990 Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

Department of the Treasury

CHANGE OF ACCOUNTING PERIOD Do not enter social security numbers on this form as it may be made public.

Open to Public

men	ai Kevent	ie Service	Go to www.irs.govi-ormssu for instructions and the latest information	<u>1</u>	mapecuon		
Α	For the	2020 calendar y	ear, or tax year beginning 09-01 , 2020, and ending) 09	9-30 , 20 20		
В	Check if a	pplicable:	D Empl	loyer identification number			
	Address c	hange	Doing business as		75-2831756		
	Name cha	inge	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telep	hone number		
	Initial retu	rn	3544 E EMPORIUM CIRCLE		(972) 285-5819		
	Final retur	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gros	s receipts		
П	Amended	return	MESQUITE, TX 75150	\$	3,275,693		
Ħ.	Application	n pending		(a) Is this a group return i	77 5.1		
_		,	 	l(b) Are all subordinate			
1	Tax-exem	pt status: X 501	**************************************		st. See instructions		
	Website:			(c) Group exemption			
		rganization: X Cor					
	rt I	Summary	Johann J Hust J Association J Other P L Tear of formation, 1999	M State of leg	gal domicile: TX		
1			to proprietion's mission or most cignificant estilities:				
	1	-	he organization's mission or most significant activities: SHARING LIFE EXISTS				
9				RVICES TO I	PEOPLE IN NEED		
ä		LIVING IN I	ÆSQUITE, TEXAS AND SOUTHEAST DALLAS COUNTY, TEXAS.				
ē				***************************************			
Governance	i .		▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its ne	1 1			
ø	3	`	members of the governing body (Part VI, line 1a)	3	13		
S	4	•	endent voting members of the governing body (Part VI, line 1b)		13		
Activities &	5	Total number of i	ndividuals employed in calendar year 2020 (Part V, line 2a)	5	23		
ţ	6	Total number of	volunteers (estimate if necessary)	6	1,945		
**	7a	Total unrelated b	usiness revenue from Part VIII, column (C), line 12	7a	0		
	b	Net unrelated bu	siness taxable income from Form 990-T, Part I, line 11	7b	0		
				Prior Year	Current Year		
	8	Contributions an	figrants (Part VIII, line 1h)	29,589,856	3,599,316		
æ	9	Program service	revenue (Part VIII, line 2g)	583,799	(323,623)		
Revenue	10	Investment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)		0		
é	11		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,979	0		
	12			30,175,634	3,275,693		
	13	······		28,092,075	3,655,454		
	14		or for members (Part IX, column (A), line 4)	20,052,013	0		
	15	•	ompensation, employee benefits (Part IX, column (A), lines 5-10)	762,127	104,008		
es	1		draising fees (Part IX, column (A), line 11e)	702,127	104,008		
Expenses	1				U		
Š			expenses (Part IX, column (D), line 25) (Part IX, column (A), lines 11a-11d, 11f-24e)	040 402	0.2.000		
ш	17			243,486	86,882		
	18		province the second	29,097,688	3,846,344		
	19	Revenue less ex	penses. Subtract line 18 from line 12	1,077,946	(570,651)		
Net Assets or	200	Taket as a 100		ing of Current Year	End of Year		
set	20	Total assets (Par		2,628,499	1,924,695		
¥.	21	Total liabilities (P	· · · · · · · · · · · · · · · · · · ·	169,252	36,099		
			d balances. Subtract line 21 from line 20	2,459,247	1,888,596		
	rt II	Signature	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************		
			hat I have examined this return, including accompanying schedules and statements, and to the best of my knowledg ion of preparer (other than officer) is based on all information of which preparer has any knowledge.	ge and belief, it is			
	1						
O:	_		JACKSON				
Sig	1	Signature of o	dlicer š	Da	te		
He	re	TERESA	JACKSON, EXECUTIVE DIRECTOR				
,		Type or print	name and title		· · · · · · · · · · · · · · · · · · ·		
		Print/Type prepare	's name Preparer's signature Date	Check [] if	PTIN		
Pai		Jennifer	S Hill 07/13-2021	self-employed	P00236976		
Pre	parer	Firm's name	Jennifer S Hill CPA PC Firm	n's EIN 🕨			
Us	e Only	/ Firm's address		ne no.			
	•		Rockwall TX 75087		270-5452		
May	the IRS	discuss this retu	n with the preparer shown above? (see instructions)		X Yes No		

O) SHARING LIFE COMMUNITY OUTREACH INC Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A ,	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I	6		X
,	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		7.5
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	,		X
Ü	complete Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u>.</u>		<u>x</u>
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	Si cara		
	VII, VIII, IX, or X as applicable.		7 55 19	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	200,000,000		VALUE OF THE PARTY
	complete Schedule D, Part VI	11a	х	
đ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more		- 41	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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 167 If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FtN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u> </u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2020) SHARING LIFE COMMUNITY OUTREACH INC 75-2831756 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a х þ 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 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 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? 25b Х 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Х 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 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 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 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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 X.

