Form	990

# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public.

2 Open to Public

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OMB No. 1545-0047

		nue Service Information about F				-	orm990.		nspectio	n
AF	or th	e 2020 calendar year, or tax year beginning	07	7/01, <b>2020</b>	), and ending			06/30, <b>2</b>		
Br	heck if ap	C Name of organization				۲ ا	D Employer ide	entification nun	nber	
	_	SHARING CONNEXION, INC.								
	Addre chang	e Doing Business As					47-5051			
	Name	change Number and street (or P.O. box if mail is not deliv	ered to street addre	ess)	Room/suite		E Telephone n			
	Initial						(303) 20	5-6760		
	Termi		or foreign postal co	de						
	Amen return	DERVER, CO 00202					Gross receip		,548,	
	Applic pendi	ng	WIN G. ANI	DERSON I	II	H	I(a) Is this a grou subordinates		Yes	X No
		SAME AS "C" ABOVE				H	<b>l(b)</b> Are all subord	inates included?	Yes	No
		empt status: X 501(c)(3) 501(c) ( )	(insert no.)	4947(a)(1)	or 527		If "No," attac	ch a list. (see instru	ctions)	
		te:  WWW.SHARINGCONNEXION.ORG					I(c) Group exem			
К	Form o	of organization: X Corporation Trust Associa	tion Other	•	L Year of	formatio	n: 2015 <b>M</b>	State of legal do	omicile:	CO
Pa	art I	Summary								
	1	Briefly describe the organization's mission or most s						ING		
ce		ORGANIZATIONS AND NONPROFITS WI	TH REAL ES	STATE EX	PERTISE,	FUND	ING,			
nar		AND PRESERVATION.								
Governance	2	Check this box ▶ if the organization discontin	nued its operation	ons or dispos	ed of more tha	n 25% o	f its net assets	S.		
		Number of voting members of the governing body (F						3		12.
ې مې		Number of independent voting members of the gove						4		12.
itie	5	Total number of individuals employed in calendar ye	ear 2020 (Part V,	line 2a)				5		1.
Activities &								6		40.
Ă	7a	Total unrelated business revenue from Part VIII, colu	mn (C), line 12					7a		0
	b	Net unrelated business taxable income from Form 99	90-T, line 34 🔒		<u></u>			7b		0
							Prior Year	Cur	rent Yea	ar
e	8	Contributions and grants (Part VIII, line 1h)					139,88	32.	102	,478
nuə	9	Program service revenue (Part VIII, line 2g)			Y FOR		77,72	21.	2	,132
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			NSPECTION		403,64	43.	252	,500
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11	e)				0.		0
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column	(A), line 12) <b>.</b>			621,24	46.	357	,110
	13	Grants and similar amounts paid (Part IX, column (A)	, lines 1-3)				1,25	50.		0
	14	Benefits paid to or for members (Part IX, column (A),	line 4)					0.		0
ŝ		Salaries, other compensation, employee benefits (Pa					75,03	30.	85,	,890
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin	e 11e)					0.		0
ďX	b	Total fundraising expenses (Part IX, column (D), line	25) ►	27,679	)					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)				313,79			,106
		Total expenses. Add lines 13-17 (must equal Part IX					390,07	0.	403	,996
	19	Revenue less expenses. Subtract line 18 from line 12	2				231,17	6.	-46	,886
s or						Beginni	ng of Current Y	/ear End	d of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)					3,431,87	7.		,830
t As d B	21	Total liabilities (Part X, line 26)					2,700,52	9.	56,	,368
Fun	22	Net assets or fund balances. Subtract line 21 from li	ne 20				731,34	.8.	684,	,462
Pa	rt II	Signature Block								
Un	der per	nalties of perjury, I declare that I have examined this return ct, and complete. Declaration of preparer (other than officer)	, including accom	panying sched	ules and statem	ents, and	d to the best of	my knowledge	and beli	ief, it is
	, cone		is based on all inte	Simation of wit	ich preparer has	апу кпо	wiedge.			
•										
Sig		Signature of officer					Date			
He	re	EDWIN ANDERSON III		PRESI	DENT					
_		Type or print name and title								
		Print/Type preparer's name Prepar	er's signature	) .	Date		Check	if PTIN		
Paic		MARY JANE PIERONI, CPA DIREC	er's signature	eran	05/16	/2022	self-employ	ed P0053	8772	
	oarer	Firm's name 🕨 BDO USA, LLP				F	Firm's EIN 🕨	13-53815	90	
use	Only	Firm's address ► 4999 PEARL E CIRCLE	STE 300 BC	ULDER, (	20 80301			303-440-	0399	
Мау	the II	RS discuss this return with the preparer shown above	? (see instruction	ns)				X Y	es	No
-		work Reduction Act Notice, see the separate instru							m 990	

For	m 990 (2020)					Page <b>2</b>
Pa		ement of Program Serv				
-			s a response or note to any lin	ne in this Part III	<u></u>	X
1	-	De the organization's miss	AFFORDABLE HOUSING C	RGANIZATIONS AND		
			E EXPERTISE, FUNDING		N.	
				,		
2	prior Form 99		gnificant program services d			e Yes X No
3	Did the orga	anization cease conduc	ting, or make significant ch	-		n . Yes X No
	If "Yes," descr	ribe these changes on Sc	hedule O.			
4	expenses. Se	ction 501(c)(3) and 501	service accomplishments for (c)(4) organizations are required, for each program service rep	uired to report the amou		
4a	(Code:		324,461. including grants of	of \$) (F	Revenue \$	254,632.)
4b	(Code:	) (Expenses \$	including grants of	of \$) (F	Revenue \$	)
4c	(Code:	) (Expenses \$	including grants o	of \$) (F	Revenue \$	)
4d	Other program	m services (Describe on S	Schedule O.)			
	(Expenses \$		grants of \$	) (Revenue \$	)	
	Total program	n service expenses 🕨	324,461.			
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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
2	complete Schedule A.	1 2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
3	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)	<b>-</b>		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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			x
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		x
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			37
40	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0		x
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u> </u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV

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art	V Checklist of Required Schedules (continued)			
			Yes	No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	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		Х
4 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
5	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	
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	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
,		21		
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	Х	
4	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
5 a		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
			( )	

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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 0.	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		

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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 1								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		37					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
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	7-		x					
	and services provided to the payor?	7a							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c	х						
لہ	required to file Form 8282?	10							
		7e		х					
	<ul> <li>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> </ul>								
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h							
8									
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L					
10	Section 501(c)(7) organizations. Enter:								
	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								
40-	against amounts due or received from them.)	12a							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
ŭ	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		ļ					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			ĺ					
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.			1					

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
Tu	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			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
2	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
4 5		5		Х
-	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		х
6 7-	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		x
	one or more members of the governing body?	10		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
~	stockholders, or persons other than the governing body?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	x	
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		x
Soct	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	-	<u> </u>	21
Jeci	on b. Policies (This Section D requests information about policies not required by the internal Revenue	Coue	Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	TVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	x	
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	- 22	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	100	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	- 21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.01-	x	
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	v	
	describe in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				37
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Г (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       Another's website       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	rest p	oolicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and recorded and record	ds 🕨		
	25/11 C. 122/100/ 111 110 22/101 (1/101/ #520 22/00/ CO 00202 505-205-0/00			
10.4		Form	990	(2020)

