



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2009Department of the Treasury
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , 2009, and ending

G Check all that apply ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions	Name of foundation SHARE FOUNDATION		A Employer identification number 37-1357922
	Number and street (or P O box number if mail is not delivered to street address) Room/suite 123 SW JEFFERSON 108		B Telephone number (see the instructions) (309) 263-0808
	City or town State ZIP code PEORIA IL 61602-1221		C If exemption application is pending, check here <input type="checkbox"/>
	H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 439,104.		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc. received (att sch)	160,000.			
	2 Check <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	4,519.	4,519.		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
ADMINISTRATIVE AND OPERATING EXPENSES	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	164,519.	4,519.		
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) L-16a Stmt	101.			101.
	b Accounting fees (attach sch)				
	c Other prof fees (attach sch)				
17 Interest					
18 Taxes (attach schedule) (see instr.) FEDERAL INVS. T	91.				
19 Depreciation (attach sch) and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses (attach schedule) See line 23 Stmt	37.	12.		25.	
24 Total operating and administrative expenses. Add lines 13 through 23	229.	12.		126.	
25 Contributions, gifts, grants paid	219,310.			219,310.	
26 Total expenses and disbursements. Add lines 24 and 25	219,539.	12.		219,436.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-55,020.				
b Net investment income (if negative, enter -0-)		4,507.			
c Adjusted net income (if negative, enter -0-)					

p

5

SCANNED AUG 03 2010

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

Beginning of year

End of year

(a) Book Value

(b) Book Value

(c) Fair Market Value

A S S E T S	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	494,124.	439,104.	439,104.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch)			
		Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	c	Investments – corporate bonds (attach schedule)			
	L I A B I L I T I E S	11	Investments – land, buildings, and equipment: basis		
		Less: accumulated depreciation (attach schedule)			
12		Investments – mortgage loans			
13		Investments – other (attach schedule)			
14		Land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
15		Other assets (describe _____)			
16		Total assets (to be completed by all filers – see instructions. Also, see page 1, item I)	494,124.	439,104.	439,104.
17		Accounts payable and accrued expenses			
18		Grants payable			
19	Deferred revenue				
20	Loans from officers, directors, trustees, & other disqualified persons				
21	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe _____)				
23	Total liabilities (add lines 17 through 22)				
F U N D A S S E T A N C E S	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds	494,124.	439,104.	
	28	Paid-in or capital surplus, or land, building, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see the instructions)	494,124.	439,104.	
	31	Total liabilities and net assets/fund balances (see the instructions)	494,124.	439,104.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	494,124.
2	Enter amount from Part I, line 27a	2	-55,020.
3	Other increases not included in line 2 (itemize) _____	3	
4	Add lines 1, 2, and 3	4	439,104.
5	Decreases not included in line 2 (itemize) _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	439,104.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a				
b				
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	— [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).			
If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8	— []	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008		0.	0.000000
2007	357,246.		
2006	578,944.	0.	0.000000
2005	905,281.		
2004			

2 Total of line 1, column (d)	2	0.000000
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.000000
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	0.
5 Multiply line 4 by line 3	5	0.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	45.
7 Add lines 5 and 6	7	45.
8 Enter qualifying distributions from Part XII, line 4	8	219,436.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary - see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	45.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	45.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	45.
6 Credits/Payments			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6 a		
b Exempt foreign organizations – tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c		
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d	7		
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		45.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0.
11 Enter the amount of line 10 to be Credited to 2010 estimated tax	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1 b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
1 c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) <u>IL - Illinois</u>		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

BAA

Form 990-PF (2009)

Part VII-A Statements Regarding Activities Continued

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13		X
14	The books are in care of <u>KENNETH D BAUM</u> Telephone no <u>(309) 266-7114</u> Located at <u>866 N MAIN STREET, MORTON, IL</u> ZIP + 4 <u>61550</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1 a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1 c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions)	2 b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3 b	
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4 b	X

