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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

SHARE FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

403 West Oak Suite 100

Room/suite

City or town, state or country, and ZIP + 4

El Dorado, AR 71730

D Employer identification number

71-0236863

E Telephone number

(870) 881-9015

G Gross receipts \$ 7,810,126

F Name and address of principal officer

LINDA STRINGFELLOW

403 West Oak Suite 100

El Dorado, AR 71730

H(a) Is this a group return for affiliates?

☐ Yes

☒ No

H(b) Are all affiliates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) (3)

☐ (Insert no)

☐ 4947(a)(1) or

☐ 527

J Website: www.sharefoundation.com

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1996

M State of legal domicile AR

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities Schedule O Description of program services		
	2	Check this box ☒ 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	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of employees (Part V, line 2a)	5	204
Revenue	6	Total number of volunteers (estimate if necessary)	6	550
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-18,509
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-85,267
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,854,814	1,735,489
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,301,152	3,968,128
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,854,193	212,505
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,536,773	982,767
			-1,235,000	6,898,889
Net Assets or Fund Balances	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	409,232	787,180
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,841,613	4,955,200
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 160,296		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,718,368	3,717,604
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,969,213	9,459,984
	19	Revenue less expenses Subtract line 18 from line 12	-10,204,213	-2,561,095
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	73,430,613	69,516,192
	21	Total liabilities (Part X, line 26)	6,602,002	1,021,578
	22	Net assets or fund balances Subtract line 21 from line 20	66,828,611	68,494,614

Part II

Signature Block

Sign Here

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

2010-10-19

Type or print name and title

LINDA STRINGFELLOW PRESIDENT/COO

Paid Preparer's Use Only

Preparer's signature

T ALAN GOBER

Date

Check if self-employed

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

Evers Cox & Gober PLLC
451 North Washington
El Dorado, AR 71730

EIN

Phone no (870) 862-9950

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

1 Briefly describe the organization's mission

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 8,173,351 including grants of \$ 787,180) (Revenue \$ 5,102,229)
	The vision of SHARE Foundation is to build a healthier community. The mission of SHARE Foundation is to identify, develop and foster programs and services that further the health and well being of the people of our community and surrounding areas. The stated values of SHARE Foundation are depth of commitment, quality of service and devotion to excellence. SHARE Foundation services include Life Touch Hospice, Chaplaincy Service and Education, PRIDE Youth Programs, HealthWorks Fitness Center, Interfaith Clinic, Scholarships, and Grants. More information is provided about these programs and services on the respective pages of the Organizations website which is www.sharefoundation.com.

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	\$ 8,173,351
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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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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.			
	• 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.			
	• 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.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a76		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a204		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
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)?	4a		No
	b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
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).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the 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		10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders		11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b		
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		12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	13	
b	Enter the number of voting members that are independent . . .	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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 in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AR
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ LINDA STRINGFELLOW 403 W OAK SUITE 100 EL DORADO, AR 71730 (870) 881-9015

Part VII

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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA D STRINGFELLOW EX DIR/CEO	55.00	X		X		X		170,625	0	4,899
STEVE COSSE' CHAIRMAN	50	X						0	0	0
KNOX WHITE VICE CHAIRMAN	50	X						0	0	0
STEVE COUSINS SECRETARY	50	X						0	0	0
MATT CALLAWAY MD BOARD MEMBER	50	X						0	0	0
DIANE MURFEE BOARD MEMBER	50	X						0	0	0
STEPHEN SMART DDS BOARD MEMBER	50	X						0	0	0
ROBERT REYNOLDS BOARD MEMBER	50	X						0	0	0
STEVE CAMERON BOARD MEMBER	50	X						0	0	0
JOHN DEWS BOARD MEMBER	50	X						0	0	0
DR ALLAN S PIRNIQUE BOARD MEMBER	50	X						0	0	0
TERRY NORMAN BOARD MEMBER	50	X						0	0	0
MIKE DUPUIS HEALTHWORK EX	40.00	X				X		136,724	0	4,899
DEANNA L HOPSON STAFF PHYSICIAN	40.00					X		108,489	0	4,899

