Department of the Treasury

A For the 2021 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2022

and ending JUN 30,

▶ 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.

JUL 1, 2021

Open to Public

Check if applicable C Name of organization D Employer identification number Address change SUNSHINE MINISTRIES, INC. Name 43-0896665 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1315 HOWARD STREET 314-231-8209 3,718,211. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended ST. LOUIS, MO 63106 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CAROL CLARKSON Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.SUNSHINEMINISTRIES.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 1918 M State of legal domicile: MO Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SUNSHINE MINISTRIES IS COMMITTED **Activities & Governance** TO PROVIDING HIGH-QUALITY CHRISTIAN SOCIAL SERVICES TO THE POOR AND 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Current Year Prior Year** 1,599,480. 1,622,445. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 58,690. 153.883. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 331. 233. 11 1,681,466. 753,596. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 568,473. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 649,065. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 930,589. 899,328. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,548,393. 1,499,062. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 182,404. 205,203. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 5 17,013,611 17,614,467. 20 Total assets (Part X, line 16) $33,\overline{127}$ 52,167. 21 Total liabilities (Part X, line 26) 三年 581,340. 961,444 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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. Signature of officer Date Sign CAROL CLARKSON, PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature JEFF PARKER JEFF PARKER 03/28/23 self-employed P00970069 Paid Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749 Preparer Firm's address 475 REGENCY PARK, SUITE 175 Use Only O'FALLON, IL 62269 Phone no. (618) 233-1200 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SUNSHINE MINISTRIES IS COMMITTED TO PROVIDING HIGH-QUALITY CHRISTIAN
	SOCIAL SERVICES TO THE POOR AND NEEDY OF ST. LOUIS BY OFFERING HEALING
	FROM THE PAST, HELP FOR THE PRESENT AND HOPE FOR THE FUTURE. SEE
	SCHEDULE O FOR CONTINUATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 688,579 • including grants of \$ 0 •) (Revenue \$)
	MEN'S RESIDENT SHELTER PROGRAM - THIS IS A RESIDENTIAL PROGRAM THAT CAN
	SERVE UP TO 28 HOMELESS MEN. THE MEN LIVE IN THE MEN'S CENTER AND
	PARTICIPATE IN CLASSES THAT ADDRESS EACH INDIVIDUAL'S NEEDS PHYSICALLY,
	EMOTIONALLY, SPIRITUALLY, AND INTELLECTUALLY. THE MEN ALSO RECEIVE
	A.A./N.A. SUPPORT GROUPS, AS WELL AS LIFE SKILL AND VOCATIONAL
	READINESS TRAINING INCLUDING HELP WITH RESUMES, JOB APPLICATIONS AND
	INTERVIEWING SKILLS. THE MEN ARE PROVIDED WITH ALL OF THEIR MEALS AS
	WELL AS CLOTHING AND TOILETRIES AS NEEDED.
4b	(Code:) (Expenses \$ 624,404. including grants of \$ 0.) (Revenue \$ 0.) (Revenue \$ 0.) (Revenue \$ 0.) (Revenue \$ 0.)
	ARE FROM THE LOCAL COMMUNITY. THIS PROGRAM OFFERS FOOD, CLOTHING AND
	MANY LIFE SKILL CLASSES TO ASSIST THEM IN IMPROVING THEIR LIVES. THERE
	ARE APPROXIMATELY 250 WOMEN AND THEIR FAMILIES REGISTERED AT THIS TIME.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,312,983.
	Form 990 (2021)

Form 990 (2021) SUNSHINE MINISTRIES, 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,			x
•	Schedule D, Part III	8		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under 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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.12		
	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			
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ . ,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2021) SUNSHINE MINISTRIES, INC.
Part IV Checklist of Required Schedules (continued)

	· · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated 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			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
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? <i>If "Yes," complete</i>	<u> </u>		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠,	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
00		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			ΩΩΩ	(2021)

132004 12-09-21

SUNSHINE MINISTRIES Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

SUNSHINE MINISTRIES, INC. 43-0896665 Form 990 (2021) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Other (explain on Schedule O) Another's website X Upon request

State the name, address, and telephone number of the person who possesses the organization's books and records CAROL CLARKSON - (314) 231-8209 63106 1315 HOWARD STREET, ST. LOUIS, MO

