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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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 W OAK

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 $ 7,785,834

F Name and address of principal officer
LINDA STRINGFELLOW
403 W OAK
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) ☐ 501(c) ( ) ◀ (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

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**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	206
6	Total number of volunteers (estimate if necessary)	**6**	322
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-118,667
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-186,993

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,735,489	1,916,838
9	Program service revenue (Part VIII, line 2g)	3,968,128	3,996,206
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	212,505	1,436,632
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	982,767	239,123
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,898,889	7,588,799
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	787,180	995,101
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,955,200	5,073,411
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶156,214		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,717,604	3,417,701
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,459,984	9,486,213
19	Revenue less expenses Subtract line 18 from line 12	-2,561,095	-1,897,414

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	69,516,192	68,029,456
21	Total liabilities (Part X, line 26)	1,021,578	1,103,281
22	Net assets or fund balances Subtract line 21 from line 20	68,494,614	66,926,175

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** Signature of officer — 2011-10-31 Date

LINDA STRINGFELLOW PRESIDENT/COO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
REGINA A LAMBERT	REGINA A LAMBERT		☑	

Firm's name ▶ EVERS COX & GOBER PLLC — Firm's EIN ▶

Firm's address ▶ 451 NORTH WASHINGTON
EL DORADO, AR 71730 — Phone no ▶ (870) 862-9950

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO IDENTIFY, DEVELOP AND FOSTER PROGRAMS AND SERVICES THAT FURTHER THE HEALTH AND WELL BEING OF THE PEOPLE OF OUR COMMUNITY AND SURROUNDING AREAS

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 $ 8,276,382 including grants of $ 301,776) (Revenue $ 3,996,206)

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 SERVICES 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 ORGANIZATION'S WEBSITE WHICH IS WWW SHAREFOUNDATION COM

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 8,276,382

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	80		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	206		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 10		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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		No
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		

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) STEVE COSSE' CHAIRMAN	50	X		X				0	0	0
(2) KNOX WHITE VICE CHAIRMAN	50	X		X				0	0	0
(3) STEVE COUSINS SECRETARY	50	X		X				0	0	0
(4) MATT CALLAWAY MD BOARD MEMBER	50	X						0	0	0
(5) DIANE MURFEE BOARD MEMBER	50	X						0	0	0
(6) STEPHEN SMART DDS BOARD MEMBER	50	X						0	0	0
(7) ROBERT REYNOLDS BOARD MEMBER	50	X						0	0	0
(8) STEVE CAMERON BOARD MEMBER	50	X						0	0	0
(9) ALLAN S PIRNIQUE MD BOARD MEMBER	50	X						0	0	0
(10) TERRY NORMAN BOARD MEMBER	50	X						0	0	0
(11) DEBORAH NOLAN BOARD MEMBER	50	X						0	0	0
(12) LINDA D STRINGFELLOW PRESIDENT/COO	55 00			X	X	X		178,778	0	21,620
(13) MIKE DUPUIS HEALTHWORK EX	40 00				X	X		142,939	0	12,194
(14) DEANNA L HOPSON STAFF PHYSICIAN	40 00					X		113,913	0	10,505

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								435,630	0	44,319

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? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
HUDSON MEMORIAL NURSING HOME 700 NORTH COLLEGE EL DORADO, AR 71730	HOSPICE PATIENTS ROOM & BOARD	228,680
HOSPISCRIPT SERVICES LLC P O BOX 993273 ATLANTA, GA 31193	MEDICATIONS	219,061
MEDICAL CENTER OF SO ARK LLC P O BOX 1998 EL DORADO, AR 71730	LAB & DIAGNOSTICS	199,449
SERVPRO OF MONROEW MONROE P O BOX 14141 MONROE, LA 71207	RESTORATION/CLEANING	143,933
COLAMBRA OPERATIONS 38 WARNOCK SPRINGS RD MAGNOLIA, AR 71753	HOSPICE PATIENTS ROOM & BOARD	118,220