1b	Total	415,838	0	14,697
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HOSPICE SCRIPT SERVICES LLC P O BOX 993273 ATLANTA, GA 31193	MEDICATIONS	203,952
MAGNOLIA HEALTHCARE CENTERS 2642 NORTH DUDNEY MAGNOLIA, AR 71753	HOSPICE PATIENTS ROOM & BOARD	128,996
OAK RIDGE NURSING HOME 501 HUDSON STREET EL DORADO, AR 71730	HOSPICE PATIENTS ROOM & BOARD	102,013

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 3

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b	1,134,101				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	378,673				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	222,715				
	g	Noncash contributions included in lines 1a-1f \$ 96,338						
	h	Total. Add lines 1a-1f		1,735,489				
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REVENUE	900,099	3,726,499	3,726,499			
	b	HEALTH WELLNESS REVENUE	900,099	241,629	241,629			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		3,968,128				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		843,312			843,312	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross Rents	199,037					
		b Less rental expenses	180,531					
		c Rental income or (loss)	18,506					
	d	Net rental income or (loss)		18,506			18,506	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		b Less cost or other basis and sales expenses	619,896	10,911				
		c Gain or (loss)	-619,896	-10,911				
	d	Net gain or (loss)		-630,807			-630,807	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a	173,609					
		b Less direct expenses	b 99,899					
	c	Net income or (loss) from fundraising events . . .		73,710			73,710	
	9a	Gross income from gaming activities See Part IV, line 19						
		a						
		b Less direct expenses	b					
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances							
	a							
	b Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	MCSA, LLC	900,003	712,864			712,864		
b	ALTERNATIVE INVESTMENT	900,001	174,106				174,106	
c	CENTRAL PARK GR-UBTI K	523,000	112,864		112,864			
d	All other revenue		-109,283		-131,373		22,090	
e	Total. Add lines 11a-11d		890,551					
12	Total revenue. See Instructions		6,898,889	3,968,128	-18,509	1,213,781		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	787,180	787,180		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,910,730	3,511,836	285,483	113,411
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	483,444	434,132	35,292	14,020
9	Other employee benefits	261,855	235,146	19,115	7,594
10	Payroll taxes	299,171	268,656	21,839	8,676
11	Fees for services (non-employees)				
a	Management				
b	Legal	178,869		178,869	
c	Accounting	32,221		32,221	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	19,253		19,253	
12	Advertising and promotion	56,020	50,306	4,089	1,625
13	Office expenses	182,751	164,110	13,341	5,300
14	Information technology				
15	Royalties				
16	Occupancy	318,247	306,647	11,600	
17	Travel	165,077	165,077		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	41,715	20,622	15,096	5,997
20	Interest	207,292	207,292		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	794,306	794,306		
23	Insurance	218,215	172,672	45,543	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEDICAL SUPPLIES	741,999	741,999		
b	INVESTMENT EXPENSES	428,415		428,415	
c	REPAIRS & MAINTENANCE	121,398	114,464	6,934	
d	EMPLOYEE & VOLUNTEER TR	57,051	51,232	4,165	1,654
e	OUTSIDE ASSISTANCE	54,129	54,129		
f	All other expenses	100,646	93,545	5,082	2,019
25	Total functional expenses. Add lines 1 through 24f	9,459,984	8,173,351	1,126,337	160,296
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				102,088	1	320,610
	2	Savings and temporary cash investments				68,857	2	370,216
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				626,085	4	751,653
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				23,407	9	19,509
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	18,492,467				
	b	Less accumulated depreciation	10b	6,628,958	12,614,082	10c	11,863,509	
	11	Investments—publicly traded securities				33,767,084	11	55,874,901
	12	Investments—other securities See Part IV, line 11				26,159,600	12	262,192
	13	Investments—program-related See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11				69,410	15	53,602
16	Total assets. Add lines 1 through 15 (must equal line 34)				73,430,613	16	69,516,192	
Liabilities	17	Accounts payable and accrued expenses				610,517	17	729,477
	18	Grants payable					18	279,405
	19	Deferred revenue				9,793	19	8,576
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties				5,961,307	23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities Complete Part X of Schedule D				20,385	25	4,120
	26	Total liabilities. Add lines 17 through 25				6,602,002	26	1,021,578
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				65,870,632	27	67,445,610
	28	Temporarily restricted net assets				698,379	28	786,812
	29	Permanently restricted net assets				259,600	29	262,192
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				66,828,611	33	68,494,614
	34	Total liabilities and net assets/fund balances				73,430,613	34	69,516,192

