			** PUBLIC DISCLO	SURE CO	PY *	*			
	0		Short				_		OMB No. 1545-0047
Forr	n 93	90-EZ	Return of Organization E	xempt F	rom	Income	Ta	X	0004
			Under section 501(c), 527, or 4947(a)(1) of the Inte	rnal Revenue	Code (e	except private	found	ations	2021
			Do not enter social security numbers	on this form, a	s it ma	y be made put	olic.		On en te Dublie
		of the Treasury	Co to ununy iro gov/Eorm000EZ for in	otructions on	l the let	laat informatic	-		Open to Public
		enue Service	Go to www.irs.gov/Form990EZ for in		i the la				Inspection
	For the Check if			021	and e				022
	applicat	ble: C Na	ne of organization				D Emp	loyer id	entification number
	Addr	ress change					0.4		16640
		Num	HINE , INC . per and street (or P.O. box if mail is not delivered to street a	ddroco)		Room/suite			46640
	- Final	return/	BOX 6606	uuress)		Room/suite		•	18-3767
	5	City	r town, state or province, country, and ZIP or foreign postal	code				up Exen	
	5	-	MOND, OK 73083					iber 🕨	iption
G		nting Method:	Cash X Accrual Other (specify)						if the organization is
		-	USHINE.ORG						to attach Schedule B
				insert no.) 🔲 ·	1947(a)(1) or 527		, m 990).	
			X Corporation Trust Association			·		,	
LA	Add Iir	nes 5b, 6c, and 7l	to line 9 to determine gross receipts. If gross receipts are 3	\$200,000 or more	, or if to	tal assets (Part I	,		
		n (B)) are \$500,0	00 or more, file Form 990 instead of Form 990-EZ	<u> </u>				▶ \$	83,495.
Pa	art I		Expenses, and Changes in Net Assets						,
			rganization used Schedule O to respond to any question in						
	1							1	83,126.
	2		e revenue including government fees and contracts					2	
	3	Investment inco	es and assessments me	9 T T T	спр			3 4	218.
	4 5a		rom sale of assets other than inventory	I				4	210•
	b		ner basis and sales expenses				_		
	C C		om sale of assets other than inventory (subtract line 5b fror	·····	1		_	5c	
	6	. ,	draising events:						
	a	•	om gaming (attach Schedule G if greater than						
Revenue		\$15,000)							
leve	b	Gross income f	om fundraising events (not including \$ 23	,301. of c	ontributi	ons			
щ			g events reported on line 1) (attach Schedule G if the sum o						
			nd contributions exceeds \$15,000)			12.44			
	C	-	enses from gaming and fundraising events			13,48	_		12 405
	_d		loss) from gaming and fundraising events (add lines 6a and	I	1			6d	-13,485.
	7a		nventory, less returns and allowances		_				
	b		ods sold loss) from sales of inventory (subtract line 7b from line 7a)				_	7c	
	с 8		describe in Schedule O)					8	151.
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				•	9	70,010.
	10		lar amounts paid (list in Schedule O)					10	330.
	11		or for members					11	
ş	12		ompensation, and employee benefits					12	12,417.
Expenses	13	Professional fee	s and other payments to independent contractors					13	10,235.
adx	14	Occupancy, ren	, utilities, and maintenance					14	
Ш	15		tions, postage, and shipping					15	
	16		(describe in Schedule O)	SEE	SCHE	DULE O		16	9,563.
	17		Add lines 10 through 16					17	32,545.
ţ	18		it) for the year (subtract line 17 from line 9)					18	37,465.
sse	19		nd balances at beginning of year (from line 27, column (A))					10	90,494.
Net Assets	20		h end-of-year figure reported on prior year's return)					19 20	<u> </u>
ž	20	-	n net assets or fund balances (explain in Schedule O) nd balances at end of year. Combine lines 18 through 20				····	20	127,959.
LH/			iction Act Notice, see the separate instructions.					1	Form 990-EZ (2021)

