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

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- Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2013

For calendar year 2013, or tax year beginning , 2013, and ending ,

Name of foundation

SHARE FOUNDATION

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

123 SW JEFFERSON

Room/suite

108

City or town, state or province, country, and ZIP or foreign postal code

PEORIA

IL 61602-1221

G Check all that apply

 Initial return Final return Address change Initial Return of a former public charity Amended return Name change

H Check type of organization

 Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year

(from Part II, column (c), line 16)

J Accounting method

 Cash Accrual Other (specify)

► \$ 133,177. (Part I, column (d) must be on cash basis)

## Part I Analysis of Revenue and

**Expenses** (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

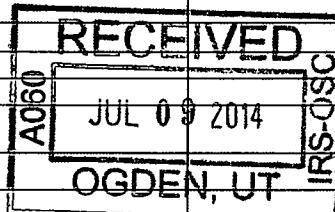
(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

R E V E N U E	1 Contributions, gifts, grants, etc, received (att sch) . . . . .	80,000.		
	2 Ck ► <input type="checkbox"/> if the foundn is not req to att Sch B			
	3 Interest on savings and temporary cash investments. . . . .	242.	242.	
	4 Dividends and interest from securities . . . . .			
	5 a Gross rents . . . . .			
	b Net rental income or (loss) . . . . .			
	6 a 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 . . . . .			
	10 a 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. . . . .	80,242.	242.	
A D M I N I S T R A T U R E O P E R A T I V E A N D E X P E N S E S S E	13 Compensation of officers directors trustees, etc . . . . .			
	14 Other employee salaries and wages . . . . .			
	15 Pension plans, employee benefits . . . . .			
	16 a Legal fees (attach schedule). L-16a Stmt.	125.		125.
	b Accounting fees (attach sch) . . . . .			
	c Other prof fees (attach sch) . . . . .			
	17 Interest. . . . .			
	18 Taxes (attach schedule)(see instrs) FEDERAL INVEST. TAX	4.		
	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	41.	16.	25.
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	170.	16.	150.
	25 Contributions, gifts, grants paid . . . . .	158,975.		158,975.
	26 Total expenses and disbursements. Add lines 24 and 25 . . . . .	159,145.	16.	159,125.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements . . . . .	-78,903.		
	b Net investment income (if negative, enter -0-) . . . . .		226.	
	c Adjusted net income (if negative, enter -0-) . . . . .			



SCANNED JUL 22 2014

<b>Part II</b> 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
<b>ASSETS</b>	1	212,080.	133,177.	133,177.	
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10a				
	b				
	c				
	11				
	Less accumulated depreciation (attach schedule)				
	12				
	13				
14					
Less accumulated depreciation (attach schedule)					
15					
16	<b>Total assets</b> (to be completed by all filers — see the instructions. Also, see page 1, item I.)	212,080.	133,177.	133,177.	
<b>LIABILITIES</b>	17				
	18				
	19				
	20				
	21				
	22				
	23	<b>Total liabilities</b> (add lines 17 through 22)			
		<b>Foundations that follow SFAS 117, check here</b> ►			
		<b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24				
	25				
	26				
		<b>Foundations that do not follow SFAS 117, check here</b> ►			
	<b>and complete lines 27 through 31.</b>				
27					
28					
29					
30	<b>Total net assets or fund balances</b> (see instructions)	212,080.	133,177.		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	212,080.	133,177.		

**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	212,080.
2	Enter amount from Part I, line 27a	2	-78,903.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	133,177.
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	133,177.

**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) Gains (Column (h)) gain minus column (k), but not less than -0- or Losses (from column (h))	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	[ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 ]		3		

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2012	185,586.	0.	0.000000
2011	189,486.	0.	0.000000
2010	205,605.	0.	0.000000
2009	219,391.	0.	0.000000
2008	349,192.	0.	0.000000
<b>2 Total of line 1, column (d)</b>		2	0.000000
<b>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</b>		3	0.000000
<b>4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.</b>		4	0.
<b>5 Multiply line 4 by line 3</b>		5	0.
<b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>		6	2.
<b>7 Add lines 5 and 6</b>		7	2.
<b>8 Enter qualifying distributions from Part XII, line 4</b>		8	159,125.