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)EMILY NILSEN	40.00									
OPERATIONS DIRECTOR	0.			Х				57,990.	0.	15,843.
(2) EDWIN ANDERSON	12.00									
PRESIDENT AND DIRECTOR	0.	Х		Х				0.	0.	0.
(3) DAVID CHASNOW	12.00									
VICE PRESIDENT & DIRECTOR	0.	X		Х				0.	0.	0.
(4) DIANE AUSTIN	4.00									
TREASURER AND DIRECTOR	0.	Х		Х				0.	0.	0.
(5) JOHN DASKAM	2.00									
SECRETARY AND DIRECTOR	0.	Х		Х				0.	0.	0.
(6) STEFANIE FOX	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(7) ROB GILLIS	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(8) JUSTIN GILMORE	1.00									
DIRECTOR AS OF 6/16/2021	0.	Х						0.	0.	0.
(9)JIM MELLOR	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(10) ALEJANDRO MONAREZ	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(11) JESSICA RAWSON	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) JENNIFER ROBINSON	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(13) LAUREN SCHEVETS	2.00									
DIRECTOR	0.	Х						0.	0.	0.
(14) DAN SHEEHAN	1.00									
DIRECTOR (THRU 10/19/20)	0.	X						0.	0.	<u> </u>

Form **990** (2020)

Form	990	(2020)
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Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck is pe	erson	e than c is both tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatic related organizati (W-2/1099-	on from d ions	Est am comp fro orga and	(F) timated ount of other bensation the anization I related nization	f on n d
			_											
			-											
			-											
			-											
			-											
			-											
c d	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not	ection A		• • •				A	57,990. 0. 57,990.	\$100.000 c	0. 0. 0.		15,8 15,8	0.
	reportable compensation from the organization						,							
	Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gra- <i>individual</i> . Did any person listed on line 1a receive or	ule J for su sum of rep eater than	ch ind portat \$15	lividu ble c 50,00	<i>ual</i> :om 00?	per If	nsation "Yes	n a s,"	nd other compens complete Schedu	sation from le J for s	the such	3	Yes	<b>No</b> Х Х
	for services rendered to the organization? If "Ye											5		Х
	ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.													
	(A) Name and business add	dress							<b>(B)</b> Description of se	ervices	С	<b>(C)</b> compens	ation	
								+						
								_						
2	Total number of independent contractors (in more than \$100,000 in compensation from the				iteo		b thos	se l	isted above) who	received				

-	990 (2						Page <b>9</b>
Par	rt VII						
		Check if Schedule O contains a respo	onse or note to an	y line in this Part V (A) Total revenue	(III (B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded
				Total levenue	function revenue	business revenue	from tax under sections 512-514
សូស	1a	Federated campaigns 1a					3000013 012 014
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
۵Ğ	c	Fundraising events 1c					
ifts ar A	d	Related organizations					
nila	е	Government grants (contributions) 1e	13,200.				
Sin	f	All other contributions, gifts, grants,					
utio		and similar amounts not included above . 1f	89,278.				
gi	g	Noncash contributions included in					
gg		lines 1a-1f	\$ 30,000.				
9 g	h	Total. Add lines 1a-1f	<u></u>	102,478.			
			Business Code				
Program Service Revenue	2a	RENTAL INCOME	531110	2,059.	2,059.		
ue V	b	OTHER PROGRAM REVENUE	531390	73.	73.		
n S /eni	c						
lrai Sev	d						
l J	е						
₽.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,132.			
	3	Investment income (including dividends,		70 625	70 625		
		other similar amounts)		79,625.	79,625.		
	4 5	Income from investment of tax-exempt bon		0.			
	5	Royalties	(ii) Personal	0.			
	6.0						
	6a b	Gross rents 6a Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b>	1,364,019.				
an	b	Less: cost or other basis					
		and sales expenses 7b	1,191,144.				
ě	c	Gain or (loss) 7c	172,875.				
r R	d	Net gain or (loss)	<u> </u>	172,875.	172,875.		
Other Reven	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18					
	b	Less: direct expenses					
	С	Net income or (loss) from fundraising events	<u> </u>	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a					
	b	Less: direct expenses 9b		0.			
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances <b>10a</b>	0.				
	L						
	b c	Less: cost of goods sold [10k] Net income or (loss) from sales of inventory		0.			
s	-		Business Code				
Miscellaneous Revenue	11a						
ane	b						
eve	c b						
lisc R	d	All other revenue					
2	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions		357,110.	254,632.		
10.4							

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

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

 Do not include amounts reported on lines 6b, 7b,
 (A)
 (B)
 (C)
 (D)

 Total expenses

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	79,642.	36,582.	39,734.	3,326.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	0.	0.070	2 110	0.61
10	Payroll taxes	6,248.	2,870.	3,117.	261.
11	Fees for services (nonemployees):				
а	Management	0.	422	41.4	2.000
	Legal	2,873.	433.	414.	2,026.
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	31,290.	4,711.	4,513.	22,066.
	(A) amount, list line 11g expenses on Schedule O.)	0.	4,/11.	Ŧ,JIJ.	22,000.
	Advertising and promotion	223.		223.	
13	Office expenses	1,344.	546.	798.	
14	Information technology	0.	510.	750.	
15 16	Royalties	0.			
17	Occupancy	0.			
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	774.	99.	675.	
20	Interest	51,351.	51,351.		
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	13,579.	13,579.		
23	Insurance	2,397.	175.	2,222.	
	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	PROJECT EXPENSES	213,955.	213,955.		
b	DUES AND SUBSCRIPTIONS	320.	160.	160.	
С					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	403,996.	324,461.	51,856.	27,679.
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 <b>b</b> if				
	following SOP 98-2 (ASC 958-720)	0.			
					Form <b>000</b> (2020)

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Form 990 (2020)

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Balance Sheet         Check if Schedule O contains a response or note to any line in this Palaria         ash - non-interest-bearing         avings and temporary cash investments.         ledges and grants receivable, net         ccounts receivable, net.         bans and other receivables from any current or former officer, director, ustee, key employee, creator or founder, substantial contributor, or 35% ontrolled entity or family member of any of these persons         bans and other receivables from other disqualified persons (as defined noter section 4958(f)(1)), and persons described in section 4958(c)(3)(B).         otes and loans receivable, net	(A) Beginning of year 231,097. 132,260. 60,841. 26,090. 0.	1 2 3 4	(B) End of year 285,010. 0 23,500.
ash - non-interest-bearing	(A) Beginning of year 231,097. 132,260. 60,841. 26,090.	1 2 3 4	(B) End of year 285,010. 0 23,500.
avings and temporary cash investments.	132,260. 60,841. 26,090.	2 3 4	0 23,500
ledges and grants receivable, net	60,841. 26,090.	3 4	23,500
ledges and grants receivable, net	26,090.	4	
ccounts receivable, net			~
bans and other receivables from any current or former officer, director, ustee, key employee, creator or founder, substantial contributor, or 35% ontrolled entity or family member of any of these persons	0.		C
ustee, key employee, creator or founder, substantial contributor, or 35% ontrolled entity or family member of any of these persons	0.		
ontrolled entity or family member of any of these persons	0.		
bans and other receivables from other disqualified persons (as defined order section 4958(f)(1)), and persons described in section 4958(c)(3)(B) otes and loans receivable, net		5	(
nder section 4958(f)(1)), and persons described in section 4958(c)(3)(B) otes and loans receivable, net			
otes and loans receivable, net	0.	6	(
ventories for sale or use	1,850,000.	7	(
	0.	8	C
repaid expenses and deferred charges	0.	9	C
and, buildings, and equipment: cost or other			
asis. Complete Part VI of Schedule D <b>10a</b> 433, 376.			
ess: accumulated depreciation <b>10b</b> 1,056.	1,116,978.	10c	432,320
vestments - publicly traded securities.	0.		. (
vestments - other securities. See Part IV, line 11	0.	12	(
vestments - program-related. See Part IV, line 11.	0.		(
tangible assets	14,611.	14	(
ther assets. See Part IV, line 11	0.	15	(
otal assets. Add lines 1 through 15 (must equal line 33)	3,431,877.		740,830
ccounts payable and accrued expenses	2,947.		100
rants payable	0.	18	(
eferred revenue.	13,200.	19	25,000
	0.	20	(
ax-exempt bond liabilities	0.		(
		21	
	156 109	22	(
			(
			(
	0.	24	
, , , , , , , , , , , , , , , , , , ,	853 273	0.5	31,268
			56,368
	2,700,525.	26	50,500
rganizations that follow FASB ASC 958, check here ►			
• • • • •	670 507	07	644,462
			40,000
	00,041.	28	40,000
nd complete lines 29 through 33.			
		29	
apital stock or trust principal, or current funds		30	
apital stock or trust principal, or current fundsa		31	
aid-in or capital surplus, or land, building, or equipment fund	731,348.	32	684,462
	pital stock or trust principal, or current funds	ans and other payables to any current or former officer, director, stee, key employee, creator or founder, substantial contributor, or 35% ntrolled entity or family member of any of these persons	ans and other payables to any current or former officer, director,       1         ans and other payables to any current or former officer, director,       156,109.22         cured mortgages and notes payable to unrelated third parties       1,675,000.23         secured notes and loans payable to unrelated third parties       0.24         her liabilities (including federal income tax, payables to related third       0.24         her liabilities. Add lines 17 through 25.       2,700,529.26         ganizations that follow FASB ASC 958, check here ▶       X         d complete lines 27, 28, 32, and 33.       670,507.27         tt assets with donor restrictions.       60,841.28         ganizations that do not follow FASB ASC 958, check here ▶       29         id-in or capital surplus, or land, building, or equipment fund.       30         tained earnings, endowment, accumulated income, or other funds.       31