	n 990-EZ (2021) USHINE, INC.			81-	14466	40 Page 2
Pa	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	ond to any question	in this Part II		<u></u>	X
		(A) Beginning of year		. ,	nd of year
22	Cash, savings, and investments		92,281	• 22		128,912.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25			92,281			128,912.
26	Total assets Total liabilities (describe in Schedule 0) SEE SCHEDULE O		1,787.			953.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		90,494	• 27		127,959.
Pa	art III Statement of Program Service Accomplishmen	ts (see the instructi	ons for Part III)			penses
	Check if the organization used Schedule O to resp	ond to any question	in this Part III	X		for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O					and 501(c)(4) ons; optional for
Desc	ribe the organization's program service accomplishments for each of its three largest program se	ervices, as measured by expenses.	In a clear and concise		others.)	,
manı	ner, describe the services provided, the number of persons benefited, and other relevant informat	tion for each program title.				
28	SEE SCHEDULE O					
	(Grants \$ 330.) If this amount includes foreign g	rants, check here			28a	22,464.
29						
	(Grants \$) If this amount includes foreign g	rants, check here			29a	
30		•	·			
	(Grants \$) If this amount includes foreign g	rants, check here			30a	
31						
	(Grants \$) If this amount includes foreign g	rants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)			🕨	32	22,464.
Pa	art IV List of Officers, Directors, Trustees, and Key Ei			ee the ir	nstructions for	r Part IV)
Pa	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp		in this Part IV	ee the ir	nstructions for	r Part IV)
Pa		oond to any question (b) Average hours	in this Part IV (c) Reportable	(d) Hea	alth benefits,	(e) Estimated
Pa		(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC/	(d) Hea contri emplo	alth benefits, ibutions to yee benefit	(e) Estimated amount of other
_	Check if the organization used Schedule O to resp (a) Name and title	oond to any question (b) Average hours	in this Part IV (c) Reportable compensation (Forms	(d) Hea contri emplo plans, a	alth benefits, ibutions to	(e) Estimated
JE	Check if the organization used Schedule O to resp (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JE	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR	(b) Average hours per week devoted to	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred	(e) Estimated amount of other
JE EX LA	Check if the organization used Schedule O to resp (a) Name and title ENNIFER WINTON ECUTIVE DIRECTOR INE WALLACE	(b) Average hours per week devoted to position 15.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0.	(e) Estimated amount of other compensation 0 •
JEXLA	Check if the organization used Schedule O to resp (a) Name and title NNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
JE EX BO BO	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER DBBY KERN	bond to any question (b) Average hours per week devoted to position 15.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0.	(e) Estimated amount of other compensation 0 .
JE XA BO BO BO	Check if the organization used Schedule O to resp (a) Name and title CNNIFER WINTON CECUTIVE DIRECTOR LINE WALLACE OARD MEMBER OBBY KERN OARD MEMBER	(b) Average hours per week devoted to position 15.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0.	(e) Estimated amount of other compensation 0 •
JE XABBBBB	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE ORD MEMBER OBBY KERN OARD MEMBER LL BLANCHARD	(b) Average hours per week devoted to position 15.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0 . 0 .	(e) Estimated amount of other compensation 0. 0.
JEXABO BO BO BO FR	Check if the organization used Schedule O to resp (a) Name and title ENNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER LL BLANCHARD ESIDENT	bond to any question (b) Average hours per week devoted to position 15.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0.	(e) Estimated amount of other compensation 0 .
JEX LAC BC WI PRA	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER BBY KERN PARD MEMBER LL BLANCHARD ESIDENT TIE FAY	(b) Average hours (b) Average hours per week devoted to position 15.00 1.00 2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
JEXACOUNT RACE	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER DBBY KERN PARD MEMBER LL BLANCHARD ESIDENT TIE FAY PARD MEMBER	(b) Average hours per week devoted to position 15.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0 . 0 .	(e) Estimated amount of other compensation 0. 0.
JE XABO BOUL BRAD	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JE XABO BOUL BRAD	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER DBBY KERN PARD MEMBER LL BLANCHARD ESIDENT TIE FAY PARD MEMBER	(b) Average hours (b) Average hours per week devoted to position 15.00 1.00 2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and deferred pensation 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0.
JE XAC BC BC FRACE	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JE XAC BC BC FRACE	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JE XAC BC BC FRACE	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JE XABO BOUL BRAD	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JE XAC BC BC FRACE	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JE XABO BOUL BRAD	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JE XABO BOUL BRAD	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JE XAC BC BC FRACE	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JE XAC BC BC FRACE	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JE XABO BOUL BRAD	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JE XAC BC BC FRACE	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.
JE XAC BC BC FRACE	Check if the organization used Schedule O to resp (a) Name and title INNIFER WINTON ECUTIVE DIRECTOR INE WALLACE PARD MEMBER PBBY KERN PARD MEMBER ILL BLANCHARD ESIDENT TIE FAY PARD MEMBER Y BAILEY	(b) Average hours per week devoted to position 15.00 1.00 2.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 13,076. 0. 0. 0.	(d) Hea contri emplo plans, a	alth benefits, ibutions to yee benefit and defered pensation 0. 0. 0. 0. 0.	(e) Estimated amount of other compensation 0. 0. 0. 0.