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
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) . . . .	2.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . .	2
3	Add lines 1 and 2 . . . .	3
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . .	4
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . .	5
6	<b>Credits/Payments</b>	
a	2013 estimated tax pmts and 2012 overpayment credited to 2013 . . . .	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 <b>penalty</b> 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 <b>amount owed</b> . . . . ► 9	9
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . ► 10	10
11	Enter the amount of line 10 to be <b>Credited to 2014 estimated tax</b> . . . . ► Refunded . . . . ► 11	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? . . . .	1 a	X
1 b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? . . . .	1 b	X
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			
1 c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . .	1 c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation . . . . ► \$ (2) On foundation managers . . . . ► \$		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers . . . . ► \$		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . .	2	X
If 'Yes,' attach a detailed description of the activities			
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? If 'Yes,' attach a conformed copy of the changes . . . .	3	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . .	4 a	X
b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? . . . .	4 b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . .	5	X
If 'Yes,' attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or	6	
• 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? . . . .			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV. . . .	7	X
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions) . . . . ► <u>IL - Illinois</u>	8 a	
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation . . . .	8 b	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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part XIV . . . .	9	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses . . . .	10	X

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**Part VII-A | Statements Regarding Activities (continued)**

11		X
12		X
13		X
Website address ► N/A		
14	Telephone no ► (309) 266-7114	
Located at ► 866 N MAIN STREET, MORTON, IL ZIP + 4 ► 61550		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here □ and enter the amount of tax-exempt interest received or accrued during the year ► 15	
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 ►		

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

	Yes	No
1 a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		
Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>		
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 2013? . . . . .		
1 b		
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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If 'Yes,' list the years ► 20 __ , 20 __ , 20 __ , 20 __		
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) . . . . .		
2 b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20 __ , 20 __ , 20 __ , 20 __		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If 'Yes,' did it have excess business holdings in 2013 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 2013) . . . . .		
3 b		
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .		
4 a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013? . . . . .		
4 b		X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5 a During the year did the foundation pay or incur any amount to	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> 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)? . . . . .				<b>5 b</b>
Organizations relying on a current notice regarding disaster assistance check here . . . . .	<input type="checkbox"/>			
<b>c</b> 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)				
<b>6 a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>6 b</b> <input type="checkbox"/>
If 'Yes' to 6b, file Form 8870				
<b>7 a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .				<b>7 b</b>

**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				
-----				
-----				
-----				
-----				
-----				
-----				
-----				

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		

**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
<b>1</b>	<u>THE FOUNDATION MADE CHARITABLE CONTRIBUTIONS TO 39 DIFFERENT QUALIFYING CHARITIES DURING THE YEAR ENDED</u> 12/31/13	
<b>2</b>	-----	158,975.
<b>3</b>	-----	
<b>4</b>	-----	

**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	
2		0.
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3 . . . . .		None

**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.
2 a Tax on investment income for 2013 from Part VI, line 5 . . . . .	2 a	2.
b Income tax for 2013 (This does not include the tax from Part VI) . . . . .	2 b	
c Add lines 2a and 2b . . . . .	2 c	2.
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	159,125.
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	159,125.
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	2.
6 Adjusted qualifying distributions. Subtract line 5 from line 4 . . . . .	6	159,123.

