INDINERO 440 N BARRANCA AVE #4637 COVINA, CA 91723

> SHARED INTEREST INC 1412 BROADWAY 21ST FLOOR MA 126 NEW YORK, NY 10018

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CLIENT'S COPY



November 13, 2024

Shared Interest Inc 1412 Broadway 21st Floor MA 126 New York, NY 10018

Shared Interest Inc:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

NEW YORK FORM CHAR500:

Form CHAR500 has a balance due of \$275.

The New York Annual Filing for Charitable Organizations should be filed via the web as soon as possible at: https://charitiesnys.com/annual_filing.html

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Terri Regan, CPA

Form 8879-TE		IRS E-file Signat for a Tax E	ture Authorizatior xempt Entity	ı	OMB No. 1545-0047
	For calendar yea	r 2023, or fiscal year beginning	, 2023, and ending	, 20	2023
Department of the Treasury			S. Keep for your records.		
Internal Revenue Service		Go to www.irs.gov/Form88	79TE for the latest information		
Name of filer SHARED	INTERES			EIN or SS 13-3	N 836581
Name and title of officer or pe	rson subject to ta				
	D		R OF OPERATIONS		
		Return Information			
Form 5330 filers may enter or 10a below, and the amo	r dollars and ce ount on that line	u are using this Form 8879-TE and ents. For all other forms, enter who e for the return being filed with thi ter -0-). But, if you entered -0- on th	ble dollars only. If you check the s form was blank, then leave line	box on line 1a, 2a box 1b, 2b, 3b, 4b, 5	, 3a, 4a, 5a, 6a, 7a, 8a, 9a b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere	b Total revenue, if any (F	orm 990, Part VIII, column (A), lin	ne 12)	нь 1,153,728.
2a Form 990-EZ che	ck here [orm 990-EZ, line 9)		
3a Form 1120-POL	check here [b Total tax (Form 1120-P	OL, line 22)		3b
4a Form 990-PF che	ck here [ent income (Form 990-PF, Part \		
5a Form 8868 check	here		8, line 3c)		
6a Form 990-T checl	k here		Part III, line 4)		
7a Form 4720 check	-		Part III, line 1)		
8a Form 5227 check	here		of tax year (Form 5227, Item D)		
9a Form 5330 check	here		art II, line 19)		
10a Form 8038-CP ch		b Amount of credit paym	nent requested (Form 8038-CP,	Part III, line 22)	10b
		nature Authorization of O			
Under penalties of perjury, of entity)	I declare that	X I am an officer of the above	entity or I am a person sub , (EIN)		
acknowledgement of recei of any refund. If applicable entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv personal identification num PIN: check one box only	ipt or reason fo , I authorize the ution account in t the entry to th prior to the pa re confidential i nber (PIN) as m	, or electronic return originator (Ef r rejection of the transmission, (b e U.S. Treasury and its designated ndicated in the tax preparation so his account. To revoke a payment yment (settlement) date. I also au nformation necessary to answer in y signature for the electronic retu) the reason for any delay in proc d Financial Agent to initiate an ele ftware for payment of the federal , I must contact the U.S. Treasur thorize the financial institutions in nquiries and resolve issues relate	cessing the return of ectronic funds with I taxes owed on thi y Financial Agent a nvolved in the proc ed to the payment. t to electronic fund	or refund, and (c) the date drawal (direct debit) s return, and the at 1-888-353-4537 no essing of the electronic I have selected a s withdrawal.
X I authorize	DINERO			to enter my	
		ERO firm name)		Enter five numbers, but do not enter all zeros
with a state age on the return's o As an officer or p return. If I have i	ncy(ies) regulat lisclosure cons person subject ndicated withir	r 2023 electronically filed return. If ing charities as part of the IRS Fe ent screen. to tax with respect to the entity, I n this return that a copy of the retu- nter my PIN on the return's disclo	d/State program, I also authorize will enter my PIN as my signatur urn is being filed with a state age	e the aforementione re on the tax year 2	ed ERO to enter my PIN 2023 electronically filed
Signature of officer or person subject	ct to tax			Da	te
		Ithentication		Du	
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	-	-	9450379 Do not enter a		
-	-	ny PIN, which is my signature on t the requirements of Pub. 4163, I	-		
ERO's signature IND	INERO		Date	11/13/24	
			Form - See Instructions		
	Do No	t Submit This Form to the	IRS Unless Requested 1	Fo Do So	
For Privacy Act and Pape	erwork Reduct	ion Act Notice, see instructions			Form 8879-TE (2023)
LHA 302521 01-05-24					

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Т

<u>A r</u>	or th	and a second and a second and a second and a second a s	enaing				
B c a	Check if	e: C Name of organization		D Employer identific	cation number		
	Addr	SHARED INTEREST INC					
				13-383658	81		
	- Initia		Room/suite	E Telephone number			
	_returr Final	1/12 BROADWAY 219T FLOOP MA 126	noom/suite	609-638-0			
	⊥returr termi ated			G Gross receipts \$	5,254,161.		
	□Amer	ded NEW YORK NY 10019		H(a) Is this a group re			
	_returr Appli			for subordinates			
	tion pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	= =		
1 1	[ay.ey	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527		list. See instructions		
	Nebs			H(c) Group exemption			
_		forganization: X Corporation Trust Association Other	I Year		State of legal domicile: DE		
	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: <u>TO</u> PE	ROMOTE	THE EOUITAE	BLE		
Activities & Governance	·	DEVELOPMENT OF POST-APARTHEID SOUTH AFRIC					
nar	2	Check this box if the organization discontinued its operations or dispos					
ver	3	-		3	21		
ő	4	Number of independent voting members of the governing body (Part VI, line 1b)			21		
ళ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5		
itie	6	Total number of volunteers (estimate if necessary)			100		
ctiv	7 a			7a	0.		
۲	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
đ	8	Contributions and grants (Part VIII, line 1h)		737,265.	683,911.		
Revenue	9	Program service revenue (Part VIII, line 2g)		182,913.	281,657.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		190,588.	229,456.		
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		128,893.	-41,296.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,239,659.	1,153,728.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		726,871.	554,312.		
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 110,02	28.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		902,889.	723,921.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,629,760.	1,278,233.		
	19	Revenue less expenses. Subtract line 18 from line 12		-390,101.	-124,505.		
s or				ginning of Current Year	End of Year		
Assets d Balanc	20	Total assets (Part X, line 16)		14,330,122.	12,827,933.		
t As	-	Total liabilities (Part X, line 26)		12,282,917.	10,817,714.		
Inter	22	Net assets or fund balances. Subtract line 21 from line 20		2,047,205.	2,010,219.		
	art II	Signature Block					
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date		
-	AMYE JAMESON, SENIOR DIRE	CTOR OF OPERATIONS			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date Check PTIN		
Paid	TERRI REGAN, CPA	TERRI REGAN, CPA	11/13/24 self-employed P0044	9706	
Preparer	Firm's name INDINERO		Firm's EIN 27-01625	44	
Use Only	Firm's address 440 N BARRANCA AV	E #4637			
	COVINA, CA 91723		Phone no. 855-463-4	637	
May the IRS discuss this return with the preparer shown above? See instructions					
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-23	3 Form	990 (2023)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