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 ▶ 5

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	1,144,966				
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	528,776				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	243,096				
	g Noncash contributions included in lines 1a-1f $	74,725				
	h **Total.** Add lines 1a-1f ▶		1,916,838			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENU	900099	3,747,187	3,747,187		
	b HEALTH WELLNESS REVENU	900099	249,019	249,019		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶		3,996,206			
	3 Investment income (including dividends, interest and other similar amounts) ▶		1,461,240			1,461,240
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents	190,167				
	b Less rental expenses	95,066				
	c Rental income or (loss)	95,101				
	d Net rental income or (loss) ▶		95,101			95,101
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses	24,608				
	c Gain or (loss)	-24,608				
	d Net gain or (loss) ▶		-24,608			-24,608
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a	136,453				
	b Less direct expenses b	77,361				
	c Net income or (loss) from fundraising events ▶		59,092			59,092
	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 ALTERNATIVE INVESTMENT	900001	186,046			186,046
	b CENTRAL PARK GR-UBTI K	523000	70,896		70,896	
	c CENTRAL PARK GR-UBTI K	523000	24,771		24,771	
	d All other revenue		-196,783		-214,334	17,551
	e **Total.** Add lines 11a–11d ▶		84,930			
	12 **Total revenue.** See Instructions ▶		7,588,799	3,996,206	-118,667	1,794,422

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	995,101	995,101		
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	178,778	159,112	14,302	5,364
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	3,859,967	3,451,526	292,643	115,798
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	258,479	230,046	20,678	7,755
9 Other employee benefits	467,223	418,732	34,475	14,016
10 Payroll taxes	308,964	276,214	23,481	9,269
a Fees for services (non-employees) Management				
b Legal	10,055		10,055	
c Accounting	13,000		13,000	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	59,760		59,760	
12 Advertising and promotion	57,634	52,955	4,502	177
13 Office expenses	191,517	174,493	14,834	2,190
14 Information technology				
15 Royalties				
16 Occupancy	544,061	529,782	14,279	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	199,597	183,958	15,639	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	769,578	769,578		
23 Insurance	183,437	144,274	39,163	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MEDICAL SUPPLIES	697,421	697,421		
b INVESTMENT EXPENSES	487,786		487,786	
c OUTSIDE ASSISTANCE	53,424	53,424		
d EMPLOYEE & VOLUNTEER TR	49,079	45,234	3,845	
e DUES & SUBSCRIPTIONS	38,486	34,762	2,955	769
f All other expenses	62,866	59,770	2,220	876
25 **Total functional expenses.** Add lines 1 through 24f	9,486,213	8,276,382	1,053,617	156,214
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		320,610	1	246,772
	2	Savings and temporary cash investments		370,216	2	65,144
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		751,653	4	728,764
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		19,509	9	24,947
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 18,660,228			
	b	Less accumulated depreciation	10b 7,416,889	11,863,509	10c	11,243,339
	11	Investments—publicly traded securities		55,874,901	11	367,077
	12	Investments—other securities See Part IV, line 11		262,192	12	55,285,898
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		53,602	15	67,515
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		69,516,192	16	68,029,456
Liabilities	17	Accounts payable and accrued expenses		729,477	17	807,849
	18	Grants payable		279,405	18	287,347
	19	Deferred revenue		8,576	19	4,113
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		4,120	25	3,972
	26	**Total liabilities.** Add lines 17 through 25		1,021,578	26	1,103,281
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		67,445,610	27	66,023,648
	28	Temporarily restricted net assets		786,812	28	639,743
	29	Permanently restricted net assets		262,192	29	262,784
		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		68,494,614	33	66,926,175
	34	Total liabilities and net assets/fund balances		69,516,192	34	68,029,456

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	7,588,799
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,486,213
3	Revenue less expenses Subtract line 2 from line 1	3	-1,897,414
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	68,494,614
5	Other changes in net assets or fund balances (explain in Schedule O)	5	328,975
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	66,926,175

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated 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?	3a	Yes	
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 . .	3b	Yes	

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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

2010

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 described in **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 331/3% 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 331/3% 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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

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)		
3	Aggregate grants from (during year)	505	
4	Aggregate value at end of year	122,870	

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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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 ▶ $ _____

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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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	262,192	259,600	259,600		
b Contributions					
c Investment earnings or losses	592	2,592			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	262,784	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

		Yes	No
(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		15,244,771	5,742,346	9,502,425
c Leasehold improvements		830,547	530,411	300,136
d Equipment		1,684,310	1,144,132	540,178
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				11,243,339

