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

OMB No 1545-0052

2011

Department of the Treasury
Internal Revenue Service

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

For calendar year 2011, or tax year beginning

, 2011, and ending

Name of foundation SHARE FOUNDATION		A Employer identification number 37-1357922
Number and street (or P O box number if mail is not delivered to street address) 123 SW JEFFERSON	Room/suite 108	B Telephone number (see the instructions) (309) 263-0808
City or town PEORIA	State ZIP code IL 61602-1221	C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change </div> <div> <input type="checkbox"/> Initial Return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change </div> </div>		D 1 Foreign organizations, check here <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 257,280.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>				
1 Contributions, gifts, grants, etc., received (att sch)	150,000.			
2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
3 Interest on savings and temporary cash investments	1,081.	1,081.		
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain/(loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit/(loss) (att sch)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	151,081.	1,081.		
13 Compensation of officers, directors, trustees, etc				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule) L-16a Stmt	110.			110.
b Accounting fees (attach sch)				
c Other prof fees (attach sch)				
17 Interest				
18 Taxes (attach schedule) (see instrs) See Line 18 Stmt	1,076.			
19 Depreciation (attach sch) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) See Line 23 Stmt	25.			25.
24 Total operating and administrative expenses. Add lines 13 through 23	1,211.			135.
25 Contributions, gifts, grants paid	189,351.			189,351.
26 Total expenses and disbursements. Add lines 24 and 25	190,562.			189,486.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-39,481.			
b Net investment income (if negative, enter -0-)		1,081.		
c Adjusted net income (if negative, enter -0-)				

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ADMINISTRATIVE AND OPERATING EXPENSES

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash – non-interest-bearing				
	2 Savings and temporary cash investments		296,761.	257,280.	257,280.
	3 Accounts receivable				
	Less allowance for doubtful accounts				
	4 Pledges receivable				
	Less allowance for doubtful accounts				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach sch)				
	Less allowance for doubtful accounts				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments – U S and state government obligations (attach schedule)				
	b Investments – corporate stock (attach schedule)				
	c Investments – corporate bonds (attach schedule)				
	11 Investments – land, buildings, and equipment basis				
	Less accumulated depreciation (attach schedule)				
	12 Investments – mortgage loans				
	13 Investments – other (attach schedule)				
	14 Land, buildings, and equipment basis				
	Less accumulated depreciation (attach schedule)				
	15 Other assets (describe)				
	16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)		296,761.	257,280.	257,280.
LIABILITIES	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, & other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe)				
	23 Total liabilities (add lines 17 through 22)				
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>				
	27 Capital stock, trust principal, or current funds		296,761.	257,280.	
	28 Paid-in or capital surplus, or land, building, and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds				
	30 Total net assets or fund balances (see instructions)		296,761.	257,280.	
	31 Total liabilities and net assets/fund balances (see instructions)		296,761.	257,280.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	296,761.
2 Enter amount from Part I, line 27a	2	-39,481.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	257,280.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	257,280.

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) [If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7]

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

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

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

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

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

☐ Yes ☒ No

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

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2010	205,605.	0.	0.000000
2009	219,391.	0.	0.000000
2008	349,192.	0.	0.000000
2007	357,246.	0.	0.000000
2006	578,944.	0.	0.000000

2 Total of line 1, column (d)

3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

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

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

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary — see instrs)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	11.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	11.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	11.
6 Credits/Payments			
a 2011 estimated tax pmts and 2010 overpayment credited to 2011	6 a		
b Exempt foreign organizations — tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c		
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d	7		
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	11.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0.	
11 Enter the amount of line 10 to be Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) IL - Illinois		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13		X
14	The books are in care of <u>KENNETH D. BAUM</u> Telephone no <u>(309) 266-7114</u> Located at <u>866 N MAIN STREET, MORTON, IL</u> ZIP + 4 <u>61550</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country <u></u>			X

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

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

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	X

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

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?Organizations relying on a current notice regarding disaster assistance check here ☐**5b****c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

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

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

If 'Yes' to 6b, file Form 8870

6b**X****7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?**7b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

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

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

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

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

None

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		None

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 THE FOUNDATION MADE CHARITABLE CONTRIBUTIONS TO 57 DIFFERENT QUALIFYING CHARITIES DURING THE YEAR ENDED 12/31/11	189,351.
2	
3	
4	