Part 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	 	,	 	 ٠,	

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . за If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O b 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5ิล b 5b 5c C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes." did the organization include with every solicitation an express statement that such contributions or b gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7с d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e e f 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a b Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. is the organization licensed to issue qualified health plans in more than one state? а 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans С 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 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.

Form 990 (2020) SHARING LIFE COMMUNITY OUTREACH INC 75-2831756 Page 6 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 in Schedule O. See instructions. Section 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 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent b 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 х 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a d8 Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes

10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	3425741745474
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
ε	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by		10000	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	***************************************
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	SKIPTING		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	arangaaca	x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		20500000	
	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		X
0	tion C. Dicologues	·		

11	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-T (Section 501(c)								
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X Another's website X 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 interest policy,								
	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 records	J							

State the name, address, and telephone number of the person who possesses the organization's books and records TERESA JACKSON (972)285-5819, 3544 E EMPORIUM CIRCLE, MESQUITE, TX 75150

Form	GOD	(2020)

SHARING LIFE COMMUNITY OUTREACH INC

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- /	-3-	//	Lai	. 1	56

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any relat	ed organizatio	n com	pens	atec	i any	/ curre	nt of	ficer, director, or tru	istee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	xod	unles er an	Pos eck m as per d a di	rson is	ne on ar Highest compensated employee		(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) TERESA JACKSON	40.00									
EXECUTIVE DIRECTOR				X	X			88,077	0	0
(2) JUDY TRAMMELL	1.00	i .							-	
DIRECTOR		X						0	0	0
(3) JOE PARIS	1.00	l							-	
DIRECTOR	_	Х						0	0	0
(4) JIM PHAUP	1.00	i								
DIRECTOR		X_						0	0	0
(5) GLENDA LEE	1.00									
DIRECTOR		X						0	0	0
(6) FERNANDO ROJAS	1.00									
DIRECTOR		Х						0	0	0
(7) SHINEY DANIEL	1.00									
DIRECTOR	·-	Х						0	0	0
(8) BRIAN_WASHINGTON	1.00						ĺ			
DIRECTOR		х						0	0	0_
(9) DANNY MACK	1.00									•
DIRECTOR		Х						0	0	0
(10)BILL ALBRIGHT	1.00									
TREASURER		х		Х				0	0	0_
(11)D'VETA HUGES	1.00									
SECRETARY		х		х				0	0	0
(12)TRACY PANOUSIERIS	1.00									
1ST VP BUDGET & FINANCE		х		х				0	0	0
(13)KAREN BROWN	1.00									
CHAIRMAN		х		x				0	o	0
(14)										

(A) Name and title	(B) Average hours per week	box	unles	Pos eck m ss per	son is	nan one s both ar /trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	able ation ated	(F) Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-		organization and related organizations
(15)									***************************************	************************	
(16)											
(17)											
(18)									***		
(19)											***************************************
(20)											THE RESERVE THE PROPERTY OF TH
(21)										***************************************	
(22)								1886 (1974 - 1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974)			
(23)								The state of the s			
(24)											**************************************
(25)											
1b Subtotal	tion A .						· A	88,077		0	0
Total number of individuals (including but not limit reportable compensation from the organization						~~~~				U	0
3 Did the organization list any former officer, directo employee on line 1a? If "Yes," complete Schedule	J for such indiv	idual									Yes No
4 For any individual listed on line 1a, is the sum of r organization and related organizations greater than individual	\$150,000? <i>If</i> "	Yes,"c	omp	lete :	Sche	edule J	for s	such			
 5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes," 	compensation	from a	any ı	ınrel	ated	organ	izati				5 X
Section B. Independent Contractors											
Complete this table for your five highest compens compensation from the organization. Report com-										year.	
(A) Name and business addr	9\$\$							(B) Description of service	es		(C) Compensation
		***************************************	~								
Total number of independent contractors (including received more than \$100,000 of compensation from the c	_		ose i		labo	ove) w	ho	and the state of t			