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FIXED INCOME SECURITIES	2,284,451	F
(B) EQUITY SECURITIES	21,175,923	F
(C) ALTERNATIVE INVESTMENT FUNDS	31,825,524	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	55,285,898	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
REFUNDABLE ADVANCES	3,972
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,972

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	7,588,799
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,486,213
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,897,414
4	Net unrealized gains (losses) on investments	4	328,975
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	328,975
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,568,439

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	7,639,310
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	328,975		
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	328,975
3	Subtract line **2e** from line **1**			3	7,310,335
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	487,786		
b	Other (Describe in Part XIV)	4b	-209,322		
c	Add lines **4a** and **4b**			4c	278,464
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	7,588,799

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	9,207,749
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	209,322		
e	Add lines **2a** through **2d**			2e	209,322
3	Subtract line **2e** from line **1**			3	8,998,427
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	487,786		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	487,786
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,486,213

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 FASB ASC, 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 ORGANIZATION'S 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

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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

2010

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.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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 services? ☐ **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 and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
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.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 PECAN SALES (event type)	(c) Other Events 7 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	108,847	12,108	15,498	136,453
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	108,847	12,108	15,498	136,453
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	64,347	11,206	1,808	77,361
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				77,361
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				59,092

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				
Direct Expenses	2 Cash prizes				
	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 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
SHARE FOUNDATION

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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 . . . ▶ 15

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
(1) SCHOLARSHIPS	23	82,605			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ORGANIZATION REQUIRES FINANCIAL STATEMENTS AND REPORTS TO BE SUBMITTED BY RECIPIENTS

Additional Data Return to Form

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			21,300				WAGES & SUPPLIES FOR SOCIAL WORKER
CASA			35,000				PARTIAL SALARY FOR UNION CTY VOLUNEER COORDINATOR
HANNAH MEDICAL CENTER			25,132				SEXUAL INTEGRITY PROGRAM
MISCELLANEOUS MINI-GRANTS			13,129				MISC EQUIPMENT PURCHASES AND FINCIAL AID TO OTHER NON-PROFIT ORGANIZATIONS
TURNING POINT			14,500				SALARY EXPENSES
BOY SCOUTS			11,300				VARIOUS PROGRAMS/FACILITY IMPROVEMENTS
SOUTH ARK SUBSTANCE ABUSE			34,000				VARIOUS PROGRAMS/FACILITY IMPROVEMENTS
COMMUNITY LIVING ARRANGEMENTS			5,000				PROGRAMS
EL DORADO CONNECTIONS			17,200				PROGRAM SERVICES
SMACKOVER PUBLIC SCHOOLS			7,900				PROGRAM SERVICES
THE MIRACLE LEAGUE			12,200				PROGRAM SERVICES
EL DORADO EDUCATION FOUNDATION			19,559				PROGRAM SERVICES

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
SALVATION ARMY			25,000				PROGRAM SERVICES
HOPE LANDING			40,000				PROGRAM SERVICES/FACILITY IMPROVEMENT
UAMSAHEC			20,556				PROGRAM SERVICES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2010

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Name of the organization
SHARE FOUNDATION

Employer identification number
71-0236863

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 orprovision 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 from the organization or a related organization?	**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 accured 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**		

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

For each individual whose compensation must be reported 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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA D STRINGFELLOW	(i)	177,056	0	1,722	0	21,620	200,398	0
	(ii)	0	0	0	0	0	0	0
(2) MIKE DUPUIS	(i)	142,512	0	427	0	12,194	155,133	0
	(ii)	0	0	0	0	0	0	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

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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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

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	No	(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
(1) DR MATT CALLAWAY	BOARD MEMBER	32,394	CONTRACT PAYMENTS AS MEDICAL DIRECTOR FOR HOSPICE		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SHARE FOUNDATION

Employer identification number
71-0236863

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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	74,725	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**

		Yes	No
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? **30a**		No
b	If "Yes," describe the arrangement in Part II		
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 USES AN INVESTMENT COMPANY TO RECEIVE CONTRIBUTIONS OF STOCKS AND THEIR POLICY IS TO SELL THE STOCK CERTIFICATES UPON RECEIPT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493307011341