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .		

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization SHARE FOUNDATION	Employer identification number 71-0236863
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

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

5

☐

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).**

7

☐

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)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

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)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

☐

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a**33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

b**33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

20**Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

☐

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 71-0236863
Name: SHARE FOUNDATION

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	741,999	741,999		
INVESTMENT EXPENSES	428,415		428,415	
REPAIRS & MAINTENANCE	121,398	114,464	6,934	
EMPLOYEE & VOLUNTEER TR	57,051	51,232	4,165	1,654
OUTSIDE ASSISTANCE	54,129	54,129		

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SHARE FOUNDATION

Employer identification number
71-0236863

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1
2	Aggregate contributions to (during year)	13,854
3	Aggregate grants from (during year)	79
4	Aggregate value at end of year	123,375
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$

b

Assets included in Form 990, Part X ▶ \$

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	259,600	259,600			
b Contributions					
c Investment earnings or losses	2,592				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	262,192	259,600			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

%

b

Permanent endowment ▶

100 000 %

%

c

Term endowment ▶

%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		900,600		900,600
b Buildings		15,061,121	5,105,879	9,955,242
c Leasehold improvements		818,836	452,372	366,464
d Equipment		1,711,910	1,070,707	641,203
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				11,863,509

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,898,889
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,459,984
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,561,095
4	Net unrealized gains (losses) on investments	4	4,939,960
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-712,862
9	Total adjustments (net) Add lines 4 - 8	9	4,227,098
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,666,003

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,147,194
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,939,960
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	4,939,960
3	Subtract line 2e from line 1	3	6,207,234
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	428,415
b	Other (Describe in Part XIV)	4b	263,241
c	Add lines 4a and 4b	4c	691,656
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,898,890

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,481,191
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	449,623
e	Add lines 2a through 2d	2e	449,623
3	Subtract line 2e from line 1	3	9,031,568
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	428,415
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	428,415
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,459,983

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part III, Line 1a		Art Collection-Works of art, which were acquired through purchases and contributions in accordance with FAS-116, are not recognized as assets on the statement of financial position. Purchases of collection items are recorded as decreases in unrestricted net assets in the year in which the items are acquired, or as temporarily or permanently restricted net assets if the assets used to purchase the items are restricted by donors. Proceeds from deaccessions or insurance recoveries are reflected as increases in the appropriate net asset classes. At December 31, 1996, the Organizations art collection had an appraised value of \$346,050. No appraisal has been performed subsequent to this date. The Organization has also received contributions of 28 paintings during the years ended December 31, 1997 through December 31, 2008 with an approximate value of \$13,950.
		PART XII LINE 4B - ADJUSTMENTS ARE DUE TO RENTAL EXPENSES, DIRECT FUNDRAISING EXPENSES AND BAD DEBT BEING NETTED AGAINST REVENUES ON FORM 990 AND INCLUDED AS EXPENSES ON FINANCIAL STATEMENTS. PART XIII LINE 4B - ADJUSTMENTS ARE DUE TO RENTAL EXPENSES, DIRECT FUNDRAISING EXPENSES AND BAD DEBT BEING INCLUDED AS EXPENSES ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUES FOR THE FORM 990.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
SHARE FOUNDATION