- Ch - L	990 (2023) SHARED INTI		13-3836581 Page
Par	t III Statement of Program Service	•	
	•	e or note to any line in this Part III	X
1	Briefly describe the organization's mission:	O PROMOTE SOCIAL RECONST	DIICTION IN COUTU
		COUNTRIES BY FACILITATING	
		ROUGH THE PROVISION OF LC	
		IER FINANCIAL INSTITUTION	
2		program services during the year which were not	
		5 5 7	
	If "Yes," describe these new services on Sched		
3		e significant changes in how it conducts, any pro	ogram services?
	If "Yes," describe these changes on Schedule (D.	
4	Describe the organization's program service ac	complishments for each of its three largest prog	ram services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations ar	e required to report the amount of grants and all	ocations to others, the total expenses, and
	revenue, if any, for each program service report		001 655
4a		,066. including grants of \$) (Revenue \$ 281,657.
		STANDING AGREEMENTS GUAR	
		ING BUSINESSES, AGRICULTU	
		E GUARANTEES TOTALED \$3,4	
		ED BY SHARED INTEREST WE	
		IEY BACKED, THE GUARANTEE	
		N EXCESS OF THE STATED AM	
		THE CONTRACTS BETWEEN LOC	
	ORGANIZATIONS. ADDITIONA	ALLY, THE GUARANTEE PROGR	AM, IMPLEMENTED BY
	MEANS OF THE PROVEN TRAN	IS-BORDER MECHANISM OF ST	ANDBY BANK LETTERS OF
	-	VE THE CONFIDENCE TO SOUT	
	FINANCIALS INSTITUTIONS	AND OTHER ALTERNATIVE LE	NDERS TO PUT CAPITAL AT
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule	O.)	
4d	· · · ·	ng grants of \$ (Revenue)	ie \$)
	· · · ·	,	
4e	(Expenses \$ includir Total program service expenses	ng grants of \$ (Revenue)	Form 990 (202:

Form	aan	(2023)

Form 990 (2023) SHARED INTEREST INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
	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		37	
	the organization's liability for uncertain tax positions under FIN 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		77	
	Schedule D, Parts XI and XII	12a	Х	
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)? <i>If "Yes," complete Schedule E</i>	13		X
	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		v	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		- 11
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			y
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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·02000	3 12-21-23			(ພິຍິຍິຍິຍິຍິຍິຍິຍິຍິຍິຍິຍິຍິຍິຍິຍິຍິຍິຍ

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Form	990 (2023) SHARED INTEREST INC 13-3836 t IV Checklist of Required Schedules (continued)	581	P	age 4
	ensolated of hogan ou continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds?	24c 24d		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
2	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
20	"Yes," complete Schedule L, Part IV	28c 29	Х	<u> </u>
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	Δ	<u> </u>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	200	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	Λ			

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Form	990 (2023) SHARED INTEREST INC 13-3836	581	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D.		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
, a	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	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.)	100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_	0000	
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Form	990	(2023)
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SHARED INTEREST INC

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		I I	1	~ · · ·		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		21			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		21			
2	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?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?		•		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		XX
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		x
6	Did the survey institute have a survey of a state state state of a				6		XX
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			·····			
1a	more members of the governing body?				7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			·····	110		
		-	-		8a	х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?			·····	8b	X	
-				·····	on	- 23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				•		x
00	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u>l</u>	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	<u>Code.)</u>				
				ſ		Yes	
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	e filing the f	orm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	on Schedule O how this was done	,			12c	Х	
3	Did the organization have a written whistleblower policy?			Г	13	Х	
4	Did the organization have a written document retention and destruction policy?			Г	14	Х	
5	Did the process for determining compensation of the following persons include a review and approva						
0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by iii	aoponaone				
-					45.0	х	
	The organization's CEO, Executive Director, or top management official				15a	X	
Ø	Other officers or key employees of the organization			····· }	15b	Λ	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen						
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 5	501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	0					
9	⊥X Own website ⊥ Another's website ⊥X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,		finan		
		mict (n interest po	moy, and	man	Jai	
0	statements available to the public during the tax year.	10					
20	State the name, address, and telephone number of the person who possesses the organization's boo <u>ANN MCMIKEL - 212-337-8547</u>	iks and	u records				
	1412 BROADWAY 21ST FLOOR MA 126, NEW YORK, NY 1001	. 8					

Form 990 (2023)	SHARED INTEREST INC	13-3836581 Page 7								
Part VII Compensa	ation of Officers, Directors, Trustees, Key Employee	es, Highest Compensated								
Employee	Employees, and Independent Contractors									
Check if Sche	edule O contains a response or note to any line in this Part VII									
Section A. Officers, Di	rectors, Trustees, Key Employees, and Highest Compensated Er	nployees								
	or all persons required to be listed. Report compensation for the cale ization's current officers, directors, trustees (whether individuals or	, , , ,								