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SHARE FOUNDATION

Employer identification number
71-0236863

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE ORGANIZATION'S BOARD RECEIVES THE 990 WITH THEIR BOARD PACKET TO REVIEW PRIOR TO MAILING AT THE MEETING THEY ARE AFFORDED A QUESTION/ANSWER TIME WITH PREPARER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A DISCLOSURE FORM THAT THE BOARD MEMBERS SIGN ANNUALLY WHICH STATES THAT THEY HAVE READ AND UNDERSTOOD THE CONFLICT OF INTEREST POLICY AND THAT THEY AGREE TO COMPLY WITH STATED POLICY ANY NEW BOARD MEMBERS RECEIVE THE POLICY AND SIGNS THE DISCLOSURE AS PART OF BOARD MEMBER ORIENTATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION AND BENEFITS WITH RESPECT TO EMPLOYMENT, COMPENSATION AND BENEFITS TO EMPLOYEES, CONSULTANTS, CONTRACT WORKERS AND VOLUNTEERS, THE BOARD AND THE PRESIDENT/COO SHALL OPERATE SHARE FOUNDATION IN A MANNER WHICH 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 WHICH THE APPROVAL OCCURRED THE IRS REBUTTABLE PRESUMPTION CHECKLIST WILL 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 WILL BE REVIEWED AND APPROVED BY THE BOARD AND INCLUDED IN THE MINUTES OF THE MEETING IN WHICH IT WAS APPROVED COMPENSATION AND BENEFITS SHALL BE FLEXIBLE ENOUGH TO ATTRACT AND RETAIN EMPLOYEES WHO ARE BEST ABLE TO ASSIST SHARE IN ACHIEVING ITS MISSION, INCLUDING THE ABILITY TO ATTRACT A DIVERSE WORKFORCE AND PROVIDE OPPORTUNITIES FOR PROFESSIONAL GROWTH ONLY THE BOARD OF DIRECTORS CAN CHANGE THE PRESIDENT/COO'S 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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 328,975