Form **990** (2021)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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	on nor any related	orga	niza			npen	sate	ed any current officer, di	irector, or trustee.	-
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	Position do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		JOI 411	-		17.11.43	loo,	from	from related	other
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	ll trus		ee/	mpeu		1099-NEC)	1000 NEO)	and related
	below	dualt	ntio na	_	oldm	st co	-	,		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROL CLARKSON	40.00									
PRESIDENT/CEO/SECRETARY		Х		Х				143,317.	0.	0.
(2) TIM HANSER	2.50									
TREASURER		Х		Х				0.	0.	0.
(3) BRIAN COCO	2.50									
BOARD MEMBER		Х						0.	0.	0.
(4) HARRY LANGENBERG	2.50									
PRESIDENT		Х		Х				0.	0.	0.
(5) CHRISTOPHER GRIESEDIECK	2.50									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) ZACHARY FAY	2.50	1						_	_	_
BOARD MEMBER		Х						0.	0.	0.
(7) KAREN SLIMACK	2.50	ļ								
BOARD MEMBER (TERM END 3/22)		Х						0.	0.	0.
		-								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								

43-0896665

Par	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C	ompensated Employee	s (continued)				
	(A)	(B)			•	C)	_		(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		l	timate	
		hours per week					is bot or/trus		compensation	compensatio		l	ount o	of
		(list any						T	from the	from related organization		I	other oensat	tion
		hours for	direct				٦		organization	(W-2/1099-MIS			om the	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		l	anizati	
		organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,		ı -	d relate	
		below	/idual	tutior	Je Je	Key employee	lest co	ner				orga	nizatio	ons
		line)	lndi	Insti	Officer	Key	High	Former						
			1											
			-											
							-							
			-											
					-		-	-						
			1											
							 				\longrightarrow			
			1											
							1							
			1											
			1											
			1											
			1											
1b	Subtotal	•						▶	143,317.		0.			0.
С	Total from continuation sheets to Part VI							•	0.		0.			0.
	Total (add lines 1b and 1c)							•	143,317.		0.			0.
2	Total number of individuals (including but n							no re	eceived more than \$100,	000 of reportable	•			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, o	r hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				,			J	dual for services				
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or st	ıch ı	oers	on					5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co	•	•								ensa	tion tro	m	
	the organization. Report compensation for	ine calendar ye	eare	enair	ıg w	ith c	or wi	ıtnır	the organization's tax y	ear.		(C	٠,	
	(A) Name and business	address	NC	ONE	2				Description of s	ervices	С	omper		1
				<u> </u>										
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)		ot lir	nited	d to		se lis)	sted	above) who received mo	ore than				
	s,see s. sempendaden nom the organic												200	

Form 990 (2021) SUNSHIN
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to anv lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
S S		c Fundraising events 1c					
fts,		d Related organizations 1d					
ij gi							
ons,		e Government grants (contributions) 1e					
utic		f All other contributions, gifts, grants, and	1 500 480				
章		similar amounts not included above 1f	1,599,480.				
ont		g Noncash contributions included in lines 1a-1f		1 500 400			
O g		h Total. Add lines 1a-1f		1,599,480.			
		-	Business Code				
ce	2	a					
ervi	ı	b					
Program Service Revenue		С					
ran Sev		d					_
90 F		e					
<u>-</u>	1	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		154,171.			154,171.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	•				
		a Gross amount from sales of (i) Securities	(ii) Other				
	-	assets other than inventory 7a 1,964,327.					
		b Less: cost or other basis					
ō		and sales expenses 7b 1,964,615.					
her Revenue		c Gain or (loss) 7c -288.					
ě		d Net gain or (loss)	>	-288.			-288.
¥		a Gross income from fundraising events (not					
Oth	0	including \$ of					
١		contributions reported on line 1c). See					
		• • • • • • • • • • • • • • • • • • • •					
		,					
		c Net income or (loss) from fundraising events	·····				
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
	ı	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
ဖွ		ļ	Business Code				
on e	11	a OTHER INCOME	900099	233.			233.
Miscellaneous Revenue	- 1	b					
Sell		c					
Ais.		d All other revenue					
		e Total. Add lines 11a-11d	>	233.			
	12	Total revenue. See instructions		1,753,596.	0.	0.	154,116.