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

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

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

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

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

1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2011 from Part VI, line 5	2 a	11.
b	Income tax for 2011 (This does not include the tax from Part VI)	2 b	
c	Add lines 2a and 2b	2 c	11.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	189,486.
b	Program-related investments — total from Part IX-B	1 b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	189,486.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	11.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	189,475.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2011				
a From 2006	578,988.			
b From 2007	357,410.			
c From 2008	349,283.			
d From 2009	219,436.			
e From 2010	205,638.			
f Total of lines 3a through e	1,710,755.			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 189,486.				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2011 distributable amount				
e Remaining amount distributed out of corpus	189,486.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,900,241.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount – see instructions			0.	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	578,988.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,321,253.			
10 Analysis of line 9:				
a Excess from 2007	357,410.			
b Excess from 2008	349,283.			
c Excess from 2009	219,436.			
d Excess from 2010	205,638.			
e Excess from 2011	189,486.			

N/A

4942(1)(5)

(4) Gross investment income

[illegible]

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
NAMI 5407 N UNIVERSITY PEORIA IL 61614		EXEMPT	CHARITABLE	1,500.
BOY SCOUTS 614 NE MADISON AVE PEORIA IL 61603		EXEMPT	CHARITABLE	6,250.
FAMILY HOUSE 1339 E NEBRASKA AVE PEORIA IL 61603		EXEMPT	CHARITABLE	15,000.
SOUTH SIDE MISSION 1127 S LARAMIE STREET PEORIA IL 61605		EXEMPT	CHARITABLE	3,900.
ST. JUDE CHILDREN'S HOSPITAL 501 ST. JUDE PLACE MEMPHIS TN 38105		EXEMPT	CHARITABLE	3,150.
EASTER SEALS 507 E ARMSTRONG PEORIA IL 61603		EXEMPT	CHARITABLE	8,800.
APOSTOLIC CHRISTIAN WORLD RELIEF P.O. BOX 36 MORTON IL 61550		EXEMPT	CHARITABLE	8,263.
NAVIGATORS P.O. BOX 6000 COLORADO SPRINGS CO 80934		EXEMPT	CHARITABLE	2,400.
APOSTOLIC CHRISTIAN CHURCH 225 E JEFFERSON MORTON IL 61550		EXEMPT	CHARITABLE	18,195.
See Line 3a statement				121,893.
Total			3a	189,351.
b Approved for future payment				
Total			3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	1,081.	
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue					
a						
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)				1,081.	
13	Total. Add line 12, columns (b), (d), and (e)				13	1,081.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

SHARE FOUNDATION

Employer identification number

37-1357922

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

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

Form 990-PF

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

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

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

General Rule

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

Special Rules

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

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

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

SHARE FOUNDATION

37-1357922

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KENNETH D BAUM 123 SW JEFFERSON, SUITE 108 PEORIA IL 61602	\$ 150,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Form 990-PF, Page 1, Part I, Line 18

Line 18 Stmt

	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
	33.			
	1,043.			

Total 1,076.

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

Line 23 Stmt

Other expenses	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
STATE FILING FEES	25.			25.

Total 25. 25.

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

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a <i>Paid during the year</i>				
LOVING SHEPARD MINISTRIES				Person or
P.O. BOX 375				Business <input checked="" type="checkbox"/>
BLUFFTON IN 46714		EXEMPT	CHARITABLE	4,000.
JUBILEE MINISTRIES				Person or
1215 N SHERIDAN ROAD				Business <input checked="" type="checkbox"/>
PEORIA IL 61606		EXEMPT	CHARITABLE	1,500.
APOSTOLIC CHRISTIAN RESTMOR				Person or
1500 PARKSIDE AVENUE				Business <input checked="" type="checkbox"/>
MORTON IL 61550		EXEMPT	CHARITABLE	500.
APOSTOLIC CHRISTIAN TIMBER RIDGE				Person or
2125 VETERANS ROAD				Business <input checked="" type="checkbox"/>
MORTON IL 61550		EXEMPT	CHARITABLE	8,000.
CIMKF				Person or
P.O. BOX 235				Business <input checked="" type="checkbox"/>
MORTON IL 61550		EXEMPT	CHARITABLE	1,000.
SALVATION ARMY				Person or
401 NE ADAMS STREET				Business <input checked="" type="checkbox"/>
PEORIA IL 61603		EXEMPT	CHARITABLE	25,250.
AIRBORNE MINISTRIES NFP				Person or
1504 E GLEN AVENUE				Business <input checked="" type="checkbox"/>
PEORIA HEIGHTS IL 61616		EXEMPT	CHARITABLE	9,568.
MORTON COMMUNITY FOUNDATION				Person or
309 N MAIN STREET				Business <input checked="" type="checkbox"/>
MORTON IL 61550		EXEMPT	CHARITABLE	10,000.
PEORIA HISTORICAL SOCIETY				Person or
611 SW WASHINGTON STREET				Business <input checked="" type="checkbox"/>
PEORIA IL 61602		EXEMPT	CHARITABLE	2,000.