Identifier	Return Reference	Explanation
SIGNIFICANT ACTIVITIES	FORM 990, PART I, LINE 1	STATEMENT OF PROGRAM SERVICE ACTIVITIES FRAMEWORK FOR THE 2010-2012 SHARE FOUNDATION STRATEGIC PLAN MISSION TO IDENTIFY, DEVELOP AND FOSTER PROGRAMS AND SERVICES THAT FURTHER THE HEALTH AND WELL BEING OF THE PEOPLE OF OUR COMMUNITY AND SURROUNDING AREAS VISION AND VALUES THE VISION OF SHARE IS TO BUILD A HEALTHIER COMMUNITY THE VALUES OF SHARE ARE DEPTH OF COMMITMENT, QUALITY OF SERVICE, AND DEVOTION TO EXCELLENCE SHARE WILL ACCOMPLISH ITS MISSION AND REALIZE ITS VISION BY 1 CONTRIBUTING TO THE WELL BEING OF FAMILIES IN CRISIS BY MINISTERING THROUGH LIFE TOUCH HOSPICE TO INDIVIDUALS AND THEIR FAMILIES WITH LIFE LIMITING CONDITIONS, 2 PROMOTING HEALTH AND WELLNESS THROUGH HEALTHWORKS FITNESS CENTER, 3 INCREASING ACCESS TO PRIMARY HEALTH AND DENTAL CARE, PRESCRIPTION MEDICATION ASSISTANCE AND HEALTH EDUCATION THROUGH INTERFAITH CLINIC, 4 REDUCING THE RISK OF DRUG USE AMONG OUR YOUNG PEOPLE THROUGH THE PREVENTION EFFORTS OF PRIDE YOUTH PROGRAMS, 5 PROVIDING SPIRITUAL CARE TO PATIENTS, FAMILIES, STAFF AND VOLUNTEERS OF MEDICAL CENTER OF SOUTH ARKANSAS AND PROVIDING CLINICAL PASTORAL EDUCATION TO VOLUNTEER CHAPLAIN ASSOCIATES AND ASSISTANTS THROUGH CHAPLAINCY SERVICES, 6 AWARDING GRANTS TO OTHER NON-PROFIT ORGANIZATIONS WHOSE PROGRAMS SERVE TO FURTHER THE HEALTH AND WELL BEING OF THE PEOPLE OF OUR COMMUNITY AND SURROUNDING AREAS, 7 PROVIDING SCHOLARSHIP ASSISTANCE FOR HEALTH RELATED AND PUBLIC EDUCATION CAREERS, AND 8 CONSIDERING NEW INITIATIVES CONSISTENT WITH THE MISSION AND VISION THAT ARE DESIGNED TO ADDRESS UNMET NEEDS THE TWO CORE STRATEGIC OBJECTIVES OF EVERY PROGRAM AND SERVICE PROVIDED BY SHARE ARE 1 TO BE THE EMPLOYER OF CHOICE IN OUR COMMUNITY AS WE IMPLEMENT STRATEGIES DESIGNED TO RECRUIT AND RETAIN A-PLAYERS, RECOGNIZING THAT OUR EMPLOYEES ARE OUR GREATEST ASSETS, AND 2 TO MAINTAIN A CULTURE OF QUALITY AND EXCELLENCE BOTH INTERNALLY AND EXTERNALLY 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 $68,000 IN CHARITABLE CARE TO PATIENTS AND FAMILIES IN 2010 AND CARED FOR 487 PATIENTS WITHIN THE SERVICE AREA OF BRADLEY,CALHOUN,COLUMBIA, OUACHITA AND UNION COUNTIES STAFF TRAVELED 320,000 MILES TO SERVE PATIENTS AND FAMILIES IN THEIR HOMES OR NURSING HOMES APPROXIMATELY 62% OF OUR PATIENTS DO NOT HAVE CANCER IN 2010, THE TOP FIVE LIFE-LIMITING ILLNESSES OF LIFE TOUCH PATIENTS (OTHER THAN CANCER) WERE ALZHEIMER'S/DEMENTIA, HEART DISEASE, AND RESPIRATORY/COPD/EMPHYSEMA LIFE TOUCH HOSPICE TRAINED VOLUNTEERS LOGGED OVER 4,300 SERVICE HOURS IN 2010 IN RECOGNITION OF OUR PATIENTS, LIFE TOUCH HOSPICE HOSTED THREE MEMORIAL SERVICES EACH MONTH THE BEREAVEMENT PROGRAM OFFERED SUPPORT TO AN AVERAGE OF 451 