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)		(D)	(D) (E)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	nens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		Vold	st con /ee	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) SHARRON MCPHERSON	4.00				-					
DIRECTOR & CHAIR		x		х				0.	0.	0.
(2) DAVID WILDMAN	3.00									
DIRECTOR & VICE CHAIRMAN		x		х				0.	Ο.	0.
(3) LOUISE NANKIINGA	3.00									
DIRECTOR & TREASURER		x		х				0.	Ο.	0.
(4) ADRIENNE BAILEY	3.00									
DIRECTOR & SECRETARY		Х		х				0.	Ο.	0.
(5) SANDRA APPIAH	2.00									
DIRECTOR		Х						0.	0.	0.
(6) ALEAH BACQUIE VAUGHN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) JESSICA BENJAMIN	2.00									
DIRECTOR		Х						0.	0.	0.
(8) LEA CONRAD	2.00									
DIRECTOR		Х						0.	0.	0.
(9) SCHUYLA GOODSON	2.00									
DIRECTOR		Х						0.	0.	0.
(10) DIANE KEEFE	2.00									
DIRECTOR		Х						0.	0.	0.
(11) FAITH KHANYILE	2.00									
DIRECTOR		Х						0.	0.	0.
(12) STACY MANVITZ	2.00									
DIRECTOR		Х						0.	0.	0.
(13) SUSAN MARX	2.00									
DIRECTOR		Х						0.	0.	0.
(14) CHARLOTTE MCCLAIN-NHLAPO	2.00									
DIRECTOR		Х						0.	0.	0.
(15) LINNIE MCLEAN	2.00									
DIRECTOR		Х						0.	0.	0.
(16) PALESA MORUDU	2.00									
DIRECTOR		Х						0.	0.	0.
(17) JIM MUNSON	2.00									_
DIRECTOR		Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)							(E)			(F)			
Name and title	Average Position (do not check more than one						one	Reportable	Reportable		Es	timate	d
	hours per	box	, unles	s per	rson i	is both	n an	compensation compensatio				nount	of
	week (list any			Jau				- from	from related			other	
	hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MIS)			pensat om the	
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	<i>J</i> ″		anizati	
	organizations	truste	nstitutional trustee		yee	mper		1099-NEC)	1000 (120)			d relate	
	below	idual	tution	er	old ma	est cc loyee	ler				orga	nizatio	ons
	line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former						
(18) SIPHIWE NODWELE	2.00												
DIRECTOR		Х						0.		0.	<u> </u>		0.
(19) TIMOTHY SMITH	2.00												
DIRECTOR		Х						0.		0.			0.
(20) CYNTHIA SPENCE	2.00	37						0					0
DIRECTOR (21) RICHARD TOLLIVER	2.00	Х				-		0.		0.			0.
DIRECTOR	2.00	х						0.		0.			0.
(22) ANN MCMIKEL	50.00	~						0.					0.
EXECUTIVE DIRECTOR				х				185,000.		0.			0.
(23) SHUKURA SHEARS	45.00							20070001					<u> </u>
DIR OF INDIVIDUAL GIVING						x		106,187.		0.			0.
								291,187.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part V								291,187.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but r 									200 of roportable	0.			0.
compensation from the organization		ose	listet	u au	JOVE	<i>•)</i> ••••	016	ceived more than \$100,0					2
												Yes	No
3 Did the organization list any former officer	, director, truste	ee, k	ey ei	mpl	loye	e, or	hig	hest compensated empl	oyee on	[
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	te S	Sche	edule	e J f	or such individual			4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ch r	oers	on .					5		X
Section B. Independent Contractors			<u> </u>										
1 Complete this table for your five highest co	-									ensat	lion fro	m	
the organization. Report compensation for (A)	the calendar ye	ear e	nain	g w	ith C	or wi	<u>tnin</u>	the organization's tax ye	ear.		(C	••	
(م) Name and business	address	NC	ONE					Description of s	ervices	С	omper		ı
							\neg						
							\dashv						
2 Total number of independent contractors (i	•	ot lin	nited	to		-	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation				()							

Form **990** (2023)

		(2023) SHARED INTERES	ST INC			13-3836	581 Page 9
Pa	rt V	III Statement of Revenue					
		Check if Schedule O contains a response or	r note to any line				
				(A)	(B)	(C)	(D) Revenue excluded
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
					Infiction revenue	business revenue	sections 512 - 514
s s	1	a Federated campaigns 1a					
ant							
D C L			104,053.				
ts, An		c Fundraising events 1c	104,033.				
Gif lar		d Related organizations 1d					
ini,		e Government grants (contributions) 1e					
r S	1	f All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	579,858.				
d II		g Noncash contributions included in lines 1a-1f 1g \$	99,135.				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f		683,911.			
			Business Code				
	2		523000	214,657.	214,657.		
Program Service Revenue	2	b GUARANTEE INCOME (L/C FEES)	523000	67,000.	67,000.		
er/		.	525000	07,000.	07,000.		
n S 'en		c					
rar Sev		d					
<u>б</u> о.	•	e					
đ	1	f All other program service revenue					
		g Total. Add lines 2a-2f		281,657.			
	3	Investment income (including dividends, interest					
		other similar amounts)		91,034.			91,034.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	J	(i) Real	(ii) Personal				
	6 :						
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 4,197,559.					
		b Less: cost or other basis					
e		and sales expenses					
evenue		c Gain or (loss)					
ev		d Net gain or (loss)		138,422.			138,422.
Other R		a Gross income from fundraising events (not					
the	0						
0		including \$ 104,053. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	0.				
		b Less: direct expenses	41,296.				
		c Net income or (loss) from fundraising events		-41,296.			-41,296.
	9 8	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
	1	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		-					
	.						
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
s		Ļ	Business Code				
no a	11 :	a					
ane		b					
sellaneo evenue		c					
Miscellaneous Revenue		d All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,153,728.	281,657.	0.	188,160.
33000	19 12-2			, , , = - •			Form 990 (2023)
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2023.05000 SHARED INTEREST INC

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SHARED INTEREST INC Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	105 000	146 150	11 100	
	trustees, and key employees	185,000.	146,150.	11,100.	27,750
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	040 010	107 252	14 000	20 400
7	Other salaries and wages	249,813.	197,352.	14,989.	37,472
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	05 067	67 000	E 104	10 700
9	Other employee benefits	85,067.	67,203.	5,104.	<u>12,760</u> 5,165
0	Payroll taxes	34,432.	27,201.	2,066.	5,105
1	Fees for services (nonemployees):				
a	Management	7 000	2 500	2 500	
b	Legal	7,000. 61,725.	3,500. 30,862.	3,500. 30,863.	
c	Accounting	01,723.	30,002.		
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		458,467.	450,138.	8,329.	
~	column (A), amount, list line 11g expenses on Sch 0.)	15,996.	15,996.	0,529.	
2	Advertising and promotion	25,492.	20,139.	1,529.	3,824
3	Office expenses	6,311.	4,985.	379.	947
4 5	Information technology	0,511.	±,505•	575.	547
5 6	Royalties	17,301.	13,668.	1,038.	2 595
0 7		42,562.	38,887.	1,050.	<u>2,595</u> 3,675
' 8	Travel Payments of travel or entertainment expenses	42,502.	50,007.		5,075
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	· · · · · · · · · · · · · · · · · · ·	171.			171
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	3,696.	2,920.	222.	554
23	Insurance	10,586.	8,363.	635.	1,588
4	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 0.)				
а	SPECIAL EVENT EXPENSE	38,609.	26,863.		11,746
b	BANK SERVICE CHARGES	22,548.	15,107.	7,441.	•
c	DUES, SUBSCRIPTIONS AND	13,223.	7,547.	3,930.	1,746
d	MISCELLANEOUS EXPENSE	234.	185.	14.	35
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,278,233.	1,077,066.	91,139.	110,028
6	Joint costs. Complete this line only if the organization				•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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SHARED INTEREST INC

Form 990 (2023)
Part X Balance Sheet

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		Check if Schedule O contains a response or not	e to anv	line in this Part X			
			,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			327,626.	1	50,934.
	2	Savings and temporary cash investments				2	1,067,163.
	3	Pledges and grants receivable, net			50,600.	з	46,344.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	– • • • • • • • •			12,606.	9	8,980.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	31,294.			
	b	Less: accumulated depreciation	10b	22,945.	10,201.	10c	8,349.
	11	Investments - publicly traded securities			11,906,353.	11	8,856,832.
	12	Investments - other securities. See Part IV, line -	11		1,855,760.	12	2,591,847.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			166,976.	15	197,484.
	16	Total assets. Add lines 1 through 15 (must equ			14,330,122.	16	12,827,933.
	17	Accounts payable and accrued expenses			137,895.	17	85,968.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
labi		controlled entity or family member of any of the	se perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ated third	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties	12,102,500.	24	10,707,500.
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D		······	42,522.	25	24,246.
	26	Total liabilities. Add lines 17 through 25			12,282,917.	26	10,817,714.
		Organizations that follow FASB ASC 958, che	eck here	X			
ces		and complete lines 27, 28, 32, and 33.			0 005 005		0 01 0 01 0
Ilan	27			····· -	2,037,205.	27	2,010,219.
1B ₈	28	Net assets with donor restrictions			10,000.	28	0.
oun		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ē		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current funds				29	
.əse	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			0 045 005	31	
Ne	32	Total net assets or fund balances			2,047,205.	32	2,010,219.
	33	Total liabilities and net assets/fund balances			14,330,122.	33	12,827,933. Form 990 (2023)