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
<i>a Paid during the year</i>				
PENGUIN PROJECT 306 N MORNINGSIDE DRIVE PEORIA IL 61614		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 5,000.
LIFE SONG FOR ORPHANS P.O. BOX 40 GRIDLEY IL 61744		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 26,125.
UNIVERSITY OF ILLINOIS FOUNDATION 1305 W GREEN STREET URBANA IL 61801		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 1,000.
PEORIA BALLET COMPANY 809 W DETWEILLER DRIVE PEORIA IL 61615		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 100.
CENTRAL IL LANDMARK ASSOC P.O. BOX 495 PEORIA IL 61651		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 100.
MIDWEST FOAD BANK 9005 N INDUSTRIAL ROAD PEORIA IL 61615		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 6,000.
WE CARE FOUNDATION P.O. BOX 16 MORTON IL 61550		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 2,500.
JUVENILE DIABETES 11 S LASALLE STREET CHICAGO IL 60603		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 500.
KEEP PEORIA BEAUTIFUL 124 SW ADAMS STREET PEORIA IL 61602		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 125.
JOURNAL STAR CHRISTMAS FUND 1 NEWS PLAZA PEORIA IL 61643		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 300.
BEREAN PRISON MINISTRY P.O. BOX 761 PEORIA IL 61652		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 1,000.
YOUNG LIFE P.O. BOX 2920 COLORADO SPRINGS CO 80901		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 300.
PEORIA PROMISE 331 FULTON PEORIA IL 61602		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 200.
ADVOCATES FOR SUCCESS 4450 N PROSPECT ROAD PEORIA HEIGHTS IL 61616		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 200.
CAMP OF CHAMPIONS 4100 N BRANDYWINE DRIVE PEORIA IL 61614		EXEMPT	CHARITABLE	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 300.

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
ALZHEIMERS ASSOCIATION				Person or <input type="checkbox"/>
606 W GLEN AVENUE				Business <input checked="" type="checkbox"/>
PEORIA IL 61614		EXEMPT	CHARITABLE	200.
PEORIA PUBLIC SCHOOLS FOUND.				Person or <input type="checkbox"/>
3202 N WISCONSIN AVE				Business <input checked="" type="checkbox"/>
PEORIA IL 61603		EXEMPT	CHARITABLE	1,000.
WTVP				Person or <input type="checkbox"/>
101 STATE STREET				Business <input checked="" type="checkbox"/>
PEORIA IL 61602		EXEMPT	CHARITABLE	1,000.
HIS HARVEST MINISTRIES				Person or <input type="checkbox"/>
109 S BONE DRIVE				Business <input checked="" type="checkbox"/>
NORMAL IL 61761		EXEMPT	CHARITABLE	150.
HERSEY HAWKINS SUMMER BBALL				Person or <input type="checkbox"/>
125 SW JEFFERSON				Business <input checked="" type="checkbox"/>
PEORIA IL 61602		EXEMPT	CHARITABLE	600.
CENTRAL IL RIDING THERAPY				Person or <input type="checkbox"/>
305 NEUMANN DRIVE				Business <input checked="" type="checkbox"/>
EAST PEORIA IL 61611		EXEMPT	CHARITABLE	250.
AMAZING GRACE MISSION				Person or <input type="checkbox"/>
P.O. BOX 289				Business <input checked="" type="checkbox"/>
DAYTON TN 37321		EXEMPT	CHARITABLE	1,500.
DOLLARS AGAINST DIABETES				Person or <input type="checkbox"/>
P.O. BOX 410				Business <input checked="" type="checkbox"/>
ROANOKE IL 61561		EXEMPT	CHARITABLE	100.
EUREKA COLLEGE				Person or <input type="checkbox"/>
300 EAST COLLEGE AVENUE				Business <input checked="" type="checkbox"/>
EUREKA IL 61530		EXEMPT	CHARITABLE	500.
AMERICAN CANCER SOCIETY				Person or <input type="checkbox"/>
P.O. BOX 22718				Business <input checked="" type="checkbox"/>
OKLAHOMA CITY OK 73123		EXEMPT	CHARITABLE	300.
ILLINOIS SHERIFFS ASSOC.				Person or <input type="checkbox"/>
401 E WASHINGTON				Business <input checked="" type="checkbox"/>
SPRINGFIELD IL 62701		EXEMPT	CHARITABLE	25.
GIFT OF HOPE				Person or <input type="checkbox"/>
425 SPRING LAKE DRIVE				Business <input checked="" type="checkbox"/>
ITASCA IL 60143		EXEMPT	CHARITABLE	500.
OLD TIMERS BASEBALL ASSOC.				Person or <input type="checkbox"/>
1105 E WAR MEMORIAL				Business <input checked="" type="checkbox"/>
PEORIA HEIGHTS IL 61616		EXEMPT	CHARITABLE	100.
KOMEN RACE FOR THE CURE				Person or <input type="checkbox"/>
4700 N UNIVERSITY				Business <input checked="" type="checkbox"/>
PEORIA IL 61614		EXEMPT	CHARITABLE	1,000.
PEORIA CHRISTIAN SCHOOL				Person or <input type="checkbox"/>
3506 N CALIFORNIA AVENUE				Business <input checked="" type="checkbox"/>
PEORIA IL 61603		EXEMPT	CHARITABLE	250.