INDIVIDUALS FOLLOWING THE DEATHS 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-GOAL MET IN 2010 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 WORKING KNOWLEDGE OF APPLICABLE SOFTWARE PROGRAMS GOAL #4 GOOD STEWARDSHIP 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 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 WELL BEING FOR OUR COMMUNITY AND DONATED ITS FITNESS FACILITY IN JUNE OF 2002 AFTER EXTENSIVE RENOVATIONS AND EXPANSIONS, HEALTHWORKS FITNESS CENTER HAS 4,569 ACTIVE MEMBERS WITH OVER 1,400,000 VISITS SINCE JUNE OF 2002 OUR ASSISTANCE PROGRAM, WHICH IS NOW BEING IMPLEMENTED IN SEVERAL OTHER FACILITIES NATIONWIDE, IS UP TO 285 MEMBERSHIPS INDIVIDUALS WITH A MEDICAL NEED AND WHO MEET INCOME ELIGIBILITY CRITERIA ARE GIVEN FAMILY MEMBERSHIPS TO HEALTHWORKS AT NO COST TO THEM BECAUSE OF THIS OVER 500 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 95 WE HAVE ACTIVE MEMBERS FROM OVER 38 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 THE HFC NATIONAL INTERNSHIP PROGRAM IS A SEMESTER LONG COMPREHENSIVE STUDY THAT PREPARES THE STUDENT FOR MANY ASPECTS OF THE FITNESS INDUSTRY, INCLUDING, PULMONARY REHABILITATION, PHYSICAL THERAPY, BASIC DISEASE MANAGEMENT, PROGRAMMING, GROUP EXERCISE, AND CUSTOMER SERVICE OVER THE YEARS WE HAVE HAD 25 STUDENTS COMPLETE THIS PROGRAM AT HFC AQUATICS HEALTHWORKS SWIMMERS COMPETED IN THE USA JUNIOR OLYMPIC GAMES AUGUST 1ST - 5TH HELD IN HAMPTON RHOADS, VIRGINIA PLACING 2ND SEPTEMBER OUR YEAR-ROUND TEAM BEGAN PRACTICE WE HAVE THREE LEVELS AND OUR MASTER PROGRAM OCTOBER 16TH WE WILL HOST THE FIRST EVER INTERNATIONAL INVITATIONAL SWIM MEET WITH THE GUEST TEAM COMING FROM BAD BERGZABERN GERMANY THE GERMAN TEAM WILL CONSIST OF 16 SWIMMERS AND TWO COACHES THEY WILL ARRIVE MONDAY 11TH AND STAY TEN DAYS (NEW) MASTERS PROGRAM (ADULTS OVER THE AGE OF 18) COLORADO TOUCH PAD SYSTEM ADDED (CAN HOST SANCTIONED MEETS) YEAR ROUND SWIM TEAM HAS BEGUN THEIR FIRST LONG COURSE SEASON WHICH WILL RUN THROUGH THE SUMMER USA MEET "SHORT COURSE" STATE CHAMPIONSHIP - LITTLE ROCK FEBRUARY 12 PLACED THIRD VS SEVENTH LAST YEAR SWIM CAMP SCHEDULED FOR MAY 17TH - 22ND SUMMER SWIM TEAM BEGINS MAY 25TH LIFEGUARD CLASSES STARTING MAY 21ST AND JUNE 11TH SWIM LESSONS WEEKLY 2 SESSIONS 1 00PM AND A 6 00PM MONDAY - THURSDAY 2 POOL SCHOOLS (2 HOUR CLASS COVERING SAFETY AND SWIMMING) SWIM TEAM WON THE AAU ARKANSAS STATE CHAMPIONSHIP (THREE-PEATING) GROUP EXERCISE JAN - PRESENTED DEMO CLASS OF LES MILLS BODY VIVE TO MEMBERS/GUESTS RECEIVED AND INSTALLED COMPUTERS ON SPINNING BIKES MAR - PRESENTED (2) DEMO CLASSES OF LES MILLS BODY COMBAT PROGRAM WITH GUEST INSTRUCTOR FROM MISSISSIPPI BODY PUMP LAUNCHED AT HFC ON JUNE 5TH! ALL POWER PUMP CLASSES ARE NOW BODY PUMP!