Form **990** (2023)

Form	990 (2023) SHARED INTEREST INC	13-	3836581	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,153	3,73	28.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,278	3,23	33.
3	Revenue less expenses. Subtract line 2 from line 1	3	-124	1,5	05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,047	7,20	05.
5	Net unrealized gains (losses) on investments	5	87	7,5	19.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,010),2:	<u>19.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	

Form **990** (2023)

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
2023
Open to Public Inspection

Name of	the organization						Employer	identification number
		ED INTERES						3-3836581
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The orgar	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical research organiz)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	l 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	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X		e e				.,	ne general r	oublic described in
	section 170(b)(1)(A)(vi). (C	-		0			0 1	
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org				ed in conju	inction with a	land-grant	college
	or university or a non-land-c				-		-	-
	university:						C C	
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exem	• • • •					-	•
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
	See section 509(a)(2). (Con	mplete Part III.)			-		-	
11 🗌	An organization organized a	and operated exclusi	ively to test for public sa	fety.See	section 50	09(a)(4).		
12	An organization organized a	and operated exclusi	ively for the benefit of, to	perform th	he functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2).	See section	509(a)(3). (Check the box on
	lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
a 🗌	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	anization supervised	l or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ring
	control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or mana	ge the supp	oorted
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,
	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d	Type III non-functionally	integrated. A supp	porting organization oper	ated in cor	nnection w	vith its suppo	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distri	ibution rec	quirement and	l an attentiv	/eness
	requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	۷.		
e	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally integrated, or	Type III non-function	nally integrated supporti	ng organiza	ation.			
	er the number of supported o	•						
	vide the following information			(iv) to the error	nization listed			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount o		(vi) Amount of other support (see instructions)
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
		1	1					1

1	3-	3	8	3	6	5	8	1	Page 2
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1138357.	1179595.	1317420.	858,463.	683,911.	5177746.
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	1120255	110000	1015400	050 460	600.011	5100010
	Total. Add lines 1 through 3	1138357.	1179595.	1317420.	858,463.	683,911.	5177746.
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)						5177746.
	Public support. Subtract line 5 from line 4.						51///40.
		(a) 2010	(1-) 2020	(a) 2021	(4) 2022	(a) 2022	
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2019 1138357.	(b)2020 1179595.	(c) 2021 1317420.	(d) 2022 858,463.	(e) 2023 683,911.	(f) Total 5177746.
	Gross income from interest,	1130337.	11/5555.	131/4200	030,4031	005,511.	5111140.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	194,476.	105,775.	99,615.	190,588.	91,034.	681,488.
9	Net income from unrelated business	191/1/01	100///01	5570131	19079001	51,0510	001/1000
5	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.)						
11	Total support. Add lines 7 through 10						5859234.
	Gross receipts from related activities,	etc. (see instructio	ons)		•	12	23,687.
	First 5 years. If the Form 990 is for the	•	,			01(c)(3)	
	organization, check this box and stop	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	88.37 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	88.57 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	check a box on line	e 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 he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

SHARED INTEREST INC

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	I			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	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						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
					-	-	
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					<u> </u>	
17	Investment income percentage for 20)23 (line 10c, colu	mn (f), divided by I	ine 13, column (f))			%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	-					ine 17 is not
	more than 33 1/3%, check this box ar	-	-				
b	33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n ala not check a	box on line 14, 19	a, or 190, check t	nis box and see in		
33202	3 12-21-23		1 5	,		Sched	dule A (Form 990) 2023

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SHARED INTEREST INC

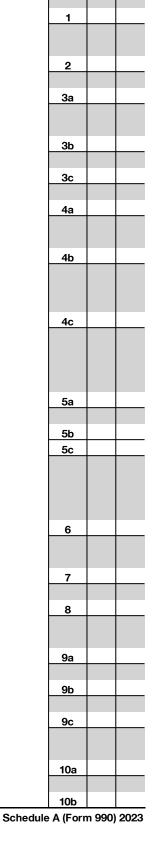
Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)



Schedule A (Form 990) 2023 SHAR

Part IV

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> 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,

supervise	ea. or contro	ollea the supp	orting organizatio	n. – – – – – – – – – – – – – – – – – – –
Section C.	Type II S	upporting	Organization	5

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

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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 organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

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36000__1

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	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-functiona	lly integrat	ed Type III supporting orga	nization (see

SHARED INTEREST INC

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

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

13-3836581 Page 6

Schedule A (Form 990) 2023 SHARED INTEREST INC 2 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions 4

Secti	on D - Distributions			Current Year
_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	3 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 (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	ne organization is responsive		
	(provide details in Part VI). See instructions.	-	8	
9	Distributable amount for 2023 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) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
с	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023		INTEREST			13-3836581	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	lines 2 and 3; F	Part IV, Section E,	lines 1c, 2a,	by Part II, line 10; Part II, line 17 , and 11c; Part IV, Section B, lin 2b, 3a, and 3b; Part V, line 1; P	'a or 17b; Part III, line 12; es 1 and 2; Part IV, Section art V, Section B, line 1e; Par	C,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, S	Section E, lines 2,	5, and 6. Als	so complete this part for any add	ditional information.	
332028 12-21-2	3			20		Schedule A (Form 9	90) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

13-3836581

SHARED	INTEREST	INC
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Filers of:	Section:
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.