BAA

Form 990-PF (2009)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

If 'Yes' to 6b, file Form 8870

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No

7b

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KENNETH D BAUM 123 SW JEFFERSON, SUITE 108 PEORIA IL 61602	PRES/DIR 1.00	0.	0.	0.
JODY L BAUM 123 SW JEFFERSON, SUITE 108 PEORIA IL 61602	VP/DIR 1.00	0.	0.	0.
TERRY L BAUM 866 N MAIN STREET MORTON IL 61550	SEC/TREAS 1.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
0				
0				
0				
0				

Total number of other employees paid over \$50,000

▶

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

None

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 THE FOUNDATION MADE CHARITABLE CONTRIBUTIONS TO 76 DIFFERENT QUALIFYING CHARITIES DURING THE YEAR ENDED 12/31/09	219,310.
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	0.
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	None

BAA

Form 990-PF (2009)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1 a	
b	Average of monthly cash balances	1 b	
c	Fair market value of all other assets (see instructions)	1 c	
d	Total (add lines 1a, b, and c)	1 d	
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2009 from Part VI, line 5	2 a	45.
b	Income tax for 2009 (This does not include the tax from Part VI)	2 b	
c	Add lines 2a and 2b	2 c	45.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	0.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	219,436.
b	Program-related investments — total from Part IX-B	1 b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	219,436.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	45.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	219,391.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form 990-PF (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009.				
a Enter amount for 2008 only			0.	
b Total for prior years. 20 __, 20 __, 20 __				
3 Excess distributions carryover, if any, to 2009				
a From 2004	0.			
b From 2005	0.			
c From 2006	578,988.			
d From 2007	357,410.			
e From 2008	349,283.			
f Total of lines 3a through e	1,285,681.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 219,436.				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2009 distributable amount				
e Remaining amount distributed out of corpus	219,436.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	1,505,117.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	1,505,117.			
10 Analysis of line 9				
a Excess from 2005	0.			
b Excess from 2006	578,988.			
c Excess from 2007	357,410.			
d Excess from 2008	349,283.			
e Excess from 2009	219,436.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling					
b Check box to indicate whether the foundation is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test – enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
APOSTOLIC CHRISTIAN RESTMOR 935 E JEFFERSON ST MORTON IL 61550		EXEMPT	CHARITABLE	16,500.
EASTER SEALS 507 E ARMSTRONG AVE PEORIA IL 61603		EXEMPT	CHARITABLE	25,800.
PENGUIN PROJECT FOUNDATION 306 W MORNINGSIDE DRIVE PEORIA IL 61614		EXEMPT	CHARITABLE	5,000.
ILLINOIS SHERIFFS ASSOC. 401 E WASHINGTON SPRINGFIELD IL 62701		EXEMPT	CHARITABLE	50.
CIMKF P.O. BOX 235 MORTON IL 61550		EXEMPT	CHARITABLE	1,000.
OSF FOUNDATION 530 NE GLEN OAK AVENUE PEORIA IL 61637		EXEMPT	CHARITABLE	100.
OLD TIMERS BASEBALL ASSOC. 1603 WOODBINE WASHINGTON IL 61571		EXEMPT	CHARITABLE	100.
SPRINGDALE HISTORIC PRESERV. FOUNDATION P.O. BOX 5511 PEORIA IL 61601		EXEMPT	CHARITABLE	1,105.
APOSTOLIC CHRISTIAN CHURCH 225 E JEFFERSON MORTON IL 61550		EXEMPT	CHARITABLE	31,191.
See Line 3a statement				138,464.
Total			3a	219,310.
<i>b Approved for future payment</i>				
Total			3b	

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No 1545-0047

2009

Name of the organization

SHARE FOUNDATION

Employer identification number

37-1357922

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

- ☐ 501(c)(____) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☒ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