Identifier	Return Reference	Explanation
		SPINNING 8 WEEK WEIGHT LOSS IN JULY 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 DEVELOPED A ONE HOUR TAI CHI BALANCE WORKOUT THAT IS NOW BEING TAUGHT IN THE TUESDAY/THURSDAY SLOT AT 10 30 FITNESS THE INTERNS ORGANIZED AND PLANNED A SPRING PROGRAM "GET FIT AND WIN HEALTHWORKS FITQUEST 2010" THE FITQUEST KICKED OFF FEBRUARY 8TH WITH 49 PARTICIPANTS THE FITQUEST COMPETITION ENDED ON APRIL 3RD WITH AN INDOOR TRIATHLON WITH 26 PARTICIPANTS WINNERS IN THE FITQUEST COMPETITION WERE AWARDED 11 TROPHIES AND MEDALS AND THE WINNERS IN INDOOR TRIATHLON GETTING A TOTAL OF 15 TROPHIES AND MEDALS 2ND ANNUAL BOOMTOWN TRIATHLON WAS HELD JULY 31ST WITH 38 PARTICIPANTS PERSONAL TRAINING HAS PICKED UP WITH MANY PARENTS REQUESTING HELP WITH THEIR CHILDREN SEPTEMBER 23RD WE HAD A CONFERENCE ROOM FULL OF SENIOR ADULTS AND CAREGIVERS FOR A FALLS PREVENTION WORKSHOP HEALTHWORKS PARTNERED WITH MAGNOLIA'S AREA AGENCY ON AGING AND SOUTH ARKANSAS CENTER ON AGING TO FACILITATE THIS THREE HOUR WORKSHOP INTERFAITH CLINIC INTERFAITH CLINIC PROVIDES PRIMARY MEDICAL CARE TO A LOW INCOME POPULATION, PRIMARILY THE WORKING UNINSURED INTERFAITH CLINIC'S MEDICAL PROFESSIONALS PROVIDED 9,943 PATIENT ENCOUNTERS IN 2010 THIS INCLUDES PHONE TRIAGES, PATIENT VISITS, EKGS PAP SMEARS AND DENTAL CLINIC VISITS THE STAFF PROCESSED 11,381 PRESCRIPTION ASSISTANCE APPLICATIONS FOR PATIENTS OF INTERFAITH TO PHARMACEUTICAL COMPANIES FOR A COST SAVINGS TO THOSE PATIENTS OF $4,478,344 THE NURSING HOME REUSE PROGRAM ENABLED INTERFAITH VOLUNTEER PHARMACISTS TO DISPENSE MEDICATIONS TO PATIENTS VALUED AT $48,381 AT NO COST TO THOSE PATIENTS INTERFAITH CLINIC ASSISTED 329 NON-CLINIC PATIENTS WITH PURCHASING MEDICINE, APPLYING FOR MEDICARE PART D, AND REFERRALS DENTAL CARE WAS PROVIDED TO 133 PATIENTS IN 2010 INTERFAITH CLINIC MOVED TO A NEW LOCATION IN 2010 ALLOWING FOR OPERATIONAL EFFICIENCIES AND BETTER SERVICE OVERALL TO PATIENTS APPROXIMATELY 300 VOLUNTEERS HAVE BEEN A TREMENDOUS HELP TO THE WORK OF THE CLINIC A NUMBER OF ORGANIZATIONS, INSTITUTIONS AND CHURCHES MADE MONETARY CONTRIBUTIONS TO THE CLINIC CHAPLAINCY SERVICES CHAPLAINCY SERVICES PROVIDES SPIRITUAL CARE, EMOTIONAL SUPPORT AND CRISIS MINISTRY TO MEDICAL CENTER OF SOUTH ARKANSAS PATIENTS, THEIR FAMILIES AND MCSA EMPLOYEES FOR 2010 CHAPLAINCY SERVICES AVERAGED 93 INPATIENT VISITS PER MONTH, THE DIRECTOR IS ON THE STAFF OF SHARE VOLUNTEERS IN THE CHAPLAINCY PROGRAM INCLUDE TWELVE ACTIVE ASSOCIATES, ASSISTANTS AND/OR INTERNS PRIDE YOUTH PROGRAMS 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 TWO 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 TWO "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 WERE SELECTED TO THE 35-MEMBER ARKANSAS STATE PRIDE TEAM SELECTED TO THE TEAM WAS 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 WERE SELECTED FOR THE 2010 NATIONAL PRIDE TEAM EL DORADO HIGH SCHOOL PRIDE MEMBER, TYLER RITZ WAS SELECTED AS THE NATIONAL PRIDE IDOL AS NATIONAL PRIDE IDOL, TYLER WILL RECORD A SONG WITH MASON PRODUCTIONS IN KANSAS CITY , MO AND WILL BE FEATURED IN APRIL AT THE 2011 NATIONAL PRIDE CONFERENCE IN TOLEDO, OH EL DORADO PRIDE MEMBER, MORGAN GREEN WAS AWARDED A NATIONAL PRIDE COMMUNITY SERVICE AWARD EL DORADO'S PRIDE WAS 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 WITH OVER 450 YOUTH AND ADULTS IN ATTENDANCE SCHOLARSHIPS SHARE FOUNDATION ADMINISTERS 10 HEALTH RELATED SCHOLARSHIPS AND ONE PUBLIC EDUCATION SCHOLARSHIP SCHOLARSHIPS AWARDED IN 2010 TOTALED $37,674 TO 22 STUDENTS SINCE 1996, 156 DIFFERENT RECIPIENTS HAVE RECEIVED SCHOLARSHIPS TOTALING ALMOST $437,400 FOR TUITION AND BOOKS GRANTS SHARE PROVIDES FUNDING IN THE FORM OF GRANTS AS YET ANOTHER OUTREACH INTO THE COMMUNITY FROM 1997 THROUGH 2010, SHARE FOUNDATION HAS PAID 303 REGULAR AND MINI GRANTS TOTALING OVER $4 4 MILLION DOLLARS TO 75 NON-PROFIT AGENCIES IMPACTING LIVES OF UNION COUNTY RESIDENTS INITIALLY WE USED THE TOP FIVE UNMET NEEDS FROM THE 1996 "CHALLENGES WE FACE-UNION COUNTY NEEDS ASSESSMENT SURVEY" AS A FOCUS IN 1999 WE PARTNERED WITH MCSA, AHEC, THE HEALTH DEPARTMENT AND NUMEROUS COMMUNITY LEADERS AND ORGANIZATIONS IN A HEALTH NEEDS ASSESSMENT KNOWN AS PROJECT TOUCH - TREMENDOUS OPPORTUNITIES FOR UNION COUNTY HEALTH WE DEVELOPED A STAKEHOLDER GROUP REPRESENTING 30 SECTORS ACROSS UNION COUNTY TO LOOK REALISTICALLY AT OUR HEALTH NEEDS AND EXPLORE INNOVATIVE YET PRACTICAL WAYS OF ADDRESSING THOSE NEEDS AT THE LOCAL LEVEL THE FIRST ASSIGNMENT FOR THE GROUP WAS TO REDEFINE HEALTH WE ASKED THEM "WHAT DOES IT MEAN TO BE HEALTHY IN UNION COUNTY?" WE EXPECTED CANCER, HEART, WEIGHT, DRUGS BUT GOT SIDEWALKS, BATHROOMS, TRANSPORTATION AND TEACHERS WE TOOK 580 IDEAS AND CONDENSED THEM INTO DEMOGRAPHIC DATA AND 10 DIFFERENT ELEMENTS OF HEALTH EDUCATION, HEALTH BEHAVIORS, CULTURE/RECREATION, SAFETY/VIOLENCE, HEALTH SERVICES, ECONOMY, ENVIRONMENT, HOMELESSNESS/HOUSING, SUBSTANCE ABUSE & TRANSPORTATION CURRENT AND HISTORICAL DATA WAS OBTAINED TO MEASURE THE HEALTH ELEMENTS IDENTIFIED WE THEN DEVELOPED A COMMUNITY HEALTH PROFILE REPORT WHICH WAS USED TO ANALYZE AND PRIORITIZE THE 10 HEALTH ELEMENTS THIS PROCESS WAS UPDATED IN 2006 USING THE SAME METHODS AND THE SAME ELEMENTS OF HEALTH WERE IDENTIFIED BUT PRIORITIZED DIFFERENTLY