	90 (2020)				Pa	ge <b>12</b>
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			57,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	03,9	996.
3	Revenue less expenses. Subtract line 2 from line 1	3				386.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7	31,3	348.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>32,</u> column (B))	10		6	84,4	162.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Control Cont					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis 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	rsigh	tof			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c		X
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .		3b		
				Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

# Public Charity Status and Public Support

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

OMB No. 1545-0047

		t of the Treasury venue Service		Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of th	ne organization	•					Employer identifi	
_		IG CONNEXI	-					47-50511	-
Pa				•	<u> </u>		•	art.) See instructions	3
	orga		•		t is: (For lines 1 throug	-		,	
1	$\square$				tion of churches desc				
2 3	$\square$				. (Attach Schedule E rganization described	-			
4	$\square$				-			section 170(b)(1)(A)	(iii) Enter the
-		hospital's nan	•	•		spitaruc	Scribed ii		
5		•	, ,		a college or universit	v owne	d or ope	rated by a governme	ntal unit described in
-		-	-	Complete Part II.)		,			
6					rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	Χ	An organizati	on that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in s	ection 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community	trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	e Part II.)			
9		-		-			-	in conjunction with a	
		-	or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:							
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f ient income and u n after June 30, 1	unctions, subject to c	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (less Complete		n 331/3 % of its
12		0	0	•					arry out the purposes
		-	-		-	-			ee section 509(a)(3).
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lin	nes 12e, 12f, and 12g.
а		🗌 Type I. A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting o	organization.	/ou must complet	e Part IV, Sections A	and B.			
b								supported organization	
						the sam	e persor	is that control or man	age the supported
		-			, Sections A and C.				
С								n with, and functional	ly integrated with,
			•		ns). You must comple				
d			-			-		ection with its suppor	
			-			-		ution requirement and	an attentiveness
•					omplete Part IV, Sect			nat it is a Type I, Type I	
е			•		ionally integrated sup			•••••••	і, туре ш
f	Ent						Jiganizai		
			• •	•	orted organization(s).				
		ame of supported	-	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	<b>(vi)</b> Amount of other support (see instructions)
					,	Yes	No	,	,
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For I	Paper	work Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	Form 990 or 990-EZ) 2020

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.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	119,256.	88,790.	385,569.	139,882.	102,478.	835,975.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	119,256.	88,790.	385,569.	139,882.	102,478.	835,975.
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) ATCH 1						472,864.
6	Public support. Subtract line 5 from line 4						363,111.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	119,256.	88,790.	385,569.	139,882.	102,478.	835,975.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						835,975.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,278,703.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2020 (lin						43.44 <b>%</b>
15	Public support percentage from 2019						37.08 <b>%</b>
16a	331/3% support test - 2020. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2019. 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 t			-	-		
	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the organiz						
	in Part VI how the organization meets						
18	organization . <b>Private foundation.</b> If the organization	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
1 a	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						
8 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c from						
U	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.	(4) 2010	(,	(0) 2010	(4) 2010	(0) = 0 = 0	(1) 1010
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	sources Unrelated business taxable income (less						
D	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						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	•					
<u> </u>	organization, check this box and stop here.			<u></u>			· · · · F
3ec 15	tion C. Computation of Public Supp Public support percentage for 2020 (line 8,			(f))		15	%
16	Public support percentage for 2020 (intel,	.,	-			16	%
	tion D. Computation of Investment			<u> </u>		10	/0
3ec 17	Investment income percentage for 2020 (lir			13 column (f))		17	%
18	Investment income percentage from 2019 S					18	%
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2019. If the orga						
• •	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization of	aid not check a	a box on line 1	4, 19a, or 19b,			
JSA 0E122	<sup>11.000</sup> 7257QP R59G 5/16/2022 5	:05:01 DM	V 20-7 21	P	8008293.T00	Schedule A (Form 9	90 01 990-EZ) 2020
			• <u> </u>	D		-	

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No

	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
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported entry of the organization apported entry of the organization apported entry of the organization of the org	

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.

### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

## Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's</i>			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	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 instr	uctions	s).
-		Yes	No
2	Activities Test Answer lines 2a and 2b below.		

_			
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? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in 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? <i>If "Yes," explain in</i> <b>Part VI</b> 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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Schedule A (Form 990 or 990-EZ) 2020

Page 5

2

Schedule A (Form 990 or 990-EZ) 2020	almatic ::		Page
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Organ           1         Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi	g trust on	Nov. 20, 1970 ( <i>expla</i>	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<ul> <li>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</li> </ul>	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

JSA

-	le A (Form 990 or 990-EZ) 2020				Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		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 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
b	Excess from 2017				
<u> </u>	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

## Schedule B

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

## Internal Revenue Service

Name of the organization

# Schedule of Contributors

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

Employer identification number

47-5051123

SHARING CONNEXION, INC.

Organization ty	pe (check o	ne):
-----------------	-------------	------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \* \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)				
Name of organization	SHARING	CONNEXION,	INC.	

Page <b>2</b>
Employer identification number
47-5051123

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1_	<u>N/A</u>	\$16,900.	Person X 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	\$5,000.	Person X 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	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	<u>N/A</u>	\$5,000.	Person X 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	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	N/A	\$15,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)	

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)				
Name of organization	SHARING	CONNEXION,	INC.	

Page <b>2</b>
Employer identification number
47-5051123

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7	<u>N/A</u>	\$13,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	N/A	\$10,000.	Person X 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.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	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.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

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

JSA

Name of organization	SHARING	CONNEXION,	INC.

Employer identification number 47-5051123

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PARTIAL DONATION OF LAND AT LOT 61		
б	RIVERDALE AVE, MASSAPEQUA NY 11758		
		\$15,000.	01/04/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PARTIAL DONATION OF REAL ESTATE AT		
7	119 MAURY LN, SMITHVILLE, TN 37166		
		\$15,000.	08/10/2020
(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
		\$	

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

Schedule B (For	m 990, 990-EZ, or 990-PF) (2020)		Page 4		
Name of organ	ization SHARING CONNEXION, INC	1	Employer identification number		
			47-5051123		
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),					
	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) an				
th	e following line entry. For organizati	ions completing Part III, enter the total o	f exclusively religious, charitable, etc.,		
CC	contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$				
U:	Use duplicate copies of Part III if additional space is needed.				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		

<u> </u>	rse uuplicate copies of Fart III II audit	ional space is need	eu.	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf		
-	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transi	er of gift	
_	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No				1
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
$\vdash$		(e) Transi	er of aift	
	Transferee's name, address, ar			nship of transferor to transferee

JSA

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

SCHEE	DULE	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.