Employer identification number
71-0236863

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GOLF TOURNAMENT</u>	<u>HOSPICE FOLLIES</u>	<u>7</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	99,189	46,858	27,562	173,609	
	2	Less Charitable contributions					
3	Gross income (line 1 minus line 2)	99,189	46,858	27,562	173,609		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	51,494	26,040	22,365	99,899	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					99,899
	11	Net income summary Combine lines 3, column d, and line 10. ▶					73,710

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility 13a		
b An outside facility 13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
☐ Director/officer ☐ Employee ☐ Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SHARE FOUNDATION

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

71-0236863

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS	13	23,303			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Software ID:
Software Version:
EIN: 71-0236863
Name: SHARE FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF EL DORADO			17,500				WAGES & SUPPLIES FOR SOCIAL WORKER
CASA			32,550				PARTIAL SALARY FOR UNION CTY VOLUNEER COORDINATOR
SOUTH ARKANSAS FIGHTS AIDS			29,628				SALARIES & BENEFITS
HANNAH MEDICAL CENTER			46,300				SEXUAL INTEGRITY PROGRAM
MISCELLANEOUS MINI-GRANTS			2,900				MISC EQUIPMENT PURCHASES AND FINCIAL AID TO OTHER NON-PROFIT ORGANIZATIONS
SOUTH ARKANSAS DEVELOPMENTAL CENTER			50,379				CLASSROOM FURNISHINGS
TURNING POINT			30,500				SALARY EXPENSES
BOY SCOUTS			32,795				VARIOUS PROGRAMS/FACILITY IMPROVEMENTS
CAMP FIRE			17,713				VARIOUS PROGRAMS/FACILITY IMPROVEMENTS
COMMUNITY LIVING ARRANGEMENTS			18,041				PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL DORADO CONNECTIONS			26,500				PROGRAM SERVICES
GIRL SCOUTS			3,000				PROGRAM SERVICES
HABITAT FOR HUMANITY			1,023				PROGRAM SERVICES
REACH OUT & READ			6,749				PROGRAM SERVICES
SALVATION ARMY			57,700				PROGRAM SERVICES
SOUTH ARK COMMUNITY COLLEGE-SINGLE PARENT SCH FD			17,100				SCHOLARSHIPS
HOPE LANDING			46,100				PROGRAM SERVICES/FACILITY IMPROVEMENT
UAMSAHEC			8,000				PROGRAM SERVICES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
SHARE FOUNDATION

Employer identification number
71-0236863

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification and gross-up payments ☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☐ Compensation committee ☐ Written employment contract		
	☐ Independent compensation consultant ☒ Compensation survey or study		
	☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
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OMB No 1545-0047

Open to Public Inspection

Name of the organization
SHARE FOUNDATION

Employer identification number

71-0236863

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person

(b) Description of transaction

(c) Corrected?
Yes No

Part II **Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose

(b) Loan to or from the organization?

To	From

(c)Original
principal amount

(d) Balance due

(e) In default?
Yes

(f) Approved by board or committee?

Yes	No

(g) Written agreement?

Yes **No**

Total ▶ \$

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) Amount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Yes **No**

KNOW WHITE

BOARD MEMBER

333 PURCHASE OF MARKETING
ITEMS

No

DR MATT CALLAWAY

BOARD MEMBER

40,758 CONTRACT PAYMENTS AS
MEDICAL DIRECTOR FOR
HOSPICE

No

Cat No 50056A

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
SHARE FOUNDATION

Employer identification number
71-0236863

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	3	96,338	market
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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	ORGANIZATION USED AN INVESTMENT COMPANY TO RECEIVE CONTRIBUTIONS OF STOCKS AND THEIR POLICY IS TO SELL THE STOCK CERTIFICATES UPON RECEIPT