Form	990-EZ (2021) USHINE, INC. 81-1446	640		Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements		Э	Ŭ
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			l
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			77
	in a prior year and still outstanding at the end of the tax year covered by this return?	<u>38a</u>		X
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
		-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright			
Ь	Section 4911 P , section 4912 P , section 4903 P Section 4903 P Section 4905 PSection 4905 P			
U	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	100		
-	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed $\blacktriangleright OK$			
42 a	The organization's books are in care of JEANETTE ZIRKLE Telephone no. 405-4	.8-3	767	
	Located at ► PO BOX 6606, EDMOND, OK ZIP + 4 ►	/308	3	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vee	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Tes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
~	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
C	If "Yes," enter the name of the foreign country	420		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
-10	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		نـــــ
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	90-EZ	(2021)

132173 12-08-21

Form 990-EZ (2	2021) USI	HINE,	INC.							81-	14466	40	I	Page 4
													Yes	No
46 Did the o	rganization engage	e, directly o	r indirectly, in po	litical campaign	activiti	ies on behalf of	or in oppositio	on to cand	didates for pu	ublic off	ice?			
	complete Schedule			-								46		X
Part VI	Section 501	(c)(3) Or	ganizations	s Only										
	All section 501(
	Check if the org	janization i	used Schedule	O to respond	to any	y question in t	his Part VI				<u></u>		Yes	No
7 Did the e	ranization on and	a in labhuin.	a activitian or hav	in a position FO	l/h) ala	ation in offect du	wing the toy y				Г		162	
	rganization engage	-	-		. ,							47		x
18 Is the ord	complete Sch. C, P ganization a schoo	l as describ	ed in section 170)(h)(1)(A)(ii) ? If	"Yes "	complete Sched	ule F				····· -	48		X
	rganization make a											49a		X
	vas the related org											49b		
	e this table for the											h rec	eived r	nore
than \$10	0,000 of compens	ation from t	he organization.	If there is none,	, enter "	None."								
	(a) Namo	e and title o	f each employee				age hours		Reportable	(d) He	alth benefits, ibutions to		Estim	
						· · ·	devoted to	W-2/	nsation (Forms 1099-MISC/	emplo	oyee benefit and deferred		ount of	
			NON	1E		pos	ition	10	99-NEC)	com	pensation	C01	npens	alion
						4								
						-								
												<u> </u>		
								_						
						-								
								_						
						-								
	nber of other empl						▶							
-	e this table for the	-			lepende	ent contractors v	vho each rece	ived more	e than \$100,0)00 of c	ompensatio	on fro	m the	
	tion. If there is non							· . .			()0			
(a) N	Name and business	s address of	r each independe	nt contractor			(D) Type of	service		(C) (C)	ompe	nsatio	n
d Total num	nber of other inde	pendent cor	ntractors each red	ceiving over \$10	00,000			►						
2 Did the o	rganization compl	ete Schedul	e A? Note: All se	ection 501(c)(3)	organi	zations must att	ach a					_		
											🕨 🗴			No
Inder penalties	s of perjury, I decla	are that I ha	ive examined this	s return, includii	ng acco	mpanying sche	dules and stat	ements, a	nd to the be	st of my	v knowledge	e and	belief,	it is
rue, correct, a	nd complete. Decla	aration of pi	reparer (other tha	an officer) is ba	sed on	all information o	of which prepa	irer has a	ny knowledg	e.				
	Signature of officer									Date				
Sign Iere					. .									
	Type or print name		/AIZ, EX	ECUTIVE	i DI	RECTOR								
	Print/Type prepa		1	Preparer's sig	Insturo		Date		Check	∃ if	PTIN			
		aror o name	,		Juriaria		Date		self- emplo					
Paid	ASHLEY N	۲. FOC	I.E	ASHLEY	м	FOCIF	05/0	5/22	Son ompic	,	P012	58	200	
Preparer			NTAYLOR		r1 •	10911	<u> </u>	5125	Firm's EI	. ▶ 7	3-141			
Jse Only			5 N BROA		ENI	IE. SIITT	'E 200		Phone no		$\frac{5}{5-848}$			
			AHOMA CI			-				0	_ 010		•	
lav the IRS di	scuss this return v										X	Ye	s	No
<u>,</u>													90-EZ	
														,