2020

OMB No. 1545-0047

		f the Treasury nue Service	► Attach to Form 9 ► Go to www.irs.gov/Form990 for instruction		tion.	Open to Public Inspection
		organization	, co to		Employer identifica	
		CONNEXIC	N. INC.		47-505112	23
-	art I		ions Maintaining Donor Advised Funds or Othe	r Similar Funds or <i>k</i>		
1 6			if the organization answered "Yes" on Form 990			
		Compiete	(a) Donor adv		(b) Funds and	other accounts
4	Total	number et e			(4) - and and	
1 2			d of year contributions to (during year)			
2		-	grants from (during year)			
3 4			end of year.			
<del>-</del> 5			on inform all donors and donor advisors in writing t	hat the assets held in	donor advised	
5		•	nization's property, subject to the organization's exclusion			Yes No
6		-	on inform all grantees, donors, and donor advisors in	-		
U		-	purposes and not for the benefit of the donor or do			
	-		ssible private benefit?			Yes No
Pa	art II		ion Easements.			
			if the organization answered "Yes" on Form 990	. Part IV. line 7.		
1	Purpo		ervation easements held by the organization (check a			
		. ,	of land for public use (for example, recreation or education)		f a historically im	portant land area
			natural habitat		a certified histor	
		Preservation	of open space			
2	Comp		through 2d if the organization held a qualified conserv	vation contribution in t	he form of a con	servation
			ist day of the tax year.			End of the Tax Year
а			nservation easements		2a	
b			icted by conservation easements		2b	
c		-	vation easements on a certified historic structure inclu		2c	
d			vation easements included in (c) acquired after 7/25			
			sted in the National Register		2d	
3			vation easements modified, transferred, released, ex		ated by the orga	nization during the
		ear 🕨		<u>j</u> , j,		<b>5</b>
4			where property subject to conservation easement is lo	cated ►		
5			tion have a written policy regarding the periodic		n, handling of	
		-	prcement of the conservation easements it holds?		-	
6			hours devoted to monitoring, inspecting, handling of viol			ents during the year
	▶					<b>o</b> <i>y</i>
7	Amou	int of expens	es incurred in monitoring, inspecting, handling of violati	ons, and enforcing cor	nservation easem	ents during the year
	▶\$_			_		
8	Does	each conserv	ation easement reported on line 2(d) above satisfy the r	equirements of sectior	n 170(h)(4)(B)(i)	
	and s	ection 170(h)	(4)(B)(ii)?			Yes No
9			e how the organization reports conservation easeme			it and
	balan	ce sheet, an	I include, if applicable, the text of the footnote to the o	organization's financia	I statements that	describes the
_			ounting for conservation easements.			
Pa	art III		ions Maintaining Collections of Art, Historical T		Similar Assets.	
		Complete	if the organization answered "Yes" on Form 990	, Part IV, line 8.		
1a	If the	organization	elected, as permitted under FASB ASC 958, not to easures, or other similar assets held for public ex	report in its revenue	statement and b	alance sheet works
	servic	e. provide in	Part XIII the text of the footnote to its financial statem	ents that describes the	er research in tu	rtherance of public
b			elected, as permitted under FASB ASC 958, to rep			nce sheet works of
	art, hi	istorical treas	ures, or other similar assets held for public exhibitio			
			ng amounts relating to these items:			
	• •		ed on Form 990, Part VIII, line 1			
	• •		l in Form 990, Part X			
2		-	received or held works of art, historical treasures		sets for financia	I gain, provide the
			required to be reported under FASB ASC 958 relating			
а	Reve	nue included	on Form 990, Part VIII, line 1		▶\$	

. . . . . . . . . . . . . . . .

**b** Assets included in Form 990, Part X....

B008293	TOO1
DUU0293	. TOOT

▶ \$

Schee	dule D (Form 990) 2020											Pa	age <b>2</b>
Ра	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	orical Tre	easure	s, or	Other	Similar A	ssets (c	continue	d)	
3	Using the organization's acquisitio	n, acces	sion, and o	other reco	ds, checl	k any c	of the	follow	ing that m	nake sigr	nificant us	se o	f its
	collection items (check all that appl	ly):			_								
а	Public exhibition			d	Loan o	or exch							
b	Scholarly research			e	Other								
С	Preservation for future gener	rations											
4	Provide a description of the organ	nization's	collections	s and expl	ain how t	they fu	rther	the or	ganization's	s exempt	t purpose	e in	Part
	XIII.												
5	During the year, did the organizatio	on solicit o	or receive o	donations of	of art, hist	orical ti	reasu	res, or	other simila	ar _			
	assets to be sold to raise funds rath			ained as pa	art of the o	organiz	ation'	s colle	ction?		Yes		No
Ра	rt IV Escrow and Custodial A												
	Complete if the organiza	tion ans	wered "Ye	es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amour	nt on For	m	
	990, Part X, line 21.												
1a	Is the organization an agent, trust				-					ets not _			,
	included on Form 990, Part X?									• • • L	Yes		No
b	If "Yes," explain the arrangement in	n Part XII	I and com	plete the fo	llowing tab	ole:							
										Amount			
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an am	ount on F	Form 990,	Part X, line	e 21, for e	escrow	or cu	stodial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement in	n Part XII	I. Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XIII			•	
Ра	rt V Endowment Funds.												
	Complete if the organiza								1				
	_	<b>(a)</b> Cur	rrent year	<b>(b)</b> Pric	or year	(c) Tw	o year	s back	(d) Three ye	ears back	<b>(e)</b> Four y	ears t	back
1a	Beginning of year balance												
b	Contributions												
с	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage	of the cu	rrent year	end balanc	e (line 1g,	columr	ו (a))	held as	:				
а	Board designated or quasi-endowm			_%									
b	Permanent endowment	%											
С	Term endowment	%											
	The percentages on lines 2a, 2b, a												
3a	Are there endowment funds not in	the posse	ession of tl	he organiza	ation that	are he	ld and	d admir	nistered for	the			
	organization by:										Y	es	No
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	•									3b		
4	Describe in Part XIII the intended u			tion's endo	wment fu	nds.							
Ра	rt VI Land, Buildings, and Equ Complete if the organization	ipment.	worod "V	es" on Fo	rm 000	Dart IV	lino	110	See Form	000 Pa	rt X lino	10	
	Description of property			r other basis	(b) Cost				cumulated		) Book valu		
				stment)		ther)			eciation	,u	, 		
1a	Land					38,9			1				18.
b	Buildings	r			3	350,2	65.		1,056.		34	9,2	09.
С	Leasehold improvements												
d	Equipment	1											
e	Other					44,1							93.
Tota	I. Add lines 1a through 1e. (Column	(d) must	t equal Forr	m 990, Part	X, colum	n (B), lii	ne 10	c.)			43	2,3	20.

Schedule D (Form 990) 2020

JSA 0E1269 1.000

**Investments - Other Securities.** 

Part VII

#### Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 21,000. CUSTOMER FUNDS (2) (3) SECURITY DEPOSITS 1,500. NOTES PAYABLE-RELATED PARTIES 8,768 (4)(5) (6)(7)(8) (9) 31,268. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► . . . . . . . . . . . . . 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 0E1270 1.000

Schedu	le D (Form 990) 2020	Page
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	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:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
с	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 <b>4a</b> and <b>4b</b>	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	
e	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:	
·a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5
Part	XIII Supplemental Information.	