Identifier	Return Reference	Explanation
		IN 2010 SHARE INITIATED A NEW BROAD BASED, COMMUNITY ORIENTED NEEDS ASSESSMENT PROCESS TO UPDATE THE COMMUNITY HEALTH PROFILE REPORT A SURVEY INSTRUMENT WAS DEVELOPED, FOCUS GROUPS MET 11 TIMES AND A TOTAL OF 569 COMMUNITY SURVEYS WERE COMPLETED BY A WIDE CROSS SECTION OF RESIDENTS TO PROVIDE THE ASSESSMENT INFORMATION WHEN ALL WAS SAID AND DONE 63 AREAS OF NEED WERE IDENTIFIED AND THEY ALL FIT INTO THE ORIGINAL 10 ELEMENTS OF HEALTH PREVIOUSLY IDENTIFIED THE REPORT WAS WIDELY DISTRIBUTED IN UNION COUNTY TO NON-PROFITS, BUSINESSES, SCHOOLS AND GOVERNMENT OFFICIALS SHARE FOUNDATION HAS UTILIZED NEEDS ASSESSMENTS AS A METHOD FOR IDENTIFYING NEEDS WITHIN THE COMMUNITY SINCE 1997 COMMUNITY RELATIONS THE 2010 FIRST FINANCIAL BANK/SHARE FOUNDATION BENEFIT GOLF TOURNAMENT RAISED $44,500 WITH ALL FUNDS GOING DIRECTLY TO INTERFAITH CLINIC TOTAL MONEY RAISED FROM THE ANNUAL GOLF TOURNAMENT FOR THE CLINIC (SINCE 1996) IS OVER $540,000 OVER 100 VOLUNTEERS WORK THE LAST WEEKEND OF SEPTEMBER EVERY YEAR TO ENSURE A SUCCESSFUL EVENT