Form 990 (2020)
Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a response	or no	le to any line in this	Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	. 1a	Federated campaigns .		1a					
ស្ន	b	Membership dues		1b]			
ran nt	С	Fundraising events		1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .		1d]			
ar A	e	Government grants (contri	ibutions)	1e	133,342	1			
S E	f	All other contributions, gifts	s, grants,						
rigi Si		and similar amounts not in	icluded above	1f	3,465,974				
ibu	g	Noncash contributions incl	luded in			1			
g G		lines 1a-1f		1g	\$ 3,336,766				
တ် ခြ	h	Total. Add lines 1a-1f				3,599,316			
	<u> </u>				Business Code				
6 0	2a	CDP INCOME			900099	(326,956)	(326,956)		
, Zi	ł .	SERVICE FEES			900099	3,333	3,333		
Ser	c		***************************************	**************************************		<u></u>	3,333		
E S	d	Politic (1997) 1991 (1997) 1991 (1997) 1991 (1997) 1991 (1997) 1997 (1997) 1997 (1997) 1997 (1997) 1997 (1997)							
25 26	e							······	
Program Service Revenue	f	All other program service re	evenue					······································	
Li	i					(323,623)			
	3 4 5	Investment income (includir	ng dividends, inter	est, ai	nd 				
	້	(Noyalice / / / / / / / /	(i) Real		<u> </u>	-			
	62	Gross rents	6a (I) Rear		(ii) Personal	}			
	l		6b			5			
	I	Less: rental expenses	<u> </u>			\$ 5 5 5 5 S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	l	Rental income or (loss)	6c		L				
	a	Net rental income or (loss)							
	7a	Gross amount from	(i) Securitie	S	(ii) Other				
]	sales of assets				3 3 3 5 3 5 5			
]	other than inventory	7a						
	b	Less: cost or other basis							
aμ		and sales expenses	7b		F-2-V-2-V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
evenue	С	Gain or (loss)	7c						
8	d	Net gain or (loss)							
Other R	8a	Gross income from fundrais	sing						
₹		events (not including \$				6.6.0.0.0.0.0.0			
		of contributions reported on	line						
		1c). See Part IV, line 18		8a					
	b	Less: direct expenses .		8b					
	c	Net income or (loss) from fu	undraisina events	**********				· · · · · · · · · · · · · · · · · · ·	
	1	Gross income from gaming	-						
		activities, See Part IV, line 1		9a					
	h	Less: direct expenses		9b					
	1	Net income or (loss) from g			<i>.</i>			***************************************	
	İ	, , ,		<u> </u>					
	าขล	Gross sales of inventory, les returns and allowances .		10a					
	h			10a 10b					
	2	Less: cost of goods sold							
	<u> </u>	Net income or (loss) from s	ales of inventory	• •					
ري دن	44				Business Code				
Miscellanous Revenue	11a						1		
llan ent	b			1					
Sev Sev	C				*****				
Sir	1	All other revenue		1					
		Total. Add lines 11a-11d							
	12	Total revenue. See instructi	ions			3.275.693	(323,623)	n	n

75-2831756

Statement of Functional Expenses Part IX

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 a	ny line in this Part IX			<i>.</i> <u> [</u>
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(8)	(C)	(0)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				5,49 6 6 6 6 7 6
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,655,454	3,655,454		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	10,960	5,480	2,740	2,740
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	78,620	64,485	5,289	8,846
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,978	6,949	312	717
10	Payroll taxes	6,450	4,370	275	1,805
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
c	Accounting				
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	(4,251)	(11,209)	550	6,408
12	Advertising and promotion				
13	Office expenses	12,794	22,726	412	(10,344)
14	Information technology				
15	Royalties				
16	Occupancy	38,515	38,135	255	125
17	Travel	377	(291)	668	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	(3,529)	(2,778)	(751)	
23	Insurance	2,590	2,076	370	144
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	OTHER EXPENSES	40,386	28,536	(103)	11,953
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,846,344	3,813,933	10,017	22,394
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	, , , , , , , , , , , , , , , , , , ,		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,135,715	1	1,083,864
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	335,928	3	
	4	Accounts receivable, net		4	11,705
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
g	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	521,994	8	252,733
As	9	Prepaid expenses and deferred charges	24,731	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 693,	294		
	b	Less: accumulated depreciation 10b 116,	901 606,798	10c	576,393
	11	Investments - publicly traded securities	. , .	11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,333	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,628,499	16	1,924,695
	17	Accounts payable and accrued expenses		17	36,099
	18	Grants payable		18	
	19	Deferred revenue	• • •	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	* * *	21	
Se	22	Loans and other payables to any current or former officer, director,			
H		trustee, key employee, creator or founder, substantial contributor, or 35%		10000	
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	133,342	25	
	26	Total liabilities, Add lines 17 through 25	169,252	26	36,099
		Organizations that follow FASB ASC 958, check here			
Sec		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	2,317,238	27	1,494,682
Ba	28	Net assets with donor restrictions	142,009	28	393,914
g		Organizations that do not follow FASB ASC 958, check here		7 (3)	
표		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds	1 4 4	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,459,247	32	1,888,596
	33	Total liabilities and net assets/fund balances	2,628,499	33	1,924,695