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

Name of the organization SHARE FOUNDATION	Employer identification number 71-0236863
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Organization's Board receives the 990 w ith their board packet to review prior to meeting At the meeting they are afforded a question/answ er time w ith preparer
Form 990, Part VI, Section B, line 12c		The Organization has a disclosure form that the Board members sign annually w hich states that they have read and understood the Conflict of Interest Policy and that they agree to comply w ith stated policy Any new Board members receive the policy and signs the disclosure as part of Board member orientation
Form 990, Part VI, Section B, line 15		COMPENSATION AND BENEFITS With respect to employment, compensation and benefits to employees, consultants, contract w orkers and volunteers, the Board and the President/COO shall operate SHARE Foundation in a manner w hich is legal, ethical, nondiscriminatory and protects SHARE's public image, fiscal integrity and tax-exempt status A "disqualified person" is defined as anyone in a position to exercise substantial influence over SHARE Foundation The Board of Directors of SHARE Foundation shall conduct an annual analysis of the reasonableness of the compensation and benefits for the President/COO, The Executive Director of HealthWorks/Vice-President of Construction and any other "disqualified person" based on comparability data, to the extent that such comparability data is available In no instance shall excess benefits (value of compensation in excess of market value of services or in excess of the benefit provided to SHARE) be given to a disqualified person Full Board approval of the compensation for the President/COO, The Executive Director of HealthWorks/Vice-President of Construction and any other disqualified person is required and shall be documented in the minutes of the meeting in w hich the approval occurred The IRS Rebuttable Presumption Checklist w ill be completed on each disqualified person outlining the documentation of the process used by the Board to review and determine the reasonableness of the compensation approved The Rebuttable Presumption Checklist w ill be review ed and approved by the Board and included in the minutes of the meeting in w hich it w as approved Compensation and benefits shall be flexible enough to attract and retain employees w ho are best able to assist SHARE in achieving its mission, including the ability to attract a diverse w orkforce and provide opportunities for professional growth Only the Board of Directors can change the President/COOs compensation and benefits The President/COO shall not incur any compensation or benefit obligations over a longer term than revenues can safely be projected, in no event longer than one year, and in all events subject to losses of revenue
Form 990, Part VI, Section C, line 19		All documents are maintained at the office located at 403 West Oak, suite 100, El Dorado, AR 71730 Any persons interested may review them at the office or copies are provided if requested
Form 990, Part I, Line 1	SIGNIFICANT ACTIVITIES	Life Touch Hospice Life Touch Hospice provides an interdisciplinary team approach to the care of families with life limiting illnesses Life Touch Hospice provided over \$173,000 in charitable care to patients and families in 2009 and cared for 480 patients w thin the service area of Bradley, Calhoun, Columbia, Ouachita and Union counties Staff traveled 288,053 miles to serve patients and families in their homes or nursing homes Approximately 65% of our patients do not have cancer In 2009, the top five life-limiting illnesses of Life Touch patients (other than cancer) w ere Alzheimers/Dementia, Heart Disease, and Respiratory/COPD/Emphysema Life Touch Hospice