(A) T-4-1
_	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	665,082.	435,940.	130,247.	281,765. 965.	268,183.	1,781,217. 965.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						1,782,182.
12	Gross receipts from related activities, etc. (s	see 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		•				
14	Public support percentage for 2021 (li		-			14	85.28 %
15	Public support percentage from 2020	•	•			15	85.90 %
16a	331/3% support test - 2021. If the org						
	box and stop here. The organization q						
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization						
	Part VI how the organization meets			_			
h	organization						
b	10%-facts-and-circumstances test - 2	-	=				
	15 is 10% or more, and if the organization most					-	
	in Part VI how the organization meets organization			_	-		
18	Private foundation. If the organization						
	instructions						. \square

3990SX YJ4H **17**

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	(-) 004 7	(h) 0040	(-) 0040	(4) 0000	(-) 0004	(6) T-4-1
_	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	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						
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,		+				
13	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	ion's first secon	l third fourth	or fifth tay ve	ar as a section	501(c)(3)
	organization, check this box and stop here .	ŭ	•		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2020 Schee	dule A, Part III, lii	ne 15			16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lin			13, column (f))		17	%
18	Investment income percentage from 2020 S					18	%
	331/3% support tests - 2021. If the org						
	17 is not more than 331/3 %, check this	-					
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line 1	4, 19a, or 19b.	, check this bo	x and see instru	uctions >

JSA 1E1221 1.000

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
- under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Castia	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secur	on B. Type i Supporting Organizations		Voc	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	163	NO
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	on C. Type II Supporting Organizations		V	NI -
			res	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	on 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 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		Yes	No
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021 JSA 1E1230 1.000 3990SX YJ4H

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See								
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.					
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							
6	Portion of operating expenses paid or incurred for production or collection								
	of gross income or for management, conservation, or maintenance of								
	property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
a	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7		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								
_	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functiona		ted Type III supporting	g organization					
	(see instructions).	J 3	21						

Schedule A (Form 990) 2021

21

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Page **7**

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	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	
7	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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	10			
Secti	section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistribution Pre-2021		าร	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

Excess from 2021

3990SX YJ4H **22**

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

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** 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), 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), 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).

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

Schedule B (Form 990) (2021)

Name of organization
HONEY SHINE, INC.

Employer identification number 27-3545698

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed
all	Contributors (see instructions).	Ose duplicate copies of Part Fil additional space is needed

	· · · · · · · · · · · · · · · · · · ·		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	- _ \$165,896. -	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	N/A	\$	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	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

JSA

Name of organization			Employer identification number
	HONEY SHINE	TNC	27-3545698

art II Nonc	ash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(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 Employer identification number HONEY SHINE, INC. 27-3545698 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021)

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.

Open to Public ► Attach to Form 990. Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

HON	MEY 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	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	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 terminal	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, inspecti	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	Yes □ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financiorganization's accounting for conservation easements.	ai statements that describes the
Pa	irt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	· Similar Assets
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Olimai Assets.
		a statement and balance about works
Та	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,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	nese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
	art, historical treasures, or other similar assets held for public exhibition, education, or rese provide the following amounts relating to these items:	earch in furtherance of public service,
	(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 FASR ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X.	š