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

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

General Rule —

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

SHARE FOUNDATION

37-1357922

Part I Contributors (see instructions)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KENNETH D BAUM 123 SW JEFFERSON, SUITE 108 PEORIA IL 61602	\$ 160,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
BANK SERVICE CHARGES	12.	12.		
STATE FILING FEES	25.			25.
Total	37.	12.		25.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
LAKEVIEW MUSEUM				Person or <input type="checkbox"/>
1125 WEST LAKE AVENUE				Business <input checked="" type="checkbox"/>
PEORIA IL 61614		EXEMPT	CHARITABLE	1,600.
ST JUDE CHILDREN'S HOSPITAL				Person or <input type="checkbox"/>
501 ST JUDE PLACE				Business <input checked="" type="checkbox"/>
MEMPHIS TN 38105		EXEMPT	CHARITABLE	8,050.
WBNH				Person or <input type="checkbox"/>
P.O. BOX 1132				Business <input checked="" type="checkbox"/>
PEKIN IL 61555		EXEMPT	CHARITABLE	700.
AMAZING GRACE MISSION				Person or <input type="checkbox"/>
P.O. BOX 289				Business <input checked="" type="checkbox"/>
DAYTON TN 37321		EXEMPT	CHARITABLE	2,000.
CAMP OF CHAMPIONS				Person or <input type="checkbox"/>
4100 N BRANDYWINE DRIVE				Business <input checked="" type="checkbox"/>
PEORIA IL 61614		EXEMPT	CHARITABLE	12,600.
SALVATION ARMY				Person or <input type="checkbox"/>
401 NE ADAMS STREET				Business <input checked="" type="checkbox"/>
PEORIA IL 61603		EXEMPT	CHARITABLE	4,950.
CORNERSTONE VOCATIONAL CENTER				Person or <input type="checkbox"/>
1015 S MATTHEWS				Business <input checked="" type="checkbox"/>
PEORIA IL 61605		EXEMPT	CHARITABLE	500.
PEORIA CANCER CENTER				Person or <input type="checkbox"/>
8940 N WOOD SAGE ROAD				Business <input checked="" type="checkbox"/>
PEORIA IL 61615		EXEMPT	CHARITABLE	2,900.
PEORIA HISTORICAL SOCIETY				Person or <input type="checkbox"/>
611 SW WASHINGTON STREET				Business <input checked="" type="checkbox"/>
PEORIA IL 61602		EXEMPT	CHARITABLE	2,000.
SPREAD TRUTH MINISTRIES				Person or <input type="checkbox"/>
306 N MAIN STREET				Business <input checked="" type="checkbox"/>
BLOOMINGTON IL 61701		EXEMPT	CHARITABLE	350.
FAMILY HOUSE				Person or <input type="checkbox"/>
1509 N KNOXVILLE AVENUE				Business <input checked="" type="checkbox"/>
PEORIA IL 61603		EXEMPT	CHARITABLE	16,200.
LOVING SHEPARD MINISTRIES				Person or <input type="checkbox"/>
P.O. BOX 375				Business <input checked="" type="checkbox"/>
BLUFFTON IN 46714		EXEMPT	CHARITABLE	2,500.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
CHRISTIAN CHILDREN'S FUND				Person or <input type="checkbox"/>
P.O. BOX 26507				Business <input checked="" type="checkbox"/>
RICHMOND VA 23261		EXEMPT	CHARITABLE	264.
CANCER CENTER				Person or <input type="checkbox"/>
5215 N KNOXVILLE AVENUE				Business <input checked="" type="checkbox"/>
PEORIA IL 61614		EXEMPT	CHARITABLE	200.
RHMA				Person or <input type="checkbox"/>
P.O. BOX 300				Business <input checked="" type="checkbox"/>
MORTON IL 61550		EXEMPT	CHARITABLE	300.
BIG BROTHERS/BIG SISTERS				Person or <input type="checkbox"/>
2101 WINDISH				Business <input checked="" type="checkbox"/>
GALESBURG IL 61401		EXEMPT	CHARITABLE	500.
DOLLARS AGAINST DIABETES				Person or <input type="checkbox"/>
815 16TH STREET NW				Business <input checked="" type="checkbox"/>
WASHINGTON DC 20006		EXEMPT	CHARITABLE	500.
GREATER PEORIA FAMILY YWCA				Person or <input type="checkbox"/>
7000 NORTH FLEMING LANE				Business <input checked="" type="checkbox"/>
PEORIA IL 61614		EXEMPT	CHARITABLE	500.
NATIONAL ALLIANCE MENTAL ILLNESS				Person or <input type="checkbox"/>
5704 N UNIVERSITY				Business <input checked="" type="checkbox"/>
PEORIA IL 61614		EXEMPT	CHARITABLE	1,500.