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

		EDULE L								Persons		F	OME	3 No. 1	545-00	)47
Department of the Trendard         Depart of PARDER         Open To PARDER           Ware of the organization         Enzyse Medinilization numbers         1         Enzyse Medinilization numbers         1         1         1         1         1         1         1         0         1         1         0         1         1         1         1         1         1         1         1         1	(Form	990 or 990-EZ)	Com	plete if the o	rganization aı 28b, or 28c.	nswer , or Fo	ed "Ye orm 990	s" on Form 9 0-EZ, Part V, I	90, Pai line 38	rt IV, line 25a, 25b, 2 a or 40b.	6, 27, 2	8a,	(	20	20	
SILARING CONNEXION, INC.         47-5051123           Part I         Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(2) organization sonh).         Image: Control of the section sonh).         Image: Control of the section sonh).           1         (a) Name of disqualified person         (b) Relationship between dequalified person and organization answered 'Yos' on Form 990, Part IV, line 250 or 250, or Form 990, Part V, line 260 or 250, or Form 990, Part V, line 260 or 250, or Form 990, Part V, line 260 or 250, or Form 990, Part V, line 260 or 250, or Form 990, Part V, line 260 or 250, or Form 990, Part V, line 260 or 250, or Form 990, Part V, line 260 or 250, or Form 990, Part V, line 260 or 250, or Form 990, Part V, line 260 or 250, or Form 990, Part V, line 260 or 250, or Form 990, Part V, line 260 or 250, or 750,	Department of the Treasury													C		
Part II         Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).         Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.           1         (a) Name of disqualified person         (b) Relationship between disqualified persons and organization         (c) Description of transaction         (d) Complete if the organization           (1)         (c) Second 10 (c)	Name o	f the organization								En	nployer	identifi	cation	numbe	er	
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.         determine of disqualified person and organization         determine of disqualified person during the year under section 4956.         S           2         Enter the amount of tax, if any, on line 2, above, reimbursed by the organization neored an amount on Form 990. Part X, line 36a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part X, line 56, or 22.         (a) in detwin? (b) Approved (c) Written by detwin? (b) Approved (c) Written by detwin? (b) Approved (c) Written by detwin? (c) Approved (c) Approved (c) Approved (c) Approved (c) Approved			-										123			
1       (e) Name of disqualified person       (e) Description of transacton       Ves       No         (1)	Part												art V,	line 4	0b.	
(2)       (3)       (4)       (5)       (7)       (7)       (7)       (7)       (7)       (7)       (9)       (	1	<b>(a)</b> Name of disqu	ualified p	person	(b) Relatio				on and	(c) Desc	ription	of trans	action		<u> </u>	
(3)																
(4)       (5)       (6)       (7)       (6)       (7)         2       Enter the amount of tax, if any, on line 2, above, reimbursed by the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990-Part X, line 5, 6, or 22.       (6)       (7)         (a) Name of interested person       (a) Previow of log Part X, line 5, 6, or 22.       (b) Balance due previow of log Part X, line 5, 6, or 22.       (c) Balance due person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested person log Part X, line 5, 6, or 22.       (c) Interested Part X, line 5, 6, or 22.       (c) Interested Part X, line 5, 6, or 22.       (c) Interested Part X, line 5, 6, or 22.       (c) Interested Part X, line 5, 6, or 22.       (c) Interested Part X, line 5, 6, or 24.       (c) Interested Part X,																
(6)																
(6)																
2       Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958       >																
under section 4958       S         3       Enter the amount of tax, if any, on line 2, above, reimbursed by the organization       S         PartII       Loans to and/or From Interested Persons.       Complete if the organization answered "Yes" on Form 990, Part X, line 5, 6, or 22.         (a) Name of interested person       (b) Relationship (c) Purpose of loan       (c) Original principal amount or a form 990, Part X, line 5, 6, or 22.       (c) Balance due (c) Indetsul?       (c) Action of the organization answered "Yes" on Form 990, Part X, line 5, 6, or 22.         (a) Name of interested person       (b) Relationship (c) Purpose of loan       (c) Original principal amount or born principal amount		Enter the amount	t of ta	v incurred b	v the organiz	zation	mana	arers or disa	ualifie	d persons during t	he ves	ar				
3       Enter the amount of tax, if any, on line 2, above, reimbursed by the organization											-		\$			
PartII         Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.           (a) Name of interested person         (b) Relationship         (c) Purpose of loan         (d) Original principal amount         (f) Balance due         (g) In default?         (h) Approved of U) Written organization           ATTACHMENT 1         To         From         (f) Balance due         (g) In default?         (h) Approved of U) Written organization           (1)         To         From         (g) Original principal amount         (f) Balance due         (g) In default?         (h) Approved U) Written organization           (1)         To         From         (g) In default?         (h) Approved U         (h) Written organization           (1)         To         From         (g) In default?         (h) Approved U         (h) Written organization           (1)         To         To         From         (g) In default?         (h) Approved U         (h) Written organization           (1)         Interested Persons.         Interested Persons.         Interested Person and the organization         Interested Person and the organization         (g) Approved I         (g) Appro													• <u>\$</u> -			
Complete if the organization answered "Yes" on Form 990, Part V, line 36, or 722.         (a) Name of interested person ATTACHMENT 1       (a) Lease of interested person (b) negatization       (a) Lease of interested person (committee"       (b) Relationship organization       (b) Negationship organization       (b) Negationship organization       (b) Negationship organization       (b) Negationship organization       (c) Negation         (c) Negation       (c) Negation       (c) Negation       (c) Negation       (c) Negation         (c) Negation       (c) Negation       (c) Negation       (c) Negation       (c) Negation         (c) Negation       (c) Negation       (c) Negation       (c) Negation         (c) Negation       (c) Negation       (c) Negation       (c) Negation       (c) Negation </td <td>•</td> <td></td> <td></td> <td>, ii any, on ii</td> <td></td> <td></td> <td>501000</td> <td>l by the erga</td> <td>inzatio</td> <td></td> <td></td> <td></td> <td>Ψ_</td> <td></td> <td></td> <td></td>	•			, ii any, on ii			501000	l by the erga	inzatio				Ψ_			
organization reported an amount on Form 990, Part X, line 5, 6, or 22.         (a) Name of interested person       (b) Relationship with organization       (c) Purpose of loam       (d) Loam to organization       (e) Purpose of loam       (d) Loam to organization       (e) Purpose of loam       (f) Balance due       (g) In default?       (h) Approved in greederent?       (g) Original mount on Form 900, Part X, line 5, 6, or 22.         ATTACHMENT 1       (b) Relationship with organization       (e) Purpose of loam       (f) Purpose of loam       (g) Purpose of loam       (g) In default?       (h) Approved or loam       (g) withen greederent?         (1)       Image: Second Sec	Part						Eorm	000 EZ Do	vrt \/	ing 28g or Form 00	) Port	IV/ lin	0.26.	or if t	20	
ATTACHMENT 1       team       team       transme organization       principal amount       main of the second of the s												. IV, III	ie 20,			
ATTACHMENT 1       Image: state of the stat	.,		son	• • • •		fror	n the			(f) Balance due (g) In defau		default?	by board or			
(2)	AT	TACHMENT 1									Yes	No		1	Yes	No
(3)	(1)															
(4)       Image: Sector of the	(2)															
(5)	(3)															
(6)       Image: Constraint of the organization and the organization       Image: Constraint of the organization and the organization       Image: Constraint of the organization																
(7)																
(8)       Image: Constant of the organization answered "Yes" on Form 990, Part IV, line 27.       Image: Constant of the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       Image: Constant of the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       Image: Constant of the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       Image: Constant of the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       Image: Constant of the organization         (1)       Image: Constant of the organization         (1)       Image: Constant of the organization         (3)       Image: Constant of the organization       Image: Constant of the organization       Image: Constant of the organization <td< td=""><td>. ,</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	. ,															
(9)	. ,															
(10)       Image: Construction of the organization answered "Yes" on Form 990, Part IV, line 27.       \$ 8,768.       Image: Construction of the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       (f)       (f)       (f)       (f)       (f)         (2)       (f)       (f)       (f)       (f)         (f)       (f)       (f)       (f)       (f)         (f)       (f)       (f)       (f)       (f)         (f)       (f)       (f)       (f)       (f)       (f)         (f)       (f)       (f)       (f)       (f)       (f)         (f)       (f)       (f)       (f)       (f)       (f)	. ,															
Total																
Part III       Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       (a) Name of interested person       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       (a)       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (1)       (b) Relationship between interested person and the organization       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance         (3)       (b) Relationship between interested person and the organization										¢ 0.760						
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.(a) Name of interested person(b) Relationship between interested person and the organization(c) Amount of assistance(d) Type of assistance(e) Purpose of assistance(1)<				<u></u>	<u></u>	<u></u>	<u></u>		🖻	\$ 0,700	•					
Contraction       Contraction       Contraction       Contraction         (1)       Image: Contraction       Image: Contraction       Image: Contraction         (2)       Image: Contraction       Image: Contraction       Image: Contraction         (3)       Image: Contraction       Image: Contraction       Image: Contraction         (4)       Image: Contraction       Image: Contraction       Image: Contraction         (5)       Image: Contraction       Image: Contraction       Image: Contraction         (6)       Image: Contraction       Image: Contraction       Image: Contraction         (7)       Image: Contraction       Image: Contraction       Image: Contraction         (8)       Image: Contraction       Image: Contraction       Image: Contraction         (9)       Image: Contraction       Image: Contraction       Image: Contraction         (10)       Image: Contraction       Image: Contraction       Image: Contraction	Part								, line 2	7.						
(2)       Image: Constraint of the second seco	(a) 1	Name of interested per	son	• •		•	<b>c)</b> Amou	int of assistance		(d) Type of assistance		(e)	Purpo	se of as	sistanc	e
(3)       (4)       (5)       (6)       (7)       (																
(4)       (4)       (4)         (5)       (4)       (4)         (6)       (4)       (4)         (7)       (4)       (4)         (8)       (4)       (4)         (9)       (4)       (4)         (10)       (4)       (4)																
(5)       (6)       (7)       (																
(6)       (7)       (8)       (7)         (8)       (8)       (10)																
(7)       (7)         (8)       (7)         (9)       (7)         (10)       (7)																
(8)     (9)       (10)     (10)																
(9)         (10)         (11) <th(< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-+</td><td></td><td></td><td></td><td></td><td></td></th(<>											-+					
(10)																
											+					
	<u> </u>	perwork Reduction	1 Act N	lotice. see the	Instructions	for Fo	orm 990	) or 990-EZ.	1		Sche	dule I	(Form	990 or	990-F	Z) 202