Form 990 (2021) SUNSHINE MINISTRIES, INC. Part IX Statement of Functional Expenses

Cooti	on FO1/c//2) and FO1/c//4) arganizations must some	lata all aglumna. All atha	v avaani-atiana must aan	anlata aslumn (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	se or note to any line in	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	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				
Ū	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
5		143,317.	114,654.	28,663.	
_	trustees, and key employees	143,317.	114,034.	20,003.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	406 050	215 107	20 600	00 057
7	Other salaries and wages	426,852.	315,197.	30,698.	80,957.
8	Pension plan accruals and contributions (include	26 262	36 363		
	section 401(k) and 403(b) employer contributions)	36,869.	36,869.	2 050	0.050
9	Other employee benefits	42,027.	37,110.	2,059.	2,858.
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	18,035.		18,035.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	41,642.	34,557.	1,894.	5,191.
12	Advertising and promotion	450.			450.
13	Office expenses	37,489.	36,097.	1,117.	275.
14	Information technology				
15	Royalties				
16	Occupancy	123,209.	120,274.	1,467.	1,468.
17	Travel	8,699.	8,699.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	320,898.	313,889.	3,504.	3,505.
23	Insurance	87,628.	87,137.	246.	245.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EMERGENCY ASSISTANCE	147,195.	147,195.		
b	DONOR CULTIVATION	52,271.			52,271.
c	COMPUTER/WEBSITE	29,054.	29,054.		,
d	DUES & SUBSCRIPTIONS	21,796.	21,796.		
_	All other expenses	10,962.	10,455.	507.	
25	Total functional expenses. Add lines 1 through 24e	1,548,393.	1,312,983.	88,190.	147,220.
26	Joint costs. Complete this line only if the organization	, , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	,	, , , , , , , , , , , , , , , , , , , ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	F 3 ()				000

rdi	LA	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	/ line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			858,541.	1	206,939.
	2	Savings and temporary cash investments			3,129,980.	2	3,237,063.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
တ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges			22,838.	9	38,921.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,764,780.			
	b	Less: accumulated depreciation	9,233,585.	10c	8,919,250.		
	11	Investments - publicly traded securities	4,369,523.	11	4,611,438.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			1- 411 14-	15	
	16	Total assets. Add lines 1 through 15 (must equ			17,614,467.	16	17,013,611.
	17	Accounts payable and accrued expenses			33,127.	17	52,167.
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
jak		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X		۰-	
	06	of Schedule D		·····	33,127.	25	52,167.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			33,147.	26	52,107.
တ္က		and complete lines 27, 28, 32, and 33.	eck ner				
2	27				17,581,340.	27	16,961,444.
ala	27 28	Net assets with donor restrictions Net assets with donor restrictions	17,301,340.	28	10,701,444.		
B B	20	Organizations that do not follow FASB ASC 9				20	
ᇤ		and complete lines 29 through 33.	, cne	ck liefe			
ō	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ea				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
-	٠,	- '	18 501 340		16,961,444.		
et,	32	Total net assets or fund balances		l l	17,581,340.	32	10.901.444.

	()					3-
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				<u>96.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	548	3,3	93.
3	Revenue less expenses. Subtract line 2 from line 1	3				03.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				40.
5	Net unrealized gains (losses) on investments	5		-82!	5,0	99.
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	<u> </u>	96:	1,4	44.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Щ</u>
			-		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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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	X	
	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 Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	t			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	,			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization SUNSHINE MINISTRIES, 43-0896665 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sed	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1273575.	1242166.	1449432.	1417902.	1599480.	6982555.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1273575.	1242166.	1449432.	1417902.	1599480.	6982555.
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)						352,234.
	Public support. Subtract line 5 from line 4.						6630321.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1273575.	1242166.	1449432.	1417902.	1599480.	6982555.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		60 545			4-4-4-4	
	and income from similar sources	64,691.	62,715.	52,612.	64,009.	154,171.	398,198.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	2 452	1 051	2 267	221	222	7 524
	assets (Explain in Part VI.)	2,452.	1,251.	3,267.	331.	233.	7,534.
	Total support. Add lines 7 through 10		,			40	/30020/•
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the			•			. □
Sec	organization, check this box and stop ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		14	89.74 %
	Public support percentage from 2020					15	95.52 %
	33 1/3% support test - 2021. If the c					<u> </u>	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te						▶ □
b	10% -facts-and-circumstances test	· ·	•	,			
	more, and if the organization meets th	_					
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	>
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· >

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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 disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		, ,	, ,		1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2020. If the	-	-	•			and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

132023 01-04-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
- 14		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
5		
9b		
36		
9c		
90		
40-		
10a		
40.		
10b		
ile A (Forn	n 990)	2021

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

2

3

<u>4</u> 5

6

Schedule A (Form 990) 2021

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

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

SUNSHINE MINISTRIES, INC.