SPECIAL OLYMPICS				Person or <input type="checkbox"/>
2218 N PROSPECT ROAD				Business <input checked="" type="checkbox"/>
PEORIA IL 61603		EXEMPT	CHARITABLE	350.
BOYS & GIRLS CLUB				Person or <input type="checkbox"/>
806 E KANSAS				Business <input checked="" type="checkbox"/>
PEORIA IL 61603		EXEMPT	CHARITABLE	800.
FELLOWSHIP OF CHRISTIAN ATHLETES				Person or <input type="checkbox"/>
4100 N BRANDYWINE DRIVE				Business <input checked="" type="checkbox"/>
PEORIA IL 61614		EXEMPT	CHARITABLE	150.
THE NAVIGATORS				Person or <input type="checkbox"/>
P.O. BOX 6000				Business <input checked="" type="checkbox"/>
COLORADO SPRINGS CO 80934		EXEMPT	CHARITABLE	2,400.
APOSTOLIC CHRISTIAN CHURCH				Person or <input type="checkbox"/>
750 NW 46TH AVENUE				Business <input checked="" type="checkbox"/>
PLANTATION FL 33317		EXEMPT	CHARITABLE	12,000.
MORTON UNITED METHODIST CHURCH				Person or <input type="checkbox"/>
420 N TENNESSEE AVENUE				Business <input checked="" type="checkbox"/>
MORTON IL 61603		EXEMPT	CHARITABLE	250.
AMERICAN RED CROSS				Person or <input type="checkbox"/>
311 W JOHN GWYNN JR AVE				Business <input checked="" type="checkbox"/>
PEORIA IL 61605		EXEMPT	CHARITABLE	5,750.
METHODIST MEDICAL FOUNDATION				Person or <input type="checkbox"/>
120 NE GLEN OAK AVENUE				Business <input checked="" type="checkbox"/>
PEORIA IL 61603		EXEMPT	CHARITABLE	1,000.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
GREATER PEORIA YMCA 7000 N FLEMING LANE PEORIA IL 61614		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 500.
CENTRAL IL RIDING THERAPY 305 NEUMANN DRIVE EAST PEORIA IL 61611		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 500.
INNER CITY IMPACT 3327 W FULLERTON AVENUE CHICAGO IL 60647		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 2,500.
WTVP 101 STATE STREET PEORIA IL 61602		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 2,000.
HANDS OF LOVE MINISTRY 704 DEVON DR METAMORA IL 61548		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 250.
WE CARE 622 W JACKSON STREET MORTON IL 61550		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 2,000.
GATEWAY WOODS P.O. BOX 151 LEO IN 46765		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 6,000.
SOUTH SIDE MISSION 1127 S LARAMIE STREET PEORIA IL 61605		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 1,500.
JUBILEE MINISTRIES 1215 N SHERIDAN PEORIA IL 61606		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 1,500.
GIFT OF HOPE 660 N INDUSTRIAL DRIVE ELMHURST IL 60126		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 500.
BROWNSVILLE ASSEMBLY OF GOD 3100 W DESOTO STREET PENSACOLA FL 32505		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 350.
CATHY PETIT FOUNDATION 416 W MOSSVILLE ROAD PEORIA IL 61615		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 500.
GIDEONS INTERNATIONAL P.O. BOX 140800 NASHVILLE TN 37214		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 300.
APOSTOLIC CHRISTIAN CHURCH 601 SOUTH CHESTNUT STREET TREMONT IL 61568		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 3,000.
APOSTOLIC CHRISTIAN SERVICES 2125 VETERANS RD MORTON IL 61550		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 5,000.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
AMERICAN CANCER SOCIETY 4234 N KNOXVILLE AVENUE PEORIA IL 61614		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 350.
UNIVERSITY OF IL FOUNDATION 1305 W GREEN STREET URBANA IL 61801		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 250.
ALZHEIMER'S ASSOCIATION 606 W GLEN AVENUE PEORIA IL 61614		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 500.
HEARTLAND FOUNDATION 100 SW WATER STREET PEORIA IL 61602		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 100.
PEORIA BALLET 809 W DETWEILLER DRIVE PEORIA IL 61615		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 500.