Part IV

ATTACHMENT 1

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		naring of ization's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Supplemental Information Part V

Provide additional information for responses to questions on Schedule L (see instructions).

## SCHEDULE L, PART II

NAME	EDWIN ANDERSON
RELATIONSHIP WITH ORGANIZATION	PRESIDENT OF THE BOARD OF DIRECTORS
PURPOSE OF LOAN	TO PROVIDE OPERATING
LOAN TO OR FROM THE ORG.?	X TO FROM
ORIGINAL PRINCIPAL AMOUNT	156,109.
BALANCE DUE	8,768.
IN DEFAULT?	YES X NO
APPROVED BY BOARD OR COMMITTEE	X YES NO
WRITTEN AGREEMENT?	YES X NO

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered	l "Yes"	on	Form	990,	Part IV,	lines	29 oi	r 30.
Attach to Form 990.								

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

2020 Open to Public Inspection

Name of the organization

Employer ident	tification	num	ber
47-505	1123		

Part I	Types of Prop	erty
SHARING	G CONNEXION,	INC.

Par	Types of Property				
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
Ŭ	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
••	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
15	contribution - Historic				
	structures				
14	Qualified conservation				
14	contribution - Other				
15	Real estate - Residential		1.	15,000.	APPRAISED VALUE
16	Real estate - Commercial				
17	Real estate - Other		1.	15,000.	APPRAISED VALUE
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ►()				
27	Other ►()				
28	Other ►( )				
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for	
	which the organization completed l				29
	······	,			Yes No
30a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I, line	s 1 through
	28, that it must hold for at least t				-
	to be used for exempt purposes for	-			
b	If "Yes," describe the arrangement				
31	Does the organization have a		tance policy that require	es the review of any	nonstandard
	contributions?			-	
32a	Does the organization hire or use				
	contributions?		•		
b	If "Yes," describe in Part II.		· · · · ·		
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,
	describe in Part II.				
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) 2020

## 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.



 

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

 SHARING CONNEXION , INC.
 47-50

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B: THE PRESIDENT, TREASURER, AND OPERATIONS DIRECTOR PREPARE SUPPORTING DOCUMENTS AND ENGAGE AN OUTSIDE ACCOUNTING FIRM FOR THE TAX RETURN. THE BOARD OF DIRECTORS REVIEWS.

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

ANY DIRECTOR OR PRINCIPAL OFFICER MUST COMPLY. MEMBERS ARE TO DISCLOSE ANY PERCEIVED OR POTENTIAL FINANCIAL INTEREST TO THE BOARD OF DIRECTORS ANNUALLY. THEN, THE MEMBER RECUSES HIM OR HERSELF AND THE REMAINING BOARD VOTES. IF A CONFLICT OF INTEREST WAS UNDISCLOSED, THERE ARE OUTLINED STEPS FOR THE VIOLATION OF THE POLICY. THE ORGANIZATION ALSO ENFORCES THE PROCESS THROUGH DILIGENT RECORD KEEPING AND MINUTES.

FORM 990, PART XII, LINE 1: THE ORGANIZATION USES A HYBRID METHOD OF ACCOUNTING.

PART XI LINE 8

PRIOR YEAR NET ASSETS WERE REDUCED BY ONE DOLLAR DURING THE CURRENT YEAR AUDIT.

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

UNDER OUR REAL ESTATE RESCUE PROGRAM, THE PREVIOUS REAL ESTATE RESCUE PROPERTY, HOUSING FOR SEX TRAFFICKING VICTIMS, WAS ABLE TO BE PURCHASED BY THE NONPROFIT. WE WERE ABLE TO HELP PRESERVE AN

Employer identification number 47-5051123

ATTACHMENT 1 (CONT'D)

AURORA FOOD BANK NONPROFIT FACILITY FROM DISPLACEMENT. WE ACQUIRED THE FACILITY, SET UP REDUCED AND STABLE RENT, AND CREATED A PURCHASE OPTION FOR THREE YEARS, SHIELDING THE PROPERTY FROM MARKET APPRECIATION AND GIVING THE NONPROFIT TIME TO BUY THE FACILITY.

UNDER OUR REAL ESTATE IMPACT PROGRAM, TWO OF OUR OUTSTANDING REAL ESTATE IMPACT LOANS WERE PAID OFF - ONE FOR AN AFFORDABLE HOUSING DEVELOPMENT AND THE OTHER FOR A NONPROFIT WAREHOUSE. WE ALSO CREATED MORE EDUCATIONAL RESOURCES ABOUT THIS PROGRAM AND MISSIONAL REAL ESTATE LENDING AND WORKED ON DEVELOPING PARTNERSHIPS WITH OTHER NONPROFITS.