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 for an *exclusively* set is the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

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

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

Schedule B (Form 990) (2023)

SHARED INTEREST INC

Name of organization

Employer identification number

13-3836581

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 SUSAN PRITZKER X Person Payroll 1301 CLAY STREET #71719 25,263. Noncash (Complete Part II for OAKLAND, CA 94612 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 VANGUARD CHARITABLE X Person Payroll P.O. BOX 9509 150,000. Noncash (Complete Part II for WARWICK, RI 02889 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 ORCHARD HOUSE FOUNDATION X Person Payroll 4795 CAUGHLIN PARKWAY SUITE 100 30,000. Noncash \$ (Complete Part II for RENO, NV 89519 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. CAPITAL GROUP COMPANIES CHARITABLE 4 FOUNDATION X Person Payroll Noncash 6455 IRVINE CENTER DR 15,000. \$ (Complete Part II for IRVINE, CA 92618 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 TIM SMITH X Person Payroll 1412 BROADWAY 21ST FLOOR MA 126 52,500. Noncash (Complete Part II for NEW YORK, NY 10018 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 ANONYMOUS Person Payroll 1412 BROADWAY 21ST FLOOR MA 126 99,135. Noncash \$ X (Complete Part II for NEW YORK, NY 10018 noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

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2023.05000 SHARED INTEREST INC

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Schedule B	(Form 990) (2023)		Page 3
Name of or	ganization		Employer identification number
SHARED	INTEREST INC		13-3836581
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.)	
	STOCK		
<u> 6</u>		\$99,13	35. 12/31/23
(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.)	
		\$	
323453 12-26-	23		Schedule B (Form 990) (2023)

23 2023.05000 SHARED INTEREST INC

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lame of or	ganization			Employer identification number			
SHAREI) INTEREST INC			13-3836581			
Part III		through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	v. For organizations	hat total more than \$1,000 for the year			
(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						
ŀ	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			
F	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
ŀ		(e) Transfer of gift					
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee			
23454 12-26-	-23	24		Schedule B (Form 990) (202			

2023.05000 SHARED INTEREST INC

							15 00 17
SC	HEDULE D	Supplementa	al Financial Statements		(DMB No. 15	45-0047
			nization answered "Yes" on Form 990,			202	23
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the Treasury Attach to Form 990.						Open to	Public
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						on
Nam	e of the organization	on SHARED INTEREST INC		Emp		ntification 38365	
Pa	t I Organiza		- d Funds or Other Similar Funds or	r Accoun			
		n answered "Yes" on Form 990, Part IV, lin		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0
			(a) Donor advised funds	(b) Fun	ds and ot	her accour	nts
1	Total number at er	nd of year		.,			
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5			vriting that the assets held in donor advised	funds			
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		🗆	Yes	No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	nferring	_	_	
De	impermissible priva					Yes	No
Pa			ganization answered "Yes" on Form 990, Pa	rt IV, line 7.			
1		servation easements held by the organization					
		of land for public use (for example, recrea		•	-		
		f natural habitat	Preservation of a	certified his	Storic Strue	cture	
2		of open space	ied conservation contribution in the form of	2 000000/2	tion open	nont on th	o lact
2	day of the tax year	. .				e End of the	
а				2a			
b							
c		vation easements on a certified historic stru					
d		vation easements included on line 2c acqui					
				2d			
3			eased, extinguished, or terminated by the or		during the	e tax	
	year						
4	Number of states v	where property subject to conservation eas	ement is located				
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			_	
	,	orcement of the conservation easements it				Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation ease	ements du	ring the ye	ar
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easement	ts during t	he year	
•							
8		-	satisfy the requirements of section 170(h)(4			Yes	No
9			on easements in its revenue and expense st				
Ŭ	,	5	ote to the organization's financial statement				
		ounting for conservation easements.					
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Othe	er Simila	r Assets	5.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sh	neet works	6	
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furth	nerance of p	oublic		
	service, provide in	Part XIII the text of the footnote to its finan	cial statements that describes these items.				
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bal	ance sheet	works of		
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in further	ance of put	olic service	e,	
	-	ng amounts relating to these items.					
					\$		
_	.,				\$		
2	-		asures, or other similar assets for financial g	aın, provide	9		
-	-	unts required to be reported under FASB A	-		¢		
a h					\$ ¢		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

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		INTEREST I						13-38			ge 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	r Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make si	gnificant u	ise of its			
	collection items (check all that apply).										
а	Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ey further th	e organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	r similar	assets		_		
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran		te if the o	organizatior	answered "	res" on l	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		•						-		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amount		
	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance								7		
	Did the organization include an amount on F						ity?	∟	Yes		No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds Complete if										
га	rt V Endowment Funds Complete if				m 990, Part I (c) Two year		u. (d) Three y	aare baek	(e) Four	voare b	
		(a) Current year	(0) P	rior year	(C) TWO year	S DAUK	(u) Thee y	Ears Dack	(e) Four	years Da	101
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	ed for th	е		г		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pa	t VI Land, Buildings, and Equipm				F 000	B					
	Complete if the organization answere		1								
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)	• •	ccumulate preciation	d	(d) Book	value	
1a	Land										
b	Buildings										
с	Leasehold improvements				7,791.		7,79				0.
d	Equipment			2	3,503.		15,15	54.	8	3,34	9.
	Other										
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	<u>X. line 10</u>)c, column	<u>(B))</u>		<u></u>		8	3,34	9.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 SHARED INTE	REST INC		13-3836581 _{Page} 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuatio	n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests(3) Other			
(A) VANGUARD GNMA FUND	939,905.	END-OF-YEAR	MARKET VALUE
(B) INT'L BK FOR RECON & DEV	55575051		
(C) FIXED RT GLOBAL NT SERIES	978,860.	END-OF-YEAR	MARKET VALUE
(D) INT'L BK FOR RECON & DEV			
(E) MEDIUM TERM NT SERIES	673,082.	END-OF-YEAR	MARKET VALUE
(F)			
(G)			
(H)	0.501.045		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,591,847.		
Part VIII Investments - Program Related.	on Form 000 Dort IV line 1	1a Cas Farm 000 Dart V	line 12
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value		n: Cost or end-of-year market value
	(b) BOOK value		n. Cost of end-of-year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered "Yes"	on Form 000 Part IV line 1	1d Soo Form 000 Part V	line 15
	Description	Tu. See Form 330, Far A,	(b) Book value
(1)	boonption		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co. Part X Other Liabilities	I. (B))		
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 I	Part X, line 25
			(b) Book value
(a) Description of liability (1) Federal income taxes			
(2) ACCRUED INTEREST			24,246.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, con	\ <i>n</i>		
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under		-	

Schedule D (Form 990) 2023

332053 09-28-23

Sche	edule D (Form 990) 2023 SHARED INTEREST INC			13-	3836581 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,295,082.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	87,519.		
b	Donated services and use of facilities	2b	12,539.		
с	Recoveries of prior year grants	2c			
d			41,296.		
е	Add lines 2a through 2d			2e	141,354.
3	Subtract line 2e from line 1			3	1,153,728.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,153,728.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	1,332,068.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	12,539.		
b	Prior year adjustments	2 b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	41,296.		
е	Add lines 2a through 2d			2e	53,835.
3	Subtract line 2e from line 1			3	1,278,233.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,278,233.
Pa	rt XIII Supplemental Information				

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

PART X, LINE 2:

INCOME TAXES

THE ORGANIZATION HAS BEEN APPROVED AS A TAX-EXEMPT ORGANIZATION UNDER THE

INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION IS ALSO EXEMPT

FROM STATE AND LOCAL INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME

TAXES IS MADE IN THE FINANCIAL STATEMENTS.