1 Accounting method used to prepare the Form 990:	Form	990 (2020) SHARING LIFE COMMUNITY OUTREACH INC	75-2831756	ĵ	Pa	age 12
1 Total revenue (must equal Part VIII; column (A), line 12) 2 3,846,0 3 Revenue less expenses (must equal Part IX, column (A), line 25) 2 3,846,0 3 Revenue less expenses. Subtract line 2 from line 1 3 (570,4 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2,459,2 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Reprior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Unter changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	Pai	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expensess. Subtract line 2 from line 1 3 (570, f. 4) 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Torestment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Byenate 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 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis or both: Separate basis Consolidated basis or both		Check if Schedule O contains a response or note to any line in this Part XI				. 🔲
3 (570,¢ 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 5 Conated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 1 Separate basis Consolidated basis Both consolidated and separate basis 2 Column (B) Both consolidated and separate basis 3 Column (B) Consolidated basis Both consolidated and separate basis 4 Separate basis Consolidated basis Both consolidated and separate basis 5 Column (B) Consolidated basis Both consolidated and separate basis 6 Column (B) Consolidated basis Both consolidated and separate basis 6 Consolidated basis Consolidated basis Both consolidated and separate basis 7 Consolidated basis Consolidated basis Both consolidated and separate basis 8 Column (B) Consolidated basis Both Consolidated basis Both consolidated and separate basis 9 Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Both Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidated Both Consolidat	1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	3,	275,	693
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 A Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Lyses (Fishedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, onsolidated basis Both consolidated and separate basis c If "Yes" check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both: Separate basis, consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required t	2	Total expenses (must equal Part IX, column (A), line 25)	. 2	з,	846,	344
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 In season of fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: Separate basis Consolidated basis Separate basis Consolidated ba	3	Revenue less expenses. Subtract line 2 from line 1	. 3	(570,	651)
6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 888, 5 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	2,	459,	247
7 Investment expenses 7	5	Net unrealized gains (losses) on investments	. 5			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 10 1,888,5 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	6	Donated services and use of facilities	. 6			
9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Thinancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Perviewed 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 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	7	investment expenses	. 7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes	8	Prior períod adjustments	. 8		***************************************	^
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990:		32, column (B))	. 10	1,	888,	596
1 Accounting method used to prepare the Form 990:	Pai	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?				1	Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis, consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		If the organization changed its method of accounting from a prior year or checked "Other," explain in				
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Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	Ī			(SAMAS)
b Were the organization's financial statements audited by an independent accountant?		reviewed on a separate basis, consolidated basis, or both:				
b Were the organization's financial statements audited by an independent accountant?		Separate basis Consolidated basis Both consolidated and separate basis				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	b			2b		X
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		•	ļ			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
the audit, review, or compilation of its financial statements and selection of an independent accountant?	С			,440403600038 5	e angles in Charles	ACCES ACCESSED.
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			,	2c		
Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	3a		ľ	AND THE PARTY OF T	2,66293795553	45500000000000000000000000000000000000
Single Augit Act and OMB Circular A-133?		Single Audit Act and OMB Circular A-133?		3a	Ì	х
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b	u	ŀ			

Form 990 (2020)

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

EEA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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

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

Open to Public Inspection

Employer identification number SHARING LIFE COMMUNITY OUTREACH INC 75-2831756 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d 📙 Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization fiv1 is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

990 or 990-EZ) 2020 SHARING LIFE COMMUNITY OUTREACH INC 75-2831756 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9,794,678	9,209,291	10,928,237	29,589,856	3,599,316	63,121,378
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	9,794,678	9,209,291	10,928,237	29,589,856	3,599,316	63,121,378
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						63,121,378
~	tion B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	9,794,678	9,209,291	10,928,237	29,589,856	3,599,316	63,121,378
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	4,500	164				4,664
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	38,798	19,104	41,533	1,979		101,414
11	Total support. Add lines 7 through 10					1	63,227,456
	Gross receipts from related activities, etc. (se	-			- 1	12	757,121
13	First five years. If the Form 990 is for the org						_
	organization, check this box and stop here				* * * * * * * *		▶ 📗
	tion C. Computation of Public Suppor						
	Public support percentage for 2020 (line 6, c					14	99.83 %
	Public support percentage from 2019 Sched				,	15	99.65 %
16a	33 1/3% support test - 2020. If the organization					•	
	box and stop here. The organization qualifies		• •				744
b	33 1/3% support test - 2019. If the organizati					•	
	this box and stop here. The organization qua	=	• • •	_			· · · · · ► ∐
17a	10%-facts-and-circumstances test - 2020.						
	10% or more, and if the organization meets th				•	•	
	Part VI how the organization meets the facts			-	•	*	
	organization						
b	10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization me					• ,	
	in Part VI how the organization meets the fac				•		_
	organization						▶ □
18	Private foundation. If the organization did no						
	instructions						