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2021
	Open to Public Inspection
lovor	identification number

Nan	ne of	the organization							identification number
Da	rt I		NE, INC.	(All		······			1-1446640
		Reason for Public (ee instruction	S.	
	orga	nization is not a private found		•		,			
1		A church, convention of ch	,			n 170(b)(1	l)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative						<u>-</u> .	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for		lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	-						
7	X			ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	• • • •					-	•
		activities related to its exen							
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co							
11		An organization organized a							
12		An organization organized a							
		more publicly supported or							Sneck the box on
_	Г	lines 12a through 12d that							
а		Type I. A supporting orga	-	-	•	-			
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting
	Г	organization. You must o					-1	· (-)	
b		Type II. A supporting org							
		control or management o			ame perso	ns that coi	ntrol or manaç	ge the supp	ported
_		organization(s). You mus							-1 20-
С		Type III functionally inte	• • • •					y integrate	ed with,
		its supported organization		-					
d		Type III non-functionally						-	
		that is not functionally int	с с	c				an attentiv	/eness
	Г	requirement (see instruct	,	•	-				
е		Check this box if the orga					турет, туре	i, iype iii	
	Em	functionally integrated, or ter the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0				
		ovide the following information	•	d organization(c)					
y	FIC	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see ir	structions)	support (see instructions)
				above (see instructions))					
Tota	al								

USHINE, INC.

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	82,204.	75,455.	77,974.	28,435.	83,126.	347,194.
2	Tax revenues levied for the organ-						
	ization'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	82,204.	75,455.	77,974.	28,435.	83,126.	347,194.
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)						203,748.
6	Public support. Subtract line 5 from line 4.						143,446.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	82,204.	75,455.	77,974.	28,435.	83,126.	347,194.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		420.	412.	180.	218.	1,230.
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.)		1,800.	1,758.	56.	150.	3,764.
11	Total support. Add lines 7 through 10						352,188.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	<u>40.73</u> %
	Public support percentage from 2020					15	40.74 %
16 a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
k	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	ganization		▶∟
k	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	istances test, chec	k this box and st	op here. Explain ii	n Part VI how the	
	organization meets the facts-and-circu		•				▶∐
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organi	zation,
	check this box and stop here						>
	ction C. Computation of Public						
	Public support percentage for 2021 (li	, (),	,	column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inves					I .= I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2						<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box an						►
a	33 1/3% support tests - 2020. If the	-					
20	line 18 is not more than 33 1/3%, check						
	Private foundation. If the organization	I UIU NOT CNECK A	box on line $14, 19$	a, or 190, Check t	nis pox and see ins		P
13202	3 01-04-22		0			Schedi	ule A (Form 990) 2021

8 2021.05080 USHINE, INC.

SHINE	. INC
DITTIC	,

IJ

1

Yes No

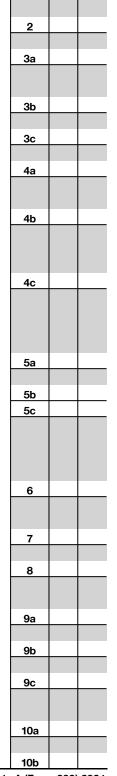
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21



Schedule A (Form 990) 2021

	(Form 990) 2021		INC
Part IV	Supporting Orga	anizations (contin	nued)

...

Τ..

Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations No Yes Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
_	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised or controlled the supporting organization	2	1

supervised, or controlled	d the supporting organization.
Section C. Type II Supp	porting Organizations

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

Section D.	All Type III S	upporting O	rganizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear (see instructions	5).
•	Check the box hext to the method that the organization used to satisfy the integral r art rest during the	year (ooo moa doalon	1

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	each of its supported	d organizations.	Complete line 3 below.
---	--	------------------	------------------	-----------------------	------------------	------------------------

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

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

 Schedule A (Form 990) 2021

132025 01-04-22

10 2021.05080 USHINE, INC.