THE ORGANIZATION HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS

REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS. IF THE ORGANIZATION WAS

TO INCUR AN INCOME TAX LIABILITY IN THE FUTURE, INTEREST ON ANY INCOME TAX

LIABILITY WOULD BE REPORTED AS INTEREST EXPENSE AND PENALTIES ON ANY

332054 09-28-23

Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023 SHARED INTEREST INC Part XIII Supplemental Information (continued)	13-3836581 Page 5
INCOME TAX LIABILITY WOULD BE REPORTED AS INCOME TAXES. THE	ORGANIZATION'S
CONCLUSIONS REGARDING UNCERTAIN TAX POSITIONS MAY BE SUBJECT	TO REVIEW AND
ADJUSTMENT AT A LATER DATE BASED UPON ONGOING ANALYSES OF TA	AX LAWS,
REGULATIONS, AND INTERPRETATIONS THEREOF AS WELL AS OTHER FA	ACTORS.
GENERALLY, FEDERAL, STATE, AND LOCAL AUTHORITIES MAY EXAMINE	C THE
ORGANIZATION'S TAX RETURNS FOR THREE YEARS FROM THE DATE OF	FILING;
CONSEQUENTLY, THE RESPECTIVE TAX RETURNS FOR YEARS PRIOR TO	2020 ARE NO
LONGER SUBJECT TO EXAMINATION BY TAX AUTHORITIES.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	41,296.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	41,296.

Schedule D (Form 990) 2023

332055 09-28-23

Department of the Treasury	0	Open to Public				
Internal Revenue Service Name of the organization		www.irs.gov/Forn	n990 for instructions and the latest in	nformation.	Employer	Inspection identification number
rtanie er tile erganization						
SHARED INTER		A			13-383	86581
	Part IV, line 14b.	Activities Out	side the United States. Comple	ete if the orgar	ization answe	ered "Yes" on
		on maintain recor	ds to substantiate the amount of its gra	nts and other	assistance,	
the grantees' eligit	pility for the grants or	assistance, and	the selection criteria used to award the	grants or assis	stance?	Yes No
2 For grantmakers. United States.	Describe in Part V th	e organization's	procedures for monitoring the use of its	grants and ot	her assistanc	e outside the
	on. (The following Par (b) Number of		an be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d) (f) Total
(a) Region	offices in the region	(c) Number of employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service e specific type (s) in the regi	e expenditures for and
SUB-SAHARAN AFRICA	(0 0	FUNDRAISING EVENT			26,863.
3 a Subtotal		0 0				26,863.
b Total from continu sheets to Part I	ation	0 0				0.
c Totals (add lines 3 and 3b)	a	0 0				26,863.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

2023

LHA 332071 11-29-23

SCHEDULE F (Form 990)

(b) IRS code section

and EIN (if applicable)

SHARED INTEREST INC

(c) Region

31

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Purpose of

grant

Schedule F (Form 990) 2023

(a) Name of organization

1

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

(i) Method of

valuation (book, FMV,

appraisal, other)

(f) Manner of

of cash grant cash disbursement

(e) Amount

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

Schedule F (Form 990) 2023

Part III can be duplicated if additional space is needed.

13-3836581 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) 2023

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign <i>Corporation</i> (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 SHARED INTEREST I	NC
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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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32075 11-29-23		Schedule F (Form 990) 202

SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 154									
(Form 990)	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.									
Department of the Treasury	Attach to Form 990 or Form 990-EZ. Op									
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information. Inspection									
Name of the organization		INTEREST INC					Employer ide	entification number		
Part I Fundrais		Complete if the organization answe	red "Y	es" or	Form 990 Part IV li	ine 1'				
	complete this part			0	11 onn 330, 1 art 10, 1		7.1 0iiii 330 E2			
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations F										
•		or oral agreement with any individual art VII) or entity in connection with p		Ũ		tees,	or Yes	s 🗌 No		
		viduals or entities (fundraisers) pursu			U U	ne fur				
compensated at le	ast \$5,000 by the	organization.								
(i) Name and addres or entity (func		(ii) Activity	(iii) fundi have c or cor contrib	aiser ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No	-					
Total										
3 List all states in whi	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration		
or licensing.										

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

	of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
		(a) Event #1 VOICES OF	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		CHANGE (ATLA (event type)	GALA (event type)	(total number)	col. (c))
ne			(event type)	(lotal humber)	
Revenue	1 Gross receipts	51,220.	50,500.	2,333.	104,053.
	2 Less: Contributions	51,220.	50,500.	2,333.	104,053
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
pense	6 Rent/facility costs	2,425.		3,600.	6,025.
Direct Expenses	7 Food and beverages	10,921.	608.	13,324.	24,853.
ā	8 Entertainment	<u>3,000.</u> 3,619.			3,000.
	9 Other direct expenses	3,619.		3,799.	7,418.
ŀ	10 Direct expense summary. Add lines 4 throug	h 9 in column (d)			41,296
	11 Net income summary. Subtract line 10 from				-41,296
² ai	rt III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
anc	\$15,000 01 F0111 990-E2, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Revenue	1 Gross revenue				
S	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
-	- Other direct eveneses				

Direct	4 Rent/facility costs								
	5 Other direct expenses								
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No					
7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
9	9 Enter the state(s) in which the organization conducts gaming activities:								
а	Is the organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes	No			
b If "No," explain:									
10a	Were any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes	No			
b	If "Yes." explain:								

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	SHARED	INTEREST	INC		13-38	33658	1 Page 3
11	Does the organization conduct ga	aming activities	with nonmembers	s?			Yes	
					of a partnership or other entity formed			
	to administer charitable gaming?						Yes	s 🗌 No
13	Indicate the percentage of gaming							
а	The organization's facility						13a	%
b	An outside facility						13b	%
					gaming/special events books and record			
	Name							
	Address							
15a	Does the organization have a con	tract with a thir	d party from whor	n the org	anization receives gaming revenue?		Yes	s 🛄 No
			a transfer and the second		•			
D	If "Yes," enter the amount of gam				\$ and the an	lount		
_	of gaming revenue retained by the		\$					
с	If "Yes," enter name and address	of the third par	ty:					
	Nome							
	Name							
	Address							
	Address							
16	Gaming manager information:							
10	Carning manager information.							
	Name							
	Gaming manager compensation	\$						
	elanning manager compensation	÷						
	Description of services provided							
	Director/officer	Employee	e 🗌	Indepe	ndent contractor			
17	Mandatory distributions:							
а	Is the organization required under	r state law to ma	ake charitable dis	tributions	s from the gaming proceeds to			
	retain the state gaming license?						Yes	s 🔄 No
b	Enter the amount of distributions	required under	state law to be di	stributed	to other exempt organizations or spent	in the		
	organization's own exempt activit							
Pa	rt IV Supplemental Infor	mation. Prov	vide the explanation	ons requi	red by Part I, line 2b, columns (iii) and (v)	; and Part	III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Als	so provide any add	ditional in	formation. See instructions.			
33208	33 09-13-23					Schedu	e G (For	m 990) 2023
				37				-,

Schedule G	(Form 990) Supplemental Infor	SHARED	INTEREST	INC	13-3836581	Page 4
Part IV	Supplemental Infor	mation (con	tinued)			
					Schedule G (F	orm 990)