90 or 990-EZ) 2020 SHARING LIFE COMMUNITY OUTREACH INC
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and membership fees						***************************************			
	received. (Do not include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an									
	unrelated trade or business under section 513 -									
4	Tax revenues levied for the									
	organization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to the									
	organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and 3									
	received from disqualified persons									
þ	Amounts included on lines 2 and 3									
	received from other than disqualified									
	persons that exceed the greater of \$5,000				***					
	or 1% of the amount on line 13 for the year									
C	Add lines 7a and 7b									
8	Public support. (Subtract line 7c from									
	line 6.)	2000000000								
	tion B. Total Support									
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest, dividends,									
	payments received on securities loans, rents,									
	royalties, and income from similar sources									
b	Unrelated business taxable income (less									
	section 511 taxes) from businesses									
	acquired after June 30, 1975									
С	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.)				<u></u>		···			
14	First 5 years. If the Form 990 is for the organ	ization's first, s	second, third, fo	urth, or fifth tax	year as a sect	ion 501(c)(3)				
				, <i></i>			▶ ∐			
	tion C. Computation of Public Suppor									
	Public support percentage for 2020 (line 8, c		•			15	%			
	Public support percentage from 2019 Sched			<i></i>		16	%			
	tion D. Computation of Investment In									
17	Investment income percentage for 2020 (line			e 13, column (f))	17	%			
	Investment income percentage from 2019 Sci					18	%			
19a	33 1/3% support tests - 2020. If the organization									
	17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ □									
b	b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and									
	line 18 is not more than 33 1/3%, check this b						zation 🕨 🔲			
20	Private foundation, If the organization did no	ot check a box	on line 14, 19a,	or 19b, check	this box and se	e instructions	▶ []			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		*5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	20,000,000	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	\$ 150 m		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		SUMBLE
2	Did the organization operate for the benefit of any supported organization other than the supported			
2~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			45 CO
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	248449	
500	tion C. Type II Supporting Organizations	14	<u> </u>	L
060	non of Type is outpoining organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	84.68.6	162	140
,				
	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	34423		
200	the supported organization(s).	1		<u></u>
360	tion D. All Type III Supporting Organizations		\\\\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NI.
4	Did the second of the second o	[3000000000000000000000000000000000000	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		1937	
	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	0.000	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	38.58.7	74881188	
_	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		was a	69214988
	a significant voice in the organization's investment policies and in directing the use of the organization's	90.000.0		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	<i>iction</i> :	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instru	ictions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	954035043		9100000
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	4-231,001	statistics)
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			00.00
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	A:50465ES	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	100000000000000000000000000000000000000		
~	of its supported organizations? If "Vas " describe in Part VI the role placed by the organization in this regard	7h		

75-2831756

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4	Check here if the organization satisfied the Integral Part Test as a qualifying tr			Dart VIII Can
'	instructions. All other Type III non-functionally integrated supporting organization			
	instructions. An other Type in non-randitionally integrated supporting organiza	auons	musi complete Sections /	(B) Current Year
Sec	ction A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		(optional)
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			, L
	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		
			_	(B) Current Year
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a	Annual Control of the	
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c	^~************************************	
-	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6	**************************************	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction 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	integr	ated Type III supporting	organization
	(see instructions).	_		

75-2831756

rai	rait v Type in Non-runctionally integrated 503(a)(3) Supporting Organizations (continued)											
Sec	tion D - Distributions				Current Year							
1	Amounts paid to supported organizations to accomplish exem	pt purposes		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 purposes	of supported organizati	ons	3								
4	Amounts paid to acquire exempt-use assets			4								
5	Qualified set-aside amounts (prior IRS approval required) - pro	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 respons	ive									
	(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								
		(î)	(ii)		(iii)							
Sec	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	ns	Distributable							
		Excess Distributions	Pre-2020		Amount for 2020							
1	Distributable amount for 2020 from Section C, line 6											
2	Underdistributions, if any, for years prior to 2020											
	(reasonable cause required - explain in Part VI). See											
	instructions.											
3	Excess distributions carryover, if any, to 2020											
а	From 2015											
b	From 2016											
С	From 2017											
d	From 2018											
	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: \$											
	Applied to underdistributions of prior years											
	Applied to 2020 distributable amount		## 34 GE 67 GE 68 GE 68									
С	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:											
	Excess from 2016											
	Excess from 2017											
	Excess from 2018											
	Excess from 2019											
e	Excess from 2020											