Employer identification number 43-0896665

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Borior advised failes	(b) i unus and other accounts
2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	L	d funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conser	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	an assamants during the year
•	\$ \$	aming of violations, and emorcing conservation	or easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	· ·	
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

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

	t III Organizations Maintaining Co	ollections of Art	. Histo	rical Tre	asures, or	Othe	r Si	mila		Contin		age Z
3	Using the organization's acquisition, accession									COILLII	ueu)	
Ū	collection items (check all that apply):											
а	a Public exhibition d Loan or exchange program											
b												
c												
4	Provide a description of the organization's co	llections and explain	how the	av further th	e organizatio	n's ever	nnt r	ourno	se in Part	XIII		
5	During the year, did the organization solicit or								oc iiii ait	AIII.		
J	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arrang											110
	reported an amount on Form 990, Part		7.0 11 1110	organization	T anoworda	100 011		000	,, , a, , , ,			
1a	Is the organization an agent, trustee, custodia	an or other intermedi	arv for c	ontributions	or other ass	ets not	inclu	ıded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Part XIII a											,
-	ii roo, oxpiaii iio arangementiii arrxiii e	and complete the fen	ownig to	2010.			٢			Amount		
c	Beginning balance						ľ	1c				
	Additions during the year							1d				
	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo									Yes		No
	If "Yes," explain the arrangement in Part XIII.						-			_]
Par												
	·	(a) Current year		rior year	(c) Two year			Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	50,000.		50,000.	50	,000.			50,000.		50,	000.
		,		,					•			
	Net investment earnings, gains, and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
•	and programs											
f	Administrative expenses											
g	End of year balance	50,000.		50,000.	50	,000.			50,000.		50,	000.
2	Provide the estimated percentage of the curre	· · · · · · · · · · · · · · · · · · ·	line 1a	. column (a)		, ,			· ·	<u> </u>		
	Board designated or quasi-endowment	100	%	, 55.5 (4)	, a.c.							
b	Permanent endowment ▶ .0000	%	_^~									
	Term endowment ▶ .0000 9											
	The percentages on lines 2a, 2b, and 2c shou											
За	Are there endowment funds not in the posses	•	tion that	are held an	d administer	ed for th	ne or	aaniza	ation			
	by:	· ·						•		Γ	Yes	No
	(i) Unrelated organizations									3a(i)		X
	(ii) Related organizations									3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Sc	hedule R?						3b		
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipme											
	Complete if the organization answered	l "Yes" on Form 990	, Part IV,	, line 11a. S	ee Form 990	, Part X,	line	10.				
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) A	ccur	nulate	ed	(d) Book	value	
	,	basis (investm	nent)	basis ((other)	de	prec	iation				
1a	Land			1,34	4,101.					1,344	1,10	$\overline{)1.}$
	Buildings				8,184.	1,	526	5,4		5,271		
	Leasehold improvements				4,463.			5,3		2,118		
	Equipment				7,414.			7,3			0,07	
	Other				0,618.			5,4			5,17	
	. Add lines 1a through 1e. (Column (d) must ed		X colum							8,919		

Schedule D (Form 990) 2021

	NISTRIES, INC.	43	-0896665	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 valuation: Cost or end	d-of-year market va	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	F 000 D+ IV I' 4	Ida Osa Farra 000 Bart V Bas 40		
Complete if the organization answered "Yes" (l - 6	-1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market va	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	11d See Form 990 Part X line 15		
	Description	Tra. coc romi coc, rarex, mic ro.	(b) Book va	
	Весоприон		(B) Book va	100
(1)				
(2)				
(3)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	•		
Part X Other Liabilities.	10.,			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1			
1. (a) Description of liability	· · · · · ·		(b) Book va	lue
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN TAX POSITIONS HAS

BEEN RECORDED AS OF JUNE 30, 2022 AND 2021.

Schedule D (Form 990) 2021	SUNSHINE MINISTRIES,	INC.	43-0896665	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Inform	mation /			
Ture Ain Supplemental infor	(continuea)			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

Open to Public

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

SUNSHINE MINISTRIES, INC.