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
JUNIOR ACHIEVEMENT				Person or <input type="checkbox"/>
4450 N PROSPECT ROAD				Business <input checked="" type="checkbox"/>
PEORIA HEIGHTS IL 61616		EXEMPT	CHARITABLE	1,000.
LAKEVIEW MUSEUM				Person or <input type="checkbox"/>
1125 WEST LAKE AVENUE				Business <input checked="" type="checkbox"/>
PEORIA IL 61614		EXEMPT	CHARITABLE	700.
AMERICAN RED CROSS				Person or <input type="checkbox"/>
311 W JOHN GWYNN JR AVE.				Business <input checked="" type="checkbox"/>
PEORIA IL 61605		EXEMPT	CHARITABLE	2,500.
SPRINGDALE HISTORIC FOUND.				Person or <input type="checkbox"/>
P.O. BOX 5511				Business <input checked="" type="checkbox"/>
PEORIA IL 61601		EXEMPT	CHARITABLE	300.
LOVING SHEPHERD MINISTRIES				Person or <input type="checkbox"/>
P.O. BOX 375				Business <input checked="" type="checkbox"/>
BLUFFTON IN 46714		EXEMPT	CHARITABLE	1,500.
GEORGE W BUSH PRESID. CENTER				Person or <input type="checkbox"/>
P.O. BOX 600610				Business <input checked="" type="checkbox"/>
DALLAS TX 75360		EXEMPT	CHARITABLE	200.
WE CARE FOUNDATION				Person or <input type="checkbox"/>
622 W JACKSON				Business <input checked="" type="checkbox"/>
MORTON IL 61550		EXEMPT	CHARITABLE	2,000.
CBMC				Person or <input type="checkbox"/>
P.O. BOX 8009				Business <input checked="" type="checkbox"/>
CHATTANOOGA TN 37414		EXEMPT	CHARITABLE	500.
COLONIAL WILLIAMSBURG FOUND.				Person or <input type="checkbox"/>
100 SOUTH HENRY STREET				Business <input checked="" type="checkbox"/>
WILLIAMSBURG VA 23185		EXEMPT	CHARITABLE	150.

Total

121,893.

Form 990-PF, Page 1, Part I

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
HUSCH BLACKWELL	ILLINOIS ANNUAL REPORT	110.			110.

Total

110.110.

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

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns***Enter filer's identifying number, see instructions**

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	SHARE FOUNDATION	<input checked="" type="checkbox"/> 37-1357922
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	123 SW JEFFERSON, #108	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	PEORIA	IL 61602-1221

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☒ calendar year 20 11 or
► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period

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

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

BAA For Paperwork Reduction Act Notice, see Instructions.Form **8868** (Rev 1-2012)