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name	of the organization	Employer identification number
	RING LIFE COMMUNITY OUTREACH INC	75-2831756
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
		Tyes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
000000000	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		of a historically important land area
	years,	of a certified historic structure
	Preservation of open space	or a certified historic structure
7	P	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	
_	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	· · 2a
b	Total acreage restricted by conservation easements	
c ,	Number of conservation easements on a certified historic structure included in (a)	· · 2c
đ	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	h
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	inization during the
	tax year 👂	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	, , , , , , , , , , , , , , , , , , ,
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.	·
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	
	provide the following amounts relating to these items:	oc of public do. vide,
	(i) Revenue included on Form 990, Part VIII, line 1	*
	(ii) Assets included in Form 990, Part X	***************************************
2		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gair	, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	. .
a	Revenue included on Form 990, Part VIII, line 1	***************************************
þ	Assets included in Form 990, Part X	> \$

	trii Organizations Waintaining							ets (conu	nueu)
3	Using the organization's acquisition, accession	, and other records,	check an	of the follow	ving that mak	e signific	ant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	******	or exchange	programs	S		
b	Scholarly research		e	☐ Other	******				
C	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain h	now they fi	urther the org	janization's e	xempt pu	ırpose in Part		
	XIII.								
5	During the year, did the organization solicit or re							_	_
	assets to be sold to raise funds rather than to be		rt of the or	ganization's	collection?			Yes	No
Pai	TIV Escrow and Custodial Arra								
	Complete if the organization a 990, Part X, line 21.	answered "Yes'	on For	m 990, Pa	art IV, line	9, or re	eported an amou	ınt on Fo	rm
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for cont	ributions or c	ther assets r	not			
	included on Form 990, Part X?				,			. Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an	d complete the follo	wing table	::					
							Amo	unt	
c	Beginning balance					. 10			
d	Additions during the year					. 10	I		
e	Distributions during the year		<i></i> .			. 1e	•		
f	Ending balance					. 1f			
2a	Did the organization include an amount on Fore	n 990, Part X, line 2	1, for esci	ow or custod	fial account li	iability?		Yes	No
b	If "Yes," explain the arrangement in Part XIII. C								
Par		······································	***********	······					
	Complete if the organization :	answered "Yes"	on For	m 990, Pa	art IV, line	10.			
		(a) Current year		Prior year	(c) Two year		(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance				1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ь	Contributions				<u> </u>	·······	***************************************	 	***************************************
c	Net investment earnings, gains, and			······································					
·	losses								
ď	Grants or scholarships								
	Other expenditures for facilities and								
e					!				
£	programs				<u></u>				
f	Administrative expenses			-				 	
g	End of year balance				<u> </u>			<u> </u>	
2	Provide the estimated percentage of the curren		(line 1g, c	oiumn (a)) ne	eid as:				
a	Board designated or quasi-endowment	. %							
b		6							
C	Term endowment • %								
	The percentages on lines 2a, 2b, and 2c should	•							
3a	Are there endowment funds not in the possess	ion of the organizati	on that are	held and ad	lministered fo	or the		F	
	organization by:							Y	es No
	(i) Unrelated organizations	-					<i></i>	3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	d on Sche	dule R?				3b	
4	Describe in Part XIII the intended uses of the o	·····	ment fund	\$.					
Pai	tVI Land, Buildings, and Equip								
************	Complete if the organization a	answered "Yes"	on For	m 990, Pa	art IV, line	11a. Se	ee Form 990, Pa	art X, line	10.
	Description of property	(a) Cost or ot		i	r other basis		Accumulated	(d) Book va	ilue
		(investr	nent)		other)	d	epreciation		
1a	Land								
b	Buildings		····					······	
c	Leasehold improvements				530,533		49,809	48	0,724
d	Equipment	٠ .			162,761		67,092		5,669
e	Other								
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X,	column (E), line 10c.)				57	6,393
-									