Sche	dule A (Form 990) 2021 USHINE, INC.		8	31-1446640 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supportion	ng Organi		5
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

USHINE, INC.

_	dule A (Form 990) 2021 USHINE, INC.			8	1-1446640	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ed)		
Secti	on D - Distributions				Current Yea	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
<u>a</u>	Excess from 2017					
b	Excess from 2018					
C	Excess from 2019					
d	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	USHINE,	INC.			81-1446640	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	rmation. Provid 1, 2, 3b, 3c, 4b, 4 1 lines 2 and 3; Pa	de the explanation c, 5a, 6, 9a, 9b, 9c art IV, Section E, lin	, 11a, 11b, and 11 es 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a c c; Part IV, Section B, lines and 3b; Part V, line 1; Part lete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	C,
132028 01-04-2	2			13		Schedule A (Form 9	90) 2021

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
LON AND JANE WINTON	145,000.	137,956
MARK AND BETH BREWER	64,000.	56,956
JOHN AND TIFFANY CALDWELL	15,880.	8,836
		203,748

Schedule B

(Form 990)

Orga

Filers of:

Department of the Treasury

Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* 1
-----	--------	------------	------	-----

Schedule of Contributors

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

2021

Employer identification number

USHINE,	INC.	81-1446640
nization type (check one):		

Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

Section:

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

	3 (Form 990) (2021)			Page
Name of or	rganization		Emplo	yer identification number
USHIN	E, INC.		81	-1446640
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1		\$35,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
2		\$15,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
3		\$5,1	50.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
123452 11-11		\$		Person Payroll Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
USHINI	E, INC.		81-1446640
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		. \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		. \$\$	

123453 11-11-21

Schedule B (Form 990) (2021)

lame of o	rganization			Employer identification number
SHIN	E, INC.			81-1446640
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) through (e) and the following line ent	ry. For organizations	hat total more than \$1,000 for the yea
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. on	ce.) ► \$
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
() •				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gift	t I	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
·		(e) Transfer of gift	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(-) T urnefou of citi		
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
	·			
3454 11-11	1-21	1		Schedule B (Form 990) (20

18 2021.05080 USHINE, INC.

SCHEDULE G	Suppleme	ntal Infor	mation Regarding	Fund	Iraisi	ng or Gaming A	ctiv	vities 0	DMB No. 1545-0047
(Form 990)		e 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.						2021	
Department of the Treasury		ganzation	Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs	s.gov/Form990 for instr	uction	s and	the latest information	on.		Inspection
Name of the organization	USHINE,	INC.						Employer ide	entification number 640
	complete this part		if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations dicitations on have a written o red in Form 990, Pa d) highest paid indiv	ed funds th r oral agree art VII) or en riduals or er	f Solicita g Special ment with any individual tity in connection with p utities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund			(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No	•			
	ich the organizatio		ed or licensed to solicit o	ontrib	▶ utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ce, see the	Instructions for Form 9	90 or	990-E	Ζ.		Schedule	e G (Form 990) 2021

USHINE, INC.

81-1446640 Page 2

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.

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			A HEART FOR		NONE	
			RESILIENCE			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne					, , , , , , , , , , , , , , , , , , ,	
Revenue	4	Cross ressints	23,301.			23 301
Re	1	Gross receipts	23,301.			23,301.
	~		23,301.			23,301.
	2	Less: Contributions	23,301.			<u>23,301.</u>
	-					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
en:	6	Rent/facility costs				
Direct Expenses						
šct	7	Food and beverages	6,104.			6,104.
Dire						
	8	Entertainment				
	9	Other direct expenses	7,381.			7,381.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		•	13,485.
	11	Net income summary. Subtract line 10 from li				-13,485.
Pa	rt I					· · · ·
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
ven						
Re	4					
	1	Gross revenue				
	~	Orach arises				
es	Z	Cash prizes				
Expenses	-	N				
хp	3	Noncash prizes				
сtЕ	_					
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	└── Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
а	ls t	he organization licensed to conduct gaming ad	ctivities in each of these s	states?		Yes No
		No," explain:				
		· · · ·				
10a	We	ere any of the organization's gaming licenses re	woked suspended or te	rminated during the tax w	rear?	Yes No
		Yes," explain:				
J						
	_					
13208	32 10)-21-21			Sche	dule G (Form 990) 2021