Part I Questions Regarding Compensation

Employer identification number 43-0896665

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
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 related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 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	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
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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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization SUNSHINE MINISTRIES, INC. Employer identification number 43-0896665

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determ	_	
		applicable		Form 990, Part VIII, line 1g	noncash contribution	amount	.S
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		51,886.	WEIGHED & PRIC	E P	ER
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	3	20,245.	FMV AT DATE OF	DOI	NAT
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	X		89,996.	WEIGHED & PRIC	<u> E P</u>	ER
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, L	onee Acknowledg	ement 29			
20-	Division the conservation that the conservation receives by			autani in Daut I. linna 4 dhuasa	.h. 00 .th.at it	Yes	No
30a	During the year, did the organization receive by must hold for at least three years from the date						
	exempt purposes for the entire holding period?		•				х
L					30a	1	
31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that ro	acuires the review	of any nonstandard contribut	tions? 31		х
	Does the organization have a grit acceptance p				31	+	1
JZd			_	•	32a		x
h	If "Yes," describe in Part II.				328	1	
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is ched	cked		
55	describe in Part II.	Jiaiiiii (6) 101	a type of property	To writer column (a) is chec	mea,		
	GOOGLIDO III I GILII.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SUNSHINE MINISTRIES, INC.

Employer identification number 43-0896665

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NEEDY OF ST. LOUIS BY OFFERING HEALING FROM THE PAST, HELP FOR THE
PRESENT AND HOPE FOR THE FUTURE.
FORM 990, PART VI, SECTION A, LINE 8B:
NO OTHER COMMITTEES HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BOARD.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR REVIEWS A DRAFT COPY OF FORM 990 WITH THE ACCOUNTING
FIRM WHO PREPARES THEIR FORM 990 AND THEN SENDS THE BOARD A FINAL COPY OF
THE FORM 990 PRIOR TO IT BEING FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 15:
A COMPENSATION COMMITTEE REVIEWS COMPARABLE SALARIES OF OTHER SIMILAR
ORGANIZATIONS AND MAKES A RECOMMENDATION THAT IS PRESENTED AND APPROVED BY
THE GOVERNING BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
BY REQUEST AND THROUGH THE BETTER BUSINESS BUREAU AND GUIDESTAR WEBSITES.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

SUNSHINE MINI	STRIES, INC.						43-08966	565	
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.						
(a) Name, address, and EIN (if applicable)	dress, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year ass		assets			g			
of disregarded entity		foreign country)					eı	ntity	
EAGLE LODGE, LLC - 43-1873364	A PLACE FOR OUR KIDS TO								
1315 HOWARD STREET	ESCAPE THE INNER CITY AND						SUNSHINE MI	NISTRIE	S,
ST. LOUIS, MO 63106	ENJOY GOD'S CREATION.	MISSOURI		0.	1,116	5,272.	INC.		
SUNSHINE MINISTRIES YOUTH & FAMILY CENTER,									
LLC - 14-1843863, 1315 HOWARD STREET, ST.	ACCOMODATES THE PROGRAMS						SUNSHINE MI	NISTRIE	S,
LOUIS, MO 63106	FOR CHILDREN AND WOMEN.	MISSOURI		0.	1,410	811.	INC.		
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, b	ecaus	e it had one o	or more	related tax-exe	mpt	
(a)	(b)	(c)	(d)		(e)		(f)	Continu	g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	statu	olic charity s (if section	Dire	ct controlling entity	conti	rolled
				5	01(c)(3))			Yes	No
	_								
	\dashv								

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

Schedule R (Form 990) 2021

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David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	because it had one or more related
	organizations treated as a partnership during the tax year.				

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

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Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a				
	b Gift, grant, or capital contribution to related organization(s)								
С	Gift, grant, or capital contribution from related organization(s)				1c				
	Loans or loan guarantees to or for related organization(s)				1d				
	Loans or loan guarantees by related organization(s)				1e				
f	Dividends from related organization(s)				1f				
	Sale of assets to related organization(s)				1g				
h	Purchase of assets from related organization(s)				1h				
i	Exchange of assets with related organization(s)				1i				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k				
	Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	o Sharing of paid employees with related organization(s)								
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)									
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.					
	(a)	(b)	(c)	(d)					
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved				
		type (a-s)							
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
132163	11-17-21			Schedule	R (Form 99	90) 2021			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Genera manag partn	(k) Percen ging owners) ntage rship
								Ochodolo			