Pa	rt Organizations Maintaini	ng Colle	ections of	Art, Histo	rical Tre	asures,	, or Other	Similar Assets	(continued)	
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, check	any of	the follow	ring that make s	ignificant use	of its
	collection items (check all that app	ly):								
а	Public exhibition	• ·		d	Loan	or exchai	nge prograi	m		
b	Scholarly research			e 🗀	Other		0 , 0			
С	Preservation for future gene	rations								
4	Provide a description of the organ		collections	and expla	ain how t	hev furt	her the or	nanization's exer	not purpose i	in Part
•	XIII.	in Lation 6	001100110110	and onpic	 .	ing rait	1101 1110 01	gamzanorro oxor	mpt parpood	iii i ait
5	During the year, did the organization	n solicit (or receive (donations o	fart hiet	orical tra	acurae or	other similar		
J	assets to be sold to raise funds rath								Yes	No
Da	rt IV Escrow and Custodial A			airieu as pa	ii t Oi tiie t	nyaniza	tion's collec	SHOTT:	165	INU
Га	Complete if the organization 990, Part X, line 21.			es" on For	m 990, F	Part IV, I	ine 9, or r	eported an amo	ount on Form	1
1a	Is the organization an agent, trus	tee, cust	odian or o	ther interm	nediary fo	r contri	butions or	other assets no	t	
	included on Form 990, Part X?				-				Yes	No
b	If "Yes," explain the arrangement i	n Part XII	II and com	olete the fo	llowing tab	ole:				_
	, ,		'		J			Amo	unt	
С	Beginning balance						1c			
d	Additions during the year						1d			
- -	Distributions during the year						1e			
f	Ending balance					_	1f			
2a	Did the organization include an am							account liability?	Yes	No
	If "Yes," explain the arrangement i							-		
		II Fait All	ii. Check ii	ere ii tile e.	хріанаціон	nas bee	ii provided	Uli Fall Alli		
Га	rt V Endowment Funds. Complete if the organization	ation and	word "Ve	oc" on For	m 000 E	Part I\/ I	lino 10			
	Complete if the organiza						years back	(-D) There are the co	. (a) Farming	and hards
		(a) Cui	rrent year	(b) Prio	r year	(C) 1WO	years back	(d) Three years bad	k (e) Four yea	irs dack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage		rrent vear	end halanc	e (line 1a	column	(a)) held as			
- a	Board designated or quasi-endown				o (iii.o .g,	COIGITITI	(4)) 11014 40	•		
b	Permanent endowment	%		_						
С	Term endowment ▶	%								
	The percentages on lines 2a, 2b, a	and 2c sh	ould equal :	100%.						
3a	Are there endowment funds not in				ation that	are held	and admir	nistered for the		
- u	organization by:	ino poco	0001011 01 11	io organiza	mon mar	aro mora	ana aanni		Ye	s No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									+-
h	If "Yes" on line 3a(ii), are the relate									+
_									. 35	
4	Describe in Part XIII the intended of the Land, Buildings, and Equ									
Га	rt VI Land, Buildings, and Equal Complete if the organiz	ation ans	swered "Y	es" on Foi	rm 990, l	Part IV,	line 11a. S	See Form 990,	Part X, line 1	10.
	Description of property		(a) Cost or	other basis	(b) Cost	or other bas	sis (c) Aco	cumulated	(d) Book value	
4 -	Lond		(inves	tment)	(0	ther)	depr	eciation		
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
<u>e</u>	Other					/= \ ··				
Tota	I. Add lines 1a through 1e. (Column	ı (d) musi	t eaual Forr	n 990. Part	X. columi	า (B). line	e 10c.)	▶		

Schedule D (Form 990) 2021

JSA 1E1269 1.000

3990SX YJ4H **28**

Part VII	Investments - Other Securities.	LIIV.	D. (1)/ 1' 441 O. (Free 200	Dest William 40
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(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, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat	
			Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D ()/ II 45
	Complete if the organization answered), Part IV, line 11d. See Form 990,	
	(a) De	scription		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(1)			
	umn (b) must equal Form 990, Part X, col. (B)	ine 15.)	<u></u>	
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes	tion of hability		(b) Book value
	O AFFILIATES			194,827.
(3)	J AFFIDIALES			174,027.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			194,827.
. J.an (Joidii	1,			171,041.

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 .

JSA 1E1270 1.000

Part 2	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur 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.)		
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Reto Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
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		
a			
b		4c	
С 5	Add lines 4a and 4b	5	
Part	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; I XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform SUPPLEMENTAL PAGE	Part V	, line 4; Part X, line I.