PEORIA PARK DISTRICT 2218 N PROSPECT ROAD PEORIA IL 61603		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 200.
MORTON COMMUNITY FUND 309 N MAIN STREET MORTON IL 61550		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 10,000.
ICC EDUCATIONAL FOUNDATION 1 COLLEGE DRIVE EAST PEORIA IL 61635		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 500.
MIDWEST FOOD BANK 1703 S VETERANS PKWY BLOOMINGTON IL 61701		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 6,500.
KEEP PEORIA BEAUTIFUL 124 SW ADAMS STREET PEORIA IL 61602		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 250.
BOY SCOUTS 614 NE MADISON AVENUE PEORIA IL 61603		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,500.
JUVENILE DIABETES 500 N DEARBORN STREET CHICAGO IL 60654		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 500.
UNITED WAY 509 W HIGH STREET PEORIA IL 61606		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 2,000.
CENTRAL ILLINOIS LANDMARK FOUNDATION P.O. BOX 495 PEORIA IL 61651		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 1,250.
AMERICAN HEART ASSOCIATION 2524 FARRAGUT DRIVE SPRINGFIELD IL 62704		EXEMPT	CHARITABLE	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/> 300.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a <i>Paid during the year</i>				
PEORIA SYMPHONY				Person or <input type="checkbox"/>
203 HARRISON STREET				Business <input checked="" type="checkbox"/>
PEORIA IL 61602		EXEMPT	CHARITABLE	500.
YOUNG LIFE				Person or <input type="checkbox"/>
P.O. BOX 2920				Business <input checked="" type="checkbox"/>
COLORADO SPRINGS CO 80901		EXEMPT	CHARITABLE	500.
JOURNAL STAR CHRISTMAS FUND				Person or <input type="checkbox"/>
1 NEWS PLAZA				Business <input checked="" type="checkbox"/>
PEORIA IL 61643		EXEMPT	CHARITABLE	300.
PEORIA RESCUE MINISTRIES				Person or <input type="checkbox"/>
601 SW ADAMS STREET				Business <input checked="" type="checkbox"/>
PEORIA IL 61602		EXEMPT	CHARITABLE	1,500.
TAZEWELL COUNTY CHILDREN'S ADVOCACY				Person or <input type="checkbox"/>
341 BUENA VISTA				Business <input checked="" type="checkbox"/>
PEKIN IL 61554		EXEMPT	CHARITABLE	500.
NEIGHBORHOOD HOUSE				Person or <input type="checkbox"/>
1020 S MATTHEW STREET				Business <input checked="" type="checkbox"/>
PEORIA IL 61605		EXEMPT	CHARITABLE	300.
HIS HARVEST MINISTRIES				Person or <input type="checkbox"/>
109 S BONE DRIVE				Business <input checked="" type="checkbox"/>
NORMAL IL 61761		EXEMPT	CHARITABLE	500.
LIFESONG FOR ORPHANS				Person or <input type="checkbox"/>
P.O. BOX 40				Business <input checked="" type="checkbox"/>
GRIDLEY IL 61744		EXEMPT	CHARITABLE	200.
FAITH, HOPE & LOVE IN CHRIST				Person or <input type="checkbox"/>
P.O. BOX 1544				Business <input checked="" type="checkbox"/>
PEORIA IL 61655		EXEMPT	CHARITABLE	1,000.
BRADLEY UNIVERSITY				Person or <input type="checkbox"/>
1501 W BRADLEY AVENUE				Business <input checked="" type="checkbox"/>
PEORIA IL 61625		EXEMPT	CHARITABLE	250.

Total

138,464.

Form 990-PF, Page 1, Part I

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
HUSCH & EPPENBERGER	ILLINOIS ANNUAL REPORT	101.			

Total

101.

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	SHARE FOUNDATION	37-1357922
	Number, street, and room or suite number. If a P.O. box, see instructions	
	123 SW JEFFERSON, #108	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	PEORIA	IL 61602-1221

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► KENNETH D BAUM

Telephone No ► (309) 266-7114 FAX No ► (309) 263-8004

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20 09 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	100.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	100.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)