UNDER OUR REAL ESTATE DONATION PROGRAM, WE FACILITATED FOUR DIFFERENT REAL ESTATE DONATIONS FOR TWO DIFFERENT NONPROFITS. THREE OF THESE WERE FULLY COMPLETED WITH THE SALE OF THE DONATED LOTS, GENERATING INCOME FOR THE NONPROFITS WITH A SMALL PORTION DESIGNATED FOR REAL ESTATE IMPACT AND RESCUE PROJECTS. WE ALSO CREATED MORE EDUCATIONAL RESOURCES ABOUT REAL ESTATE DONATIONS TO HELP NONPROFIT FUNDRAISERS DEVELOP THEIR ORGANIZATIONS WITH THESE GIFTS.

#### SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

SHARING CONNEXION, INC.

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

	(a) applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1) 3803 DOLLAR LAKE DRIVE, LI	LC 47-5051123					
1440 BLAKE STREET #320	DENVER, CO 80202	SEE PART VII	CO	126,559.	0.	SHAR CONNEX
(2) SCI - 157, LLC	47-5051123					
1440 BLAKE STREET #320	DENVER, CO 80202	SEE PART VII	CO	46,078.	0.	SHAR CONNEX
(3) SCI - 1550 ELMIRA, LLC	47-5051123					
1440 BLAKE STREET, #320	DENVER, CO 80202	SEE PART VII	CO	1,500.	387,684.	SHAR CONNEX
(4) SCI - LOT 61 NY, LLC	47-5051123					
1440 BLAKE STREET, #320	DENVER, CO 80202	SEE PART VII	CO	15,000.	44,193.	SHAR CONNEX
(5) SCI - 119 MAURY, LLC	47-5051123					
1440 BLAKE STREET, #320	DENVER, CO 80202	SEE PART VII	CO	15,904.	0.	SHAR CONNEX
(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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	<b>g)</b> 512(b)(13) rolled ity?
						Yes	No
(1)	-						
(2)							
(3)	-						
(4)	-						
(5)	-						
(6)	-						
(7)	-						

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

Schedule R (Form 990) 2020

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47-5051123

Schedule R (Form 990) 2020

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>(b)</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	<b>(g)</b> Share of end-of- year assets	(† Disprop alloca	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		<b>(k)</b> Percentage ownership
			- country)		,			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(1)													
(4)													
(5)													
(3)													
(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>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(i) Sectio 512(b)( controll entity Yes N
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note: C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 Du	ing the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?			
	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a	ı 📃	
	a, grant, or capital contribution to related organization(s)				)	
	a, grant, or capital contribution from related organization(s).				;	
d Loa	ans or loan guarantees to or for related organization(s)			1d	I	<u> </u>
e Loa	ans or loan guarantees by related organization(s)			1e	•	<u> </u>
	idends from related organization(s)				-	
	e of assets to related organization(s)					
	chase of assets from related organization(s)				-	
	hange of assets with related organization(s).				-	
j Lea	ase of facilities, equipment, or other assets to related organization(s)			<u>1</u> j		
				41		
	ase of facilities, equipment, or other assets from related organization(s)				-	
	formance of services or membership or fundraising solicitations for related organization(s)			· · · · ·		
	formance of services or membership or fundraising solicitations by related organization(s).					
	aring of facilities, equipment, mailing lists, or other assets with related organization(s)					
o Sh	aring of paid employees with related organization(s)				, 	-
<b>n</b> Po	mbursement paid to related organization(s) for expenses.			1p		
-	mbursement paid by related organization(s) for expenses					
<b>y</b> Ne					•	
<b>r</b> Oth	er transfer of cash or property to related organization(s)			1r		
s Oth	er transfer of cash or property from related organization(s).			1s	-	
2 If t	he answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transa	action thresho	lds.	
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of de amount in		ng
(1)						
(2)						
(3)						
<i>.</i>						
(4)						
(5)						
(5)						
(6)						
		1	Scł	nedule R (Form	n 990)	2020
JSA				,	,	
0E1309 1.00 72	57QP R59G 5/16/2022 5:05:01 PM V 20-7.21 B008293.T00	1				

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	organizations?		(f) Share of total income	<b>(g)</b> 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	(1 0111 1 0 0 0)	Yes	No	
l)	-												
2)	_												
3)	_												
4)	_												
5)	_												
8)	_												
7)	_												
3)	_												
9)	_											<u> </u>	
))	_											<u> </u>	
)	_												
2)	_												
3)	_											<u> </u>	
4)	_											<u> </u>	
5)												<u> </u>	
6)												<u> </u>	

Schedule R (Form 990) 2020

	Form 990) 2020
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
PART I,	IDENTIFICATION OF DISREGARDED ENTITIES:
NAME OF	DISREGARDED ENTITY:
3803 DO	LLAR LAKE DRIVE, LLC
PRIMARY	ACTIVITY: REAL ESTATE DONATION PROGRAM - OPERATE AND LEASE REAL
AND PERS	SONAL PROPERTY PER AGREEMENT WITH CHCF, INC.
DIRECT (	CONTROLLING ACTIVITY: SHARING CONNEXION, INC.
NAME OF	DISREGARDED ENTITY:
SCI - 1!	57, LLC
PRIMARY	ACTIVITY: REAL ESTATE RESCUE PROGRAM - OWN, OPERATE, LEASE,
MASTER 1	LEASE, PURCHASE AND DISPOSE OF PROPERTY
DIRECT (	CONTROLLING ACTIVITY: SHARING CONNEXION, INC.
NAME OF	DISREGARDED ENTITY:
SCI - 1!	550 ELMIRA, LLC
PRIMARY	ACTIVITY: REAL ESTATE RESCUE PROGRAM - OWN, OPERATE, LEASE,
MASTER 1	LEASE, PURCHASE AND DISPOSE OF PROPERTY
DIRECT (	CONTROLLING ACTIVITY: SHARING CONNEXION, INC.
NAME OF	DISREGARDED ENTITY:
SCI - LO	DT 61 NY, LLC
PRIMARY	ACTIVITY: REAL ESTATE DONATION PROGRAM - OWN, OPERATE, LEASE,
MASTER 1	LEASE, PURCHASE AND DISPOSE OF PROPERTY
DIRECT (	CONTROLLING ACTIVITY: SHARING CONNEXION, INC.
NAME OF	DISREGARDED ENTITY:

SCI - 119 MAURY, LLC

PRIMARY ACTIVITY: REAL ESTATE DONATION PROGRAM - OWN, OPERATE, LEASE,

MASTER LEASE, PURCHASE AND DISPOSE OF PROPERTY

DIRECT CONTROLLING ACTIVITY: SHARING CONNEXION, INC.