Part XIII Supplemental Information (continued)

SCHEDULE D, 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 A CHARITABLE ORGANIZATION 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 ORGANIZATION CURRENTLY HAS NO UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED AS OF JUNE 30, 2022 AND 2021.

THE ORGANIZATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON ITS

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 ORGANIZATION AS OF JUNE 30, 2022 AND 2021.

THE U.S. FEDERAL JURISDICTION IS THE MAJOR TAX JURISDICTION WHERE THE ORGANIZATION FILES INCOME TAX RETURNS. HONEY SHINE IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2019.

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HONEY SHINE, INC

► 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 (CONTINUED):

EACH WORKSHOP COVERS A VARIETY OF TOPICS INCLUDING: SOCIAL AND BEHAVIORAL ETIQUETTE, HEALTH AND WELLNESS, CULTURAL 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 AREAS OF MIAMI-DADE COUNTY WHERE PRIMARILY THE MEDIAN INCOME RANGE FOR MOST SINGLE FAMILY HOUSEHOLDS IS \$30,000 - \$35,000 ANNUALLY.

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

A DRAFT OF THE FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTANTS AND PROVIDED TO THE GOVERNING BODY, WHOM THEN REVIEWS IT FOR ACCURACY BASED ON THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

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

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

HONEY SHINE, INC. 27-3545698

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

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
2021
Open to Public Inspection

Name of the organization

HONEY SHINE, INC.

Employer identification number
27-3545698

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1) MOURNING FAMILY FOUNDATION,	INC. 65-1075983							
100 SOUTH BISCAYNE BLVD, 3RD H	FL MIAMI, FL 33131	YOUTH SRVCS	FL	501(C)(3)	LINE 7	OYC		Х
(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		Х
(3) OVERTOWN YOUTH CENTER, INC.	65-1048896							
450 NW 14 STREET	MIAMI, FL 33139	YOUTH SRVCS	FL	501(C)(3)	LINE 7	N/A		Х
(4) OYC PROPERTY HOLDINGS, INC.	84-0480122							
450 NW 14TH ST	MIAMI, FL 33136	SUPP ORG	FL	501(C)(3)	LINE 12	OYC		Х
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 HONEY SHINE, INC. 27-3545698 Page 2

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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
		oou,		,			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)								

27-3545698 Page 3 Schedule R (Form 990) 2021 HONEY SHINE, INC.

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

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

1	During the tax year, did the organization engage in any of the following transactions with one or more re-	elated organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			1a		Х
	Gift, grant, or capital contribution to related organization(s)			1b		Х	
	Gift, grant, or capital contribution from related organization(s)			1c		Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e	х	
	Estation of four guarantees by relation organization (b)						
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		Х
i	Exchange of assets with related organization(s).				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s).				1j		Х
,	Lease of facilities, equipment, of other assets to related organization(s).						Ť
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	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	х	
	Sharing of paid employees with related organization(s)			10	x		
U	Sharing of paid employees with related organization(s)						
n	Reimbursement paid to related organization(s) for expenses				1р		Х
	Reimbursement paid by related organization(s) for expenses				1q		X
ч	Treilinguisement paid by related organization(s) for expenses 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.						
	Other transfer of cash or property to related organization(s)				1r	х	
	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 the	nis line, including cove	red relationships and transa	action thre			
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method	of dete		j
		type (a-s)		amo	טיווו ווועכ	iveu	
(1)							
. ,							
(2)							
(3)							
(4)							
(5)							
(6)							
SA	<u> </u>		Sch	edule R (Form	990) 2	<u>202</u>
J							

36

Yes No

Schedule R (Form 990) 2021 HONEY SHINE, INC. 27-3545698 Page $\mathbf{4}$

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

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

(a) Name, address, and E	IN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	from tax under organ		e) partners ction (c)(3) cations?	(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?		ownership	
				sections 512 - 514)	Yes	No		Yes	No		Yes	No		
<u>(1)</u>														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)		-												
(8)														
(9)		-												
(10)		-												
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														