Sch	edule G (Form 990) 2021	USHINE,	INC.	81-1446640 Page 3
			ith nonmembers?	Yes No
12	Is the organization a grantor, ber	eficiary or trustee	of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?			
13	Indicate the percentage of gamin	g activity conduc	ted in:	
а	The organization's facility			
14	Enter the name and address of the	ne person who pr	epares the organization's gaming/special events books and recor	ds:
	Name 🕨			
	Address 🕨			
150			party from whom the organization receives gaming revenue?	Yes No
104	boes the organization have a cor			
b			ived by the organization \blacktriangleright \$ and the am	ount
	of gaming revenue retained by th	e third party 🕨 🖲	i	
С	If "Yes," enter name and address	of the third party	:	
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name 🕨			
	•			
	Gaming manager compensation	► \$		
	Description of services provided	►		
	· ·			
		— <u> </u>		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
	•	r state law to mai	e charitable distributions from the gaming proceeds to	
	retain the state gaming license?		5 51	Yes No
b			tate law to be distributed to other exempt organizations or spent	
_	organization's own exempt activi			
Pa			le the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also	provide any additional information. See instructions.	
13200	33 10-21-21			Schedule G (Form 990) 2021
.0200			21	

	· · ·		
132084 11-18-21			Schedule G (Form 990)

22 2021.05080 USHINE, INC.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organizatio		yer identification number -1446640
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION	OF PROPERTY:	AMOUNT :
INTEREST INC	OME	218.
FORM 990-EZ,	PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION	OF OTHER REVENUE:	AMOUNT :
CREDIT CARD	REBATE	53.
OTHER INCOME		98.
TOTAL TO FOR	M 990-EZ, LINE 8	151.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION	OF OTHER EXPENSES:	AMOUNT:
ADVERTISING		1,850.
OFFICE SUPPL	IES	247.
INSURANCE		183.
MEALS AND EN	TERTAINMENT	487.
DUES AND SUB	SCRIPTIONS	5,086.
CONTINUING E	DUCATION	 35.
OTHER EXPENS	ES	906.
EDUCATIONAL	PROGRAMMING	766.
TRAVEL: PARK	ING	 3.
TOTAL TO FOR	M 990-EZ, LINE 16	9,563.
	PART II, LINE 26, OTHER LIABILITIES:	
DESCRIPTION	BEG. (

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	1,787.	953.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	edule O (Form 990) 2021
132211 11-11-21		
23		
5020505 795132 USH001 2021.05080 USH	HINE, INC.	USH001_1

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - USHINE IS A MENTAL AND EMOTIONAL HEALTH NONPROFIT THAT EXISTS TO SPARK PASSION FOR PROACTIVE MENTAL HEALTH, PROMOTE COMPASSION FOR OTHERS AND BUILD HOPE FOR A MENTALLY THRIVING WORLD. WE PROVIDE EDUCATIONAL RESOURCES FOR TEENS, COLLEGE STUDENTS AND ADULTS TO HELP INDIVIDUALS AND COMMUNITIES BETTER TAKE CARE OF THEIR MENTAL AND EMOTIONAL HEALTH.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

FINALIZED HEALTHY HABITS CURRICULUM UPDATES SPECIFICALLY

FOR OUR INDIVIDUAL AND SMALL GROUP WORKBOOK AND JOURNAL

AND LAUNCHED THE ONLINE AVAILABILITY OF ALL VERSIONS OF

OUR CURRICULUM ON THE USHINE WEBSITE. ONBOARDED A NEW COMMUNITY

PARTNER, EMPOWER OKC, AND TRAINED THEIR STAFF TO BE HEALTHY HABITS

FACILITATORS. PILOTED A HEALTHY HABITS SMALL GROUP FOR TEENS AT

OKLAHOMA CHRISTIAN SCHOOL. SUCCESSFULLY EXECUTED OUR FIRST POST-COVID

FUNDRAISER AND MENTAL WELLNESS EVENT AND ONBOARDED A NEW BOARD MEMBER.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

132212 11-11-21