Market and the second second	Complete if the organization an	swered "Yes" on For	m 990, Part IV	, line 11b. See I	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation: Cost or end-of-year market value
(1) Financial d					
	ld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)		**************************************			
(E) (F)		***************************************			
(G)					
(H)	***************************************				
	(b) must equal Form 990, Part X, col. (B) lin	e 12.)			
Part VIII	Investments - Program Relate		1	I same and a series of the series	
,	Complete if the organization an	swered "Yes" on For	m 990, Part IV	, line 11c. See F	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)	(1) (5) (5) (6) (7) (1) (8) (8)	/# \			
Part IX	(b) must equal Form 990, Part X, col. (B) lin Other Assets.	e 13.) ▶			
Faitin	Complete if the organization an	swered "Ves" on For	m 000 Dart IV	line 11d See F	Form 990 Part V line 15
	Complete if the organization are		in 990, i artiv	, mie 110, 000 1	
(1)		(a) Description			(b) Book value
(2)					
(3)					
(4)		**************************************			***************************************
(5)					
(6)		**************************************	***************************************		
(7)			***************************************		
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) lin-	e 15.)			>
Part X	Other Liabilities.				
	Complete if the organization an line 25.	swered "Yes" on For	m 990, Part IV	, line 11e or 11f.	. See Form 990, Part X,
1.	(a) Description of liability	(b) Book v	alue	8 33 3 3 3 2 3 6	
(1) Federal in	ncome taxes				
(2)					
(3)					
(4)	**************************************				
(5)					
(6)	***************************************				
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.)	·			
 Liability for t 	uncertain tax positions. In Part XIII, provide	tne text of the footnote to th	ne organization's fir	nanciai statements th	nat 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

) 2020			COMMUNITY				Page 4
Recon	ciliation of	Reve	nue per Aud	dited Finan	cial :	Statements With Revenue per Return.	
A			12	. 1.03.2. 16		000 0 1042 40	

