

Return of Organization Exempt From Income Tax

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

2022

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **2022**, and ending **2022**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **SHARING CENTER INC**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 172
 City or town, state or province, country, and ZIP or foreign postal code
TREVOR, WI 53179

D Employer identification number
39-1502706

E Telephone number
(262) 298-5535

G Gross receipts **\$1,882,607.**

F Name and address of principal officer:
LAURENCE ELLIS, 24414, PADDOCK LAKE, WI 53168

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **THESHARINGCENTER.NET**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1983**

M State of legal domicile: **WI**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE CENTER'S MISSION IS TO PROVIDE BASIC NEEDS AND EMPOWER PEOPLE IN THEIR TRANSITION TO INDEPENDENCE. ASSISTANCE IS PROVIDED TO INCOME QUALIFIED RESIDENTS THROUGH SUPPORTIVE PROGRAMS. THESE PROGRAMS INCLUDE: EMERGENCY FOOD PANTRY, CHILD NUTRITION PROGRAMS, CLOTHING AND HOUSEWARES, EMERGENCY SHELTER AND HOUSING ASSISTANCE, DOMESTIC VIOLENCE PROGRAMS AND SCHOOL SUPPLIES.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	129
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	558,987.	1,871,580.
	9 Program service revenue (Part VIII, line 2g)	6,010.	3,700.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,319.	7,327.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	574,316.	1,882,607.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	172,661.	1,215,285.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	146,214.	207,289.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	17,337.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	142,113.	133,047.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	460,988.	1,555,621.
19 Revenue less expenses. Subtract line 18 from line 12	113,328.	326,986.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 787,365.	End of Year 1,092,788.
	21 Total liabilities (Part X, line 26)	9,633.	15,280.
	22 Net assets or fund balances. Subtract line 21 from line 20	777,732.	1,077,508.

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.

Sign Here

Signature of officer: *Laurence Ellis* Date: **8-30-23**

LAURENCE ELLIS, PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **JOHN C PARRISH, CPA** Preparer's signature: *John C Parrish* Date: **08/28/2023** Check if self-employed PTIN: **P00084900**

Firm's name: **PARRISH & FREITAG, LTD.** Firm's EIN: **36-3879046**

Firm's address: **24418 75TH STREET, SUITE B, PADDOCK LAKE, WI 53168** Phone no.: **(262) 843-3899**

May the IRS discuss this return with the preparer shown above? See instructions Yes No