Form	4562		Deprec	iation a	nd Am	ortizat	ion		OMB No. 1545-0172
	4302		-	g Informatio					୬ <b>ଲ</b> ୁ <b>୩</b>
Departm	ent of the Treasury			Attach to y		-			Attachment
Internal	Revenue Service (99)		Go to www.irs.gov/Fo	orm4562 for i	nstruction	s and the lat	est information.		Sequence No. 179
	s) shown on return								Identifying number
	ARING CONN ss or activity to which th	,	NC.						47-5051123
	NERAL DEPR		т						
Part			ertain Property l	Inder Sect	ion 179				
i ait		•	sted property, con			vou com	olete Part I.		
1 N						•		1	
<b>2</b> T	otal cost of section 1	179 property pla	aced in service (see in	structions)				2	
			ty before reduction in						
			3 from line 2. If zero o					4	
se			line 1. If zero or less, enter						
6		(a) Description	of property		(b) Cost (bu	siness use onl	y) (c) Elect	ed cost	-
									-
									-
			m line 29 perty. Add amounts i						-
			r of line 5 or line 8 .						
			om line 13 of your 20						
			e smaller of business						
			lines 9 and 10, but o			,		· · · · · · · · · · · · · · · · · · ·	
			2021. Add lines 9 ar						
			r listed property. Instea						
Part	Special De	preciation A	llowance and Ot	her Deprec	iation (D	on't include	e listed proper	ty. See ins	tructions.)
14 S	pecial depreciation	allowance fo	r qualified property	y (other tha	n listed j	property) pl	aced in servio	ce 🛛	
d	uring the tax year. Se	e instructions						14	
			election						
16 C	other depreciation (in	cluding ACRS)	<u></u>			<u></u>		16	68
Part	MACRS De	preciation (E	Don't include listed			tions.)			
				Sec	tion A				
								4-	0 5 2 7
			d in service in tax yea						9,527
<b>18</b> If	you are electing t	o group any a	assets placed in ser	vice during t	he tax yea	ar into one	or more gener		9,527
<b>18</b> If	you are electing to sset accounts, check	o group any a here	assets placed in ser	vice during t	he tax yea	ar into one	or more gener ▶	al	
<b>18</b> If	you are electing t sset accounts, check Sectio	o group any a here on B - Assets	Placed in Service (b) Month and year	During 202	he tax yea <b>0 Tax Yea</b> depreciation	ar into one	or more gener ▶ [ e General Dep	al reciation S	
<b>18</b> If	you are electing to sset accounts, check	o group any a here on B - Assets	ssets placed in ser Placed in Service	vice during t	he tax yea 0 Tax Yea depreciation estment use	ar into one r Using the	or more gener ▶	al	
18 lf 	you are electing t sset accounts, check Sectio	o group any a here on B - Assets	Placed in Service (b) Month and year placed in	During 202	he tax yea 0 Tax Yea depreciation estment use	r Using the	or more gener ▶ [ e General Dep	al reciation S	ystem
18 lf a: 19a	you are electing t sset accounts, check Section (a) Classification of	o group any a here on B - Assets	Placed in Service (b) Month and year placed in	During 202	he tax yea 0 Tax Yea depreciation estment use	r Using the	or more gener ▶ [ e General Dep	al reciation S	ystem
18 lf  19a 	you are electing t sset accounts, check Section (a) Classification of p 3-year property	o group any a here on B - Assets	Placed in Service (b) Month and year placed in	During 202	he tax yea 0 Tax Yea depreciation estment use	r Using the	or more gener ▶ [ e General Dep	al reciation S	ystem
18 lf 	you are electing t sset accounts, check Section (a) Classification of 3-year property 5-year property 7-year property 0-year property	o group any a here on B - Assets	Placed in Service (b) Month and year placed in	During 202	he tax yea 0 Tax Yea depreciation estment use	r Using the	or more gener ▶ [ e General Dep	al reciation S	ystem
18 If 	you are electing t sset accounts, check Section (a) Classification of 3-year property 5-year property 7-year property 0-year property 5-year property 5-year property	o group any a here on B - Assets	Placed in Service (b) Month and year placed in	During 202	he tax yea 0 Tax Yea depreciation estment use	r Using the	or more gener ▶ [ e General Dep	al reciation S	ystem
18 If 	you are electing t sset accounts, check Section (a) Classification of p 3-year property 5-year property 0-year property 0-year property 0-year property 0-year property	o group any a here on B - Assets	Placed in Service (b) Month and year placed in	During 202	he tax yea 0 Tax Yea depreciation estment use	r Using the (d) Recovery period	or more gener ▶ [ e General Dep	al reciation S (f) Method	ystem
18 If a 19a b c d 1 e 1 f 2 g 2	you are electing t sset accounts, check Section (a) Classification of 3-year property 5-year property 0-year property 5-year property 0-year property 5-year property 5-year property 5-year property	o group any a here on B - Assets	Placed in Service (b) Month and year placed in	During 202	he tax yea 0 Tax Yea depreciation estment use	r Using the (d) Recovery period 25 yrs.	or more gener 	al reciation S (f) Method	ystem
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Form	n 4562 (	(2020)											47	7-5051	123	Page <b>2</b>
	rt V	,	operty (Include	automobi	les.	certai	n oth	er vel	nicles	s, certa	in air	craft.	and	proper	tv us	ed fo
1 4			ent, recreation, o			oortai			noroc	,		or art,	ana	propor	cy de	ba io
		Note: For a	any vehicle for wh	ich you are	using	the st	tandaro	d mileag	je rat	e or dec	lucting	lease e	expense	e, comp	olete <b>or</b>	<b>ıly</b> 24a
			ns (a) through (c) of													
240	Dava		Depreciation and													X No
248	a Do yo		ce to support the bus		int use	claimed	<u> </u>	<u>′es X</u> (e)	NO	24b If "\					Yes	
	Turno of	(a) f property (list	(b) Date placed	(c) Business/		(d)	Ва	isis for depre	eciation	(f)	)) (1)		1	(h) eciation		(i) section 179
		icles first)	in service	investment use percentage	Cost	or other b	asis <sub>(b</sub>	usiness/inve use only		Recovery period	Met Conve			luction		ost
25	Cnaa	ial dan raaiati	ion allowance for		 											
25			sed more than 50%									25				
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27	Prop	erty used 50%	% or less in a qualif													
				%	1						S/L -					
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28	Add a	amounts in co	blumn (h), lines 25	through 27.	- Enter	here ar	nd on li	ne 21. p	age 1			28			1	
			olumn (i), line 26. E										1	. 29		
				Section												
Con	nplete	this section for	or vehicles used by								er." or re	elated r	person.	lf vou r	orovided	vehicle
			nswer the questions ir													
					(	a)		(b)		(c)	(0	d)		(e)	(	(f)
30	Total	business/inv	estment miles driv	en durina	Veh	icle 1	Veł	nicle 2	V	ehicle 3	Vehi	cle 4	Vel	hicle 5	Veh	icle 6
			lude commuting m													
31	Total	commuting r	niles driven during	the year .												
	Total	-	personal (nonco	-												
	miles		· · · · · · · · · · · · ·	• •												
33			en during the y													
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34		-	e available for		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
			/ hours?													
35			used primarily by													
			related person?													
36			cle available for													
			ection C - Questic		olove	rs Who	Prov	ide Veł	icles	s for Use	by Th	eir Em	evola	es		
Ans	swer tl		ns to determine if	-	-						-				who a	ren't
			or related persons.										-,			
37	Do v	ou maintain	a written policy s	statement th	at pro	ohibits	all per	sonal u	se of	vehicles	includ	lina co	mmuti	na. bv	Yes	No
-																
38			a written policy s													
			he instructions for													
39			e of vehicles by em													
			more than five ve													
	use o	of the vehicles	s, and retain the info	ormation rec	eived?	?										
41	Do yo	ou meet the re	equirements conce	erning qualifie	ed aut	omobile	e demo	onstratio	n use	? See ins	truction	s				
			ver to 37, 38, 39, 4	0, or 41 is "	/es," d	don't co	mplete	Sectior	n B fo	r the cove	ered veh	icles.				
Pa	irt VI	Amortizat	tion													
		(0)		(b)			(0)			(-1)		(e			(f)	
		(a) Description	of costs	Date amortiz	ation	An	<b>(c)</b> hortizabl	e amount		<b>(d)</b> Code se		Amorti perio		Amortiz	(I) ation for t	his year
				begins								percer				, . <u></u>
42	Amoi	rtization of co	sts that begins dur	ing your 202	0 tax	year (se	e instr	uctions)	:				,			
			sts that began bef										43			1,056
44	Total	<ol> <li>Add amour</li> </ol>	nts in column (f). Se	ee the instru	ctions	for whe	ere to r	eport .					44			1,056
JSA														Fc	orm <b>456</b>	2 (2020)

JSA