332084 04-01-23

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47
	rm 990)		2023			
•			ZU	Ľ٦)	
Dana	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1	Employer i			mber
		SHARED INTEREST INC	13-3	83658	1	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chet)			
	If any of the later					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
~		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indicate which if or	w, of the following the preservation used to establish the compensation of the preservation's				
3		y, of the following the organization used to establish the compensation of the organization's ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the organization of the second s				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·					
		ompensation consultant Compensation survey or study ther organizations Approval by the board or compensation c	ommittoo			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	-	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?				X
	•	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re					
а	The organization?			5a		X
b	Any related organiz	ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
b	Any related organiz	ation?		6b		X
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2023 (

22401113 147946 36000

13-3836581

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANN MCMIKEL	(i)	185,000.	0.	0.	0.	0.	185,000.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

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13-3836581

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

nformation.		Inspection
	Employer	identification number

Name of the organization

SHARED INTEREST INC

Pa	TI I Types of Property							
		(a)	(b)	(c)	(d)		_	
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			-
		applicable		Form 990, Part VIII, line 1g	noncash contribu	nona	nount	5
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	Х	1	99,135.	COMPARABLE	SALI	ES	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t							37
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.	- K 1	and the state of t	f	line o			37
31	Does the organization have a gift acceptance p	-	-	•	tions?	31		X
32a	Does the organization hire or use third parties of		-					v
	contributions?					32a		X
	If "Yes," describe in Part II.			ferred the set of the set	- Log al			
33	If the organization didn't report an amount in co	Diumn (C) foi	r a type of property	r for which column (a) is che	CKED,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Part II	Supplementa	Informatio	D. Provide the in	formati
Schedule	M (Form 990) 2023	SHARED	INTEREST	INC

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2023 332142 09-11-23

22401113 147946 36000

SCHEDULE O (Form 990)

Name of the organization

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



SHARED INTEREST INC

13-3836581

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY GUARANTEEING BANK LOANS TO LOW-INCOME BORROWERS SO THAT THEY MAY

SUPPORT THEIR FAMILIES, BUILD OR EXPAND THEIR DWELLINGS OR START

BUSINESSES WHICH IN TURN GENERATE EMPLOYMENT FOR OTHERS IN THEIR

COMMUNITIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HAVE HISTORICALLY BEEN RELUCTANT TO EXTEND CREDIT TO A SECTOR OF THE

POPULATION THEY CONSIDER UN-BANKABLE, THE MAJORITY OF SOUTHERN AFRICAN

CITIZENS, ABSENT THE GUARANTEES, WOULD CONTINUE TO BE ECONOMICALLY

MARGINALIZED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RISK IN THE SPHERE OF SMALL BUSINESS FINANCE AND LENDING TO

ECONOMICALLY-DISENFRANCHISED INDIVIDUALS. COLLATERALIZING THE LETTERS

OF CREDIT, WERE THE US-CUSTODIED INVESTMENTS OF THE ORGANIZATION,

FUNDED BY LOANS AND DONATIONS BY AMERICAN INDIVIDUALS, FAMILY

FOUNDATIONS, FAITH-BASED INSTITUTIONS. HEALTHCARE SYSTEMS AND OTHER

INVESTORS ACCEPTING CONCESSIONARY FINANCIAL RETURNS IN EXCHANGE FOR THE

SOCIAL IMPACT THAT THE ORGANIZATION HELPS TO CREATE.

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

ONCE A TENTATIVE FORM 990 IS PREPARED, THE ORGANIZATION FORWARDS AN

ELECTRONIC COPY TO EACH OF THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE

BOARD OF DIRECTORS. ACCOMPANYING THE DRAFT FORM IS A NARRATIVE WHICH

 INCLUDED HIGHLIGHTS OF ANY CHANGES IN THE FORM FROM THE PRIOR YEAR VERSION.

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

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Schedule O (Form 990) 2023	Page 2		
Name of the organization	Employer identification number		
SHARED INTEREST INC	13-3836581		
CONVENING BY CONFERENCE CALL, THE EXECUTIVE COMMITTEE REVIEWS THE DRAFT			
PAYING PARTICULAR ATTENTION TO GOVERNANCE ISSUES AND FINANCIAL ISSUES TO			
THE EXTENT THEY HAVE BEARING ON THE PRESERVATION OF THE ORGANIZATION'S TAX			
EXEMPT STATUS. ONCE THE COMMITTEE IS SATISFIED, THEIR INPUT IS REFLECTED IN			
THE DRAFT FORM, A COPY OF THE 990, AND ALL OF ITS SCHEDULES, IS FORWARDED			
TO EACH MEMBER OF THE FULL BOARD WITH INSTRUCTIONS THAT, SHOULD THEY HAVE			
COMMENTS, THEY NEED RESPOND AS SOON AS POSSIBLE SO THAT THE FINAL DOCUMENT			
IS FILED TIMELY.			

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

EVERY YEAR, BEFORE ITS NOVEMBER ANNUAL MEETING, SHARED INTEREST DISTRIBUTES A CONFLICT OF INTEREST FORM TO EACH MEMBER OF THE BOARD AND REQUIRES THAT EACH BOARD MEMBER COMPLETE AND RETURN IT PRIOR TO THE CONCLUSION OF THE MEEITNG. THE FORM SEEKS DISCLOSURE OF ANY CONFLICT OF INTEREST IN THE CONTEXT OF IRS GUIDANCE TO THE FORM 990 AND ITS GLOSSARY DEFINING KEY TERMS.

FORM 990, PART VI, SECTION B, LINE 15:

SHARED INTEREST'S BOARD MEMBERS, WITH THE EXCEPTION OF A SINGLE NON-VOTING OFFICER/EMPLOYEE (THE ORGANIZATION'S EXECUTIVE DIRECTOR), SERVE VOLUNTARILY AND RECEIVE NO COMPENSATION SAVE FOR A REASONABLE REIMBURSEMENT OF EXPENSES RELATED TO THEIR WORK AS BOARD MEMBERS. EVERY TWO YEARS, THE BOARD'S PERSONNEL COMMITTEE REVIEWS EXISTING SALARY RANGES FOR ALL OF SHARED INTEREST'S EMPLOYEES AND SETS THOSE RANGES ANEW BASED ON COMPARABILITY STUDIES AND DATA FROM LIKE ORGANIZATIONS IN THE NEW YORK CITY AREA. AFTER DETERMINING THE RANGES, THE COMMITTEE MAKES RECOMMENDATIONS FOR ADOPTION BY THE FULL BOARD AND SEES TO IT THAT SALARIES OF ALL HIRES FALL WITHIN POLICY PARAMETERS. SHOULD A BOARD MEMBER, ON A ONE-OFF BASIS, APPLY FOR 382212 11-14-23 45