	Complete if the organization answered "res" on Form 990,	Part IV, line 12a.		
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	2a		
ь	Donated services and use of facilities	2b	1	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	†	
	Add lines 2a through 2d	LL	3	
e	• • • • • • • • • • • • • • • • • • • •		2e	
3	Subtract line 2e from line 1	1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	and the state of t		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIII.)	[4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial State		per Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1	
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.)	4b	1	
	Add lines 4a and 4b			
C E			40	···
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	mpana pana pana pana pana pana pana pana			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines		X, line	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
			~~~	
·····				
			***************************************	
,				

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number SHARING LIFE COMMUNITY OUTREACH INC 75-2831756 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations | | Solicitation of government grants C Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 3 4 5 6 2 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 2 Less: Contributions Gross income (line 1 minus Cash prizes Noncash prizes Rent/facility costs . . . . . Direct Expenses 7 Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) 11 Part III Gaming, Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

ULEI	(066	
SCHEDL	Form 99	

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047 Inspection 2020

Employer identification number

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

(h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 75-2831756 noncash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of noncash assistance (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant (c) IRC section (if applicable) SHARING LIFE COMMUNITY OUTREACH INC Part I General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (b) EIN COMMUNITY OUTREACH INC (a) Name and address of organization or government Part  $\in$ 3  $\epsilon$ 3 3 **€** 9 8 6

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(10)

Page 2 © 390) (2020) SHARING LIFE COMMUNITY OUTREACH INC Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2020) Part III

Schedule I (Form 990) (2020) (f) Description of noncash assistance CLOTHING FOOD TOYS ETC Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) OTHER 3,655,454 noncash assistance (d) Amount of (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 1 CLIENT ASSISTANCE Part IV ß ~ m 4 ø EEA

## SCHEDULE M (Form 990)

# **Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

Employer identification number

	ING LIFE COMMUNITY OUTREAC	H INC		75-2831	1756	<del></del>		
Par	t   Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) nod of determ contribution		
1	Art - Works of art							
2	Art - Historical treasures	***************************************						
3	Art - Fractional interests					*************		
4	Books and publications			······································		***************************************		
5	Clothing and household			**************************************				,
	goods							
6	Cars and other vehicles							
7	Boats and planes			***************************************		***************************************		~=~~~~~
8	Intellectual property			**************************************				
9	Securities - Publicly traded							
10	Securities - Closely held stock				***************************************			***************************************
11	Securities - Partnership, LLC,					***************************************		
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation				<b></b>			
	contribution - Historic							
	structures							
14	Qualified conservation	ļ				,		
•	contribution - Other							
15	Real estate - Residential						***********	
16	Real estate - Commercial			***************************************				
17	Real estate - Other							
18	Collectibles	······			İ			
19	Food inventory	x		3,335,478	ENTO C	7 N T 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	·····	
20	Drugs and medical supplies		***************************************	3,335,478	EWTK A	ALUE		
21	Taxidermy							
22	Historical artifacts				<b> </b>			
23	Scientific specimens							-
24	Archeological artifacts				İ			
25	Other ► (DURABLE MEDICAL )			1 700	WINTER 1997 W. W.	** * * ****		
26	Other > (OTHER )	X			FAIR V			
27	Other > (OTHER	X		180	FAIR V	ALUE	~~	
28	` <del></del>			***************************************	<b></b>			
	Other > ( )	l	wing the tour year for agatable the		<del> </del>			,,,,,
29	Number of Forms 8283 received by the or which the organization completed Form 8.	**		19 101	29			
	which the organization completed Form of	zos, rait v, i	Johee Acknowledgement		25		Yes	No
30a	During the year did the argenization rand	lua hu aantrih	ution any property reported in D	art I linea 1 through			162	NU
ava	During the year, did the organization recei	-						
	28, that it must hold for at least three year					20-		
i.	to be used for exempt purposes for the er	-	period?			. 30a	(0.6 p. 62 p.	X
b	If "Yes," describe the arrangement in Part		· · · · · · · · · · · · · · · · · · ·	-111			10 C	
31	Does the organization have a gift accepta		•					
50						- 31	X	
32a	Does the organization hire or use third pa			,			1	
						. 32a	1232050	X
b	If "Yes," describe in Part II.		, , , , , , , , , , , , , , , , , , , ,					
33	If the organization didn't report an amount	in column (c	) tor a type of property for which	column (a) is checked,				
	describe in Part II.					180,000,000		

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

0MB No. 1545-0047

Inspection

Open to Public

Name of the organization Employer identification number

SHARING LIFE COMMUNITY OUTREACH INC 75-2831756 01. Governing body meeting documentation (Part VI, line 8a) MINUTES ARE MAINTAINED FOR ALL BOARD MEETINGS. O2. Committee meeting documentation (Part VI, line 8b) MINUTES ARE MAINTAINED FOR ALL MAJOR COMMITTEE MEETINGS. 03. Form 990 governing body review (Part VI, line 11) A DRAFT OF THE 990 IS GIVEN TO THE EXECUTIVE DIRECTOR, BOOKKEEPER AND TREASURER FOR REVIEW PRIOR TO FILING. 04. Conflict of interest policy compliance (Part VI, line 12c) EACH DIRECTOR COMPLETES AN ANNUAL STATEMENT OF DISCLOSURE, SLCO-109EA, WHEN REQUESTED BY THE EXECUTIVE DIRECTOR OR A DESIGNEE. IN ADDITION, A DIRECTOR WHO IS AN INTERESTED PERSON DISCLOSES ANY KNOWN OR POTENTIAL CONFLICT OF INTEREST TO THE BOARD OR COMMITTEE THAT EXERCISES BOARD DELEGATED POWERS. IF THE CONFLICT PERTAINS TO A MATTER THAT IS NOT BEFORE THE BOARD OR COMMITTEE, THEN THE DIRECTOR DISCLOSES THE CONFLICT TO THE BOARD PRESIDENT AND EXECUTIVE DIRECTOR AS SOON AS THE DIRECTOR BECOMES AWARE OF THE ACTUAL OR POTENTIAL CONFLICT. FAILURE TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST MAY BE GROUNDS FOR DISCIPLINARY ACTION BY THE BOARD, INCLUDING REMOVAL FROM THE BOARD. ON AN ANNUAL BASIS, THE DIRECTORS ARE REMINDED OF THIS POLICY. 05. CEO, executive director, top management comp (Part VI, line 15a) THE BOARD USES LOCAL AND NATIONAL COMPENSATION GUIDES PRINTED BY REPUTABLE NON PROFIT MANAGEMENT AGENCIES THAT COMPARE SALARIES OF NON PROFIT EMPLOYEES. THE BOARD ALSO CONSIDERS COMPENSATION FROM OTHER LOCAL CHARITIES PERFORMING SIMILAR SERVICES

Form 990	Schedule A, Line 5 - Excess 2% Limitation Contributors	Line 5 - Exce	ss 2% Limita	tion Contril	outors	WE OF STREET COAST OF	
VOIKSIIGEL		(Keep for y	(Keep for your records)			2020	
Name(s) as shown on return						Tax ID Number	
SHARING LIFE COMMUNITY OUTREACH INC	INC					75-2831756	756
	(a)	(q)	(c)	(p)	(e)	(b)	(6)
Name	2016	2017	2018	2019	2020	Total	Excess contributions (col. (f) minus
		•					the 2% limitation)
TXU ENERGY	348,000	357,000	285,000	#*************************************		990,000	

TOTAL