trained volunteers logged over 5,980 service hours in 2009 The Volunteer Program w as expanded to include 11th Hour and Bereavement services In recognition of our patients, Life Touch Hospice hosted four Memorial Services Each month the Bereavement Program offered support to an average of 397 individuals following the death of their loved ones 2010-2012 Strategic Plan Goals Goal #1 Establish a Learning Culture - Development of our People Objective Implement The Model/Create a Continuous Improvement position and reduce employee turnover Goal #2 Outreach Objective Fill Outreach position and raise awareness of our care and services to offer timely access Goal #3 Improve Technology Efficiency Objective Staff to possess a w orking know ledge of applicable softw are programs Goal #4 Good Stew ardship Objective Manage to Best Practices Goal #5 Continuous Sustained Improvement in Patient Care Objective Provide a predictable high-quality hospice experience to everyone HealthWorks Fitness Center is a wellness center venture structured to impact adverse health outcomes that are preventable The local YWCA shared the vision of improving health and w ell being for our community and donated its fitness facility in June of 2002 After extensive renovations and expansions, HealthWorks Fitness Center now has 4,800 active members with over 1,250,000 visits since June of 2002 Our assistance program, w hich is now being implemented in several other facilities nationwide, is up to 285 memberships Individuals w ith a medical need and w ho meet income eligibility criteria are given family memberships to HealthWorks at no cost to them Because of this over 451 local residents make use of the facilities at HFC This program is fully funded by SHARE and translates to \$285,000 annually back to the community The most mature member is 94 We have active members from over 40 different zip codes Over 90% of all physician offices in this region have at some point referred a patient into our clinical or assistance programs In 2009 w e conducted over 1055 Red Cross Sw im Lessons The HFC national Internship program is a semester long comprehensive study that prepares the student for many aspects of the fitness industry, including in Cardiac Rehabilitation, Pulmonary Rehabilitation, Physical Therapy, basic disease management, programming, group exercise, and customer service Over the years w e have had 25 students complete this program at HFC HealthWorks sw immers Competed in the Junior Olympic Games August 1st 5th held in Hampton Rhoads Virginia placing 2nd out of 35 clubs September our yr-round team began practice w e have three levels and our Master program October 16th w e w ill host the first ever International Invitational sw im meet w ith the guest team coming from Bad Bergzabern Germany The German team w ill consist of 16 sw immers and tw o Coaches they w ill arrive Monday 11th and stay ten days June 5th Launched Body Pump Release # 73 We have seen a significant increase in classes beginning immediately after launch continue w orking with Membership tracking and recording new members due to Les Mills and those that have been inactive HFC members now using the facility because of the new classes July 16-18 Body COMBAT training w as held here at HFC We had seven HFC staff and tw o members (along w ith 3 out of tow n instructors) attend the training Seven staff members endured and completed the INTENSE 3 day training Body COMBAT launched August 21st Our gymnastics program, TURBO TUMBLIN, began the 2010-2011 year on August 24th Classes are Tuesdays 4 00-4 30 pm for 4, 5, & 6 yr olds, Tuesdays 4 30 5 00pm for 7, 8 & 9 yr olds, and Thursdays 4 00 5 00 pm for ages 10 & up 30 mn classes are \$30 & \$35* per months, 1 hour class is \$40 & \$45* per month TURBO TUMBLIN is under the direction of Betsy Eads