Schedule O (Form 990) 2023	Page 2		
Name of the organization SHARED INTEREST INC	Employer identification number 13-3836581		
COMPENSATION THAT COULD POSSIBLE BE INTERPRETED AS PRESENT	ING A CONFLICT OF		
INTEREST, THE BOARD WILL REFER TO ITS WRITTEN POLICY DOCUM	ENT AND PROCEED		
TO ADDRESS THE ISSUE IN THE MANNER PRESCRIBED. AFTER DISCL	OSURE OF THE		
FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY D	ISCUSSION WITH		
THE INTERESTED PARTY, S/HE MUST LEAVE THE BOARD OF DIRECTO	RS' OR COMMITTEE		
MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST	IS DISCUSSED AND		
VOTED UPON BY DISINTERESTED MEMBERS. IN THEIR DELIBERATION	S, THE BOARD OF		
DIRECTORS OR COMMITTEE MEMBERS SHALL DETERMINE WHETHER THE ORGANIZATION CAN			
OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR			
ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RI	SE TO A CONFLICT.		
IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY			
POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF I	NTEREST, THE		
BOARD OR ANY COMMITTEE SHALL DETERMINE BY MAJORITY VOTE OF DISINTERESTED			
DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S			
BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR	AND REASONABLE		
AND AT ARM'S LENGTH. ONLY THEN WILL THE APPLICANT AND THE	ORGANIZATION SIGN		
AN AGREEMENT RESULTING IN COMPENSATION TO THE BOARD MEMBER	APPLICANT.		

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

ALL OF SHARED INTEREST'S GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC AT NO CHARGE FOR PHOTOCOPYING OR PRINTING. WHILE WE HAVE NOT YET HAD ANYONE ASK TO INSPECT OUR DOCUMENTS IN THE OFFICE, WE WOULD BE PLEASED TO MAKE THESE AVAILABLE ON OUR PREMISES AT A MUTUALLY CONVENIENT TIME. WHILE WE HAVE NOT YET HAD ANYONE ASK TO INSPECT OUR DOCUMENTS IN THE OFFICE, WE WOULD BE PLEASED TO MAKE THESE AVAILABLE ON OUR PREMISES AT A MUTUALLY CONVENIENT TIME. WHILE INTERESTED PARTIES GENERALLY FIND OUR FORM 990 EITHER ON OUR OWN WEBSITE OR THAT OF THE NYS ATTORNEY GENERAL, SHARED INTEREST ALSO MAKES ITS ANNUAL Schedule O (Form 990) 2023 46

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Schedule O (Form 990) 2023	Page 2
Name of the organization SHARED INTEREST INC	Employer identification number 13-3836581
REPORT, WHICH CONTAINS ITS MOST RECENT AUDITED FINANCIALS,	AVAILABLE ON ITS
OWN SITE (AND ALSO MAILS AND EMAILS COPIES TO ALL SUPPORTE	RS FOR WHOM IT
HAS EITHER STREET OR ELECTRONIC ADDRESSES).	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	450,138.
MANAGEMENT AND GENERAL EXPENSES	8,329.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	458,467.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	458,467.
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE IN OVERSIGHT OR THE SELECTION PRO	CESS.
332212 11-14-23	Schedule O (Form 990) 2023

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CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informati	on					
For Fiscal Year Beginning	g (mm/dd/yyyy) 01/01/	2023 and Ending (r	nm/dd/yyyy) 12/31/2	023		
Check if Applicable:	Name of Organization: SHARED INTERES	I INC		Employer Identification Number (EIN): 13-3836581		
Name Change	Mailing Address: 1412 BROADWAY	21ST FLOOR MA	126	NY Registration Number: $05 - 84 - 86$		
Final Filing	City / State / ZIP: NEW YORK , NY	10018		Telephone: 609 638-0398		
Reg ID Pending	Website: WWW • SHAREDINTE	REST.ORG		Email: AJAMESON@SHAREDINTE		
Check your organization's registration category:	3	only X DUAL (7A &		onfirm your Registration Category in the		
2. Certification	,,		UI	narities Registry at <u>www.CharitiesNYS.com</u> .		
two signatories.	cation requirements. Improper	certification is a violation of	of law that may be subject to	penalties. The certification requires		
	enalties of perjury that we revie e true, correct and complete in			est of our knowledge and belief, licable to this report.		
			ANN MCMIKEL			
President or Authorized	Officer:		EXECUTIVE D	IRECTOR		
	Signature		Print Name			
	0		AMYE JAMESO	N		
Chief Financial Officer or	Treasurer:		DIRECTOR OF	OPERATIO		
	Signature		Print Name	and Title Date		
3. Annual Reporting	J Exemption					
Check the exemption(s) the	nat apply to your filing. If your o	organization is claiming an	exemption under one catego	ory (7A or EPTL only filers) or both		
categories (DUAL filers) th	nat apply to your registration, o	complete only parts 1, 2, an	d 3, and submit the certified	I Char500. No fee, schedules, or		
additional attachments ar	e required. If you cannot claim	an exemption or are a DUA	AL filer that claims only one	exemption, you must file applicable		
schedules and attachmen	ts and pay applicable fees.					
				ernment agencies, etc. did not		
	5,000 and the organization dic	I not engage a professional	fund raiser (PFR) or fund rai	ising counsel (FRC) to solicit		
Contributio	ons during the fiscal year.					
		s did not exceed \$25,000 a	nd the market value of asse	ts did not exceed \$25,000 at any time		
during the	fiscal year.					
4. Schedules and A	ttachments					
See the following page						
for a checklist of	Yes X No 4a. Did y	our organization use a prof	ancienal fund reiser, fund rei			
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to						
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
. , .		le organization receive gov	emment grants? If yes, com			
5. Fee						
See the checklist on the 7A filing fee: EPTL filing fee: Total fee: Make a single check or mon				Make a single check or money order		
next page to calculate your payable to:						
tee(s). Indicate fee(s) you				"Department of Law"		
are submitting here: \$ 25. \$ 250. \$ 275.						
CHAR500 Annual Filing for	Charitable Organizations (Upd	dated January 2022)				

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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CHAR500
Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

X \$25, if you did not check the 7A exemption in Part 3a

\$0, if you checked the EPTL exemption in Part 3b

\$1500, if the NET WORTH is \$50,000,000 or more

Send your CHAR500, all schedules and attachments, and total fee to:

\$50, if the NET WORTH is \$50,000 or more but less than \$250,000

\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000

X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000

\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000

\$25, if the NET WORTH is less than \$50,000

For EPTL and DUAL filers, calculate the EPTL fee:

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000 X Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021. If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000 No Review Report or Audit Report is required because total revenue and support is less than \$250,000 $_$ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required **Calculate Your Fee** Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon For 7A and DUAL filers, calculate the 7A fee: registration with the NY Charities Bureau: \$0, if you checked the 7A exemption in Part 3a

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

³⁶⁸⁴⁶¹ ⁰⁴⁻⁰¹⁻²³ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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(212) 416-8401 Email: Charities.Bureau@ag.ny.gov

Send Your Filing

28 Liberty Street

Need Assistance?

Visit:

Call:

New York, NY 10005

NYS Office of the Attorney General

Charities Bureau Registration Section

www.CharitiesNYS.com

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