Identifier	Return Reference	Explanation
fORM 990, Part I, Line 1	SIGNIFICANT ACTIVITIES-CONTINUED	HealthWorks STARZ also convened in August for the 2010-2011 year This is an Arkansas All Star Competitive Cheer league for boys and girls ages 5-17 Practice is every Monday at the 1st United Methodist Hannah Bldg Blue Stars (beginners) meet 4 45-5 30 pm Gold Starz (advanced) meet from 5 30- 6 30pm Monthly dues are \$40 and \$45* Starz are under the direction of Amy Webb Due to the River City Triathlon in Bossier being on Aug 1st, our numbers w ere low By changing the date to August 28th w e doubled our numbers of entries and ended up w ith 42 Nancy Bailey from Magnolia introduced our new Matter of Balance training and Vicky DeYampert presented a PPT explaining the importance of fall proofing your home South Arkansas Center on Aging furnished lunch for this large group The Matter of Balance training began Tuesday, October 5th This class w ill be held every Tuesday and Thursday from 1 30 to 3 30 in the Conference Room A Matter of Balance is designed to reduce fear of falling and increase activity levels among older adults w ho manifest this concern Interfaith Clinic Interfaith Clinic provides primary medical care to a low income population, primarily the w orking uninsured Interfaith Clinics Medical Professionals provided 8,792 patient encounters in 2009 This includes phone triages, patient visits, and dental clinic visits The staff processed 12,445 prescription assistance applications for patients of Interfaith to pharmaceutical companies for a cost saving of \$5,018,814 72 The Nursing Home Reuse program enabled Interfaith volunteer pharmacists to dispense medications to patients valued at \$88,360 21 Interfaith Clinic assisted 147 non-clinic patients w ith purchasing medicine, applying for Medicare Part D, and referrals Dental care w as provided to 124 patients in 2009 We now have clothing rooms for men, w omen, and children to come and get needed clothes Approximately 300 volunteers have been a tremendous help to us A number of organizations, institutions and churches made monetary contributions to the Clinic Chaplaincy Services and Education Chaplaincy Services and Education provide spiritual care, emotional support and crisis ministry to Medical Center of South Arkansas patients, their families and MCSA employees For 2009 Chaplaincy Services and Education averaged 95 inpatient visits per month, attended almost 10 deaths per month and facilitated organ and tissue donation The Director is on the staff of SHARE Volunteers in the Chaplaincy program include fourteen Associates, Assistants and/or Interns Clinical Pastoral Education (CPE) is designed for persons engaged in ministry w ithin commuting distance of El Dorado Part-time CPE students serve as Chaplain Interns under supervision to assigned areas throughout the Medical Center of South Arkansas, providing a rich base of pastoral experience and myriad opportunities for personal and professional development Students also have the opportunity to evaluate pastoral care in their ow n congregations PRIDE Youth Programs is a component of the prevention impact of SHARE Foundation because drug use is one of the leading causes of death for youth in our country PRIDE provides age appropriate programs designed to educate and motivate youth and families in the development of healthy drug free lifestyles PRIDE Youth Programs hosted three CHAMPS (Champs Have and Model Positive Peer Skills) trainings for all 4th grade students in the El Dorado School District PRIDE Youth Programs hosted tw o R E A L (Responsible Educated Adolescent Leaders) trainings, one training for Union County 5th 6th grade students and the other training for Union County 7th 8th grade students Over 300 9th grade students at El Dorado High School attended one of three PRIDE-sponsored Teen Time Trainings designed to foster sensitivity and to prevent youth violence PRIDE Youth Programs hosted tw o Best Friends/Worst Enemies Trainings targeting Union County girls in grades 5-6 and the second training targeted girls in grades 7-8 PRIDE Youth Programs also hosted a training designed for young males called Real Men The first day of this training targeted 5th and 6th grade males and the second day targeted 7th and 8th grade males Twelve Union County PRIDE students w ere selected to the 35-member Arkansas State PRIDE Team Selected to the team w as one student from Norphlet High School , six students from Smackover High School , and six students from El Dorado High School Three El Dorado High School PRIDE members w ere selected for the 2010 National PRIDE Team El Dorado High School PRIDE member, Tyler Ritz w as selected as the National PRIDE Idol As National PRIDE Idol, Tyler w ill record a song w ith Mason Productions in Kansas City , MO and w ill be featured in April at the 2011 National PRIDE Conference in Toledo, OH El Dorado PRIDE member, Morgan Green w as awarded a National PRIDE Community Service Award El Dorado s PRIDE w as honored as the 2010 National Team of the Year As the Arkansas office of PRIDE Youth Programs, the PRIDE Staff hosted the 2010 Arkansas PRIDE Conference at the Hot Springs Convention Center w ith over 450 youth and adults in attendance

Related Organizations and Unrelated Partnerships

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Employer identification number

71-0236863

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(f)
Direct controlling
entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(f)
Direct controlling
entity

Part 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	(c) Legal domicile (state or foreign country)	(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 K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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
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Part V Transactions With Related Organizations

Yes	No
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1a		No
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1b		No
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1c		No
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1d		No
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1e		No
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1f		No
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1g		No
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1h		No
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1i	Yes	
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1j		No
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1k		No
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11	Yes	
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1m		No
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1n		No
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1o		No
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1p		No
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1q		No
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1r		No
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Schedule R (Form 990) 2009

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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No