**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 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7 . . . . .				0.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only . . . . .			0.	
b Total for prior years 20 20 20				
3 Excess distributions carryover, if any, to 2013				
a From 2008 . . . . .	349,283.			
b From 2009 . . . . .	219,436.			
c From 2010 . . . . .	205,638.			
d From 2011 . . . . .	0.			
e From 2012 . . . . .	185,590.			
f Total of lines 3a through e . . . . .	959,947.			
4 Qualifying distributions for 2013 from Part XII, line 4 ► \$ 159,125.				
a Applied to 2012, 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 2013 distributable amount . . . . .				
e Remaining amount distributed out of corpus	159,125.			
5 Excess distributions carryover applied to 2013 . . . . . (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 . . . . .	1,119,072.			
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 2012 Subtract line 4a from line 2a Taxable amount — see instructions . . . . .			0.	
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014 . . . . .				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 2008 not applied on line 5 or line 7 (see instructions) . . . . .	349,283.			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a . . . . .	769,789.			
10 Analysis of line 9				
a Excess from 2009 . . . . .	219,436.			
b Excess from 2010 . . . . .	205,638.			
c Excess from 2011 . . . . .	0.			
d Excess from 2012 . . . . .	185,590.			
e Excess from 2013 . . . . .	159,125.			

BAA

Form 990-PF (2013)

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

N/A

1 a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling				►	
b	Check box to indicate whether the foundation is a private operating foundation described in section				<input type="checkbox"/>	4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	'Assets' alternative test – enter					
(1)	Value of all assets					
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	'Support' alternative test – enter					
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)					
(3)	Largest amount of support from an exempt organization					
(4)	Gross investment income					

**Part XIV. Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)****1 Information Regarding Foundation Managers:**

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

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

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

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

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

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

c Any submission deadlines

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

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

Recipient	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
<b>Name and address (home or business)</b>				
<b>a Paid during the year</b>				
INTERNATIONAL STUDENTS INC P.O. BOX C COLORADO SPRINGS CO 80901		EXEMPT	CHARITABLE	250.
PEORIA HISTORICAL SOCIETY 611 SW WASHINGTON STREET PEORIA IL 61602		EXEMPT	CHARITABLE	1,000.
APOSTOLIC CHRISTIAN HOME 1102 W RANDOLPH STREET ROANOKE IL 61561		EXEMPT	CHARITABLE	100.
SPRINGDALE HISTORIC FOUNDATION P.O. BOX 5511 MORTON IL 61550		EXEMPT	CHARITABLE	1,105.
APOSTOLIC CHRISTIAN CHURCH 225 E JEFFERSON STREET MORTON IL 61550		EXEMPT	CHARITABLE	13,000.
MIDWEST FOOD BANK 700 ERIE AVENUE MORTON IL 61550		EXEMPT	CHARITABLE	23,500.
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET URBANA IL 61801		EXEMPT	CHARITABLE	250.
MORTON COMMUNITY FOUNDATION 309 N MAIN STREET MORTON IL 61550		EXEMPT	CHARITABLE	5,000.
YOUNG LIFE P.O. BOX 2920 COLORADO SPRINGS CO 80901		EXEMPT	CHARITABLE	300.
See Line 3a statement				114,470.
<b>Total . . . . .</b>			► 3a	158,975.
<b>b Approved for future payment</b>				
<b>Total . . . . .</b>			► 3b	

## Part XVI-A. Analysis of Income-Producing Activities

	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	242.	
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) . . . . .				242.	
13 Total Add line 12, columns (b), (d), and (e) . . . . .					13
					242.

(See worksheet in line 13 instructions to verify calculations )

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )
N/A	

**Part XVII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of		
(1)	Cash . . . . .	1 a (1)	X
(2)	Other assets . . . . .	1 a (2)	X
<b>b</b>	Other transactions		
(1)	Sales of assets to a noncharitable exempt organization . . . . .	1 b (1)	X
(2)	Purchases of assets from a noncharitable exempt organization . . . . .	1 b (2)	X
(3)	Rental of facilities, equipment, or other assets . . . . .	1 b (3)	X
(4)	Reimbursement arrangements . . . . .	1 b (4)	X
(5)	Loans or loan guarantees . . . . .	1 b (5)	X
(6)	Performance of services or membership or fundraising solicitations . . . . .	1 b (6)	X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .	1 c	X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

**2 a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .

Yes  No

**b** If 'Yes.' complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer) is based on all information of which preparer has any knowledge

Sign  
Here

rect, and complete Declaration of preparer (other than tax  


17/2/14

PRESIDENT

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

Signature of officer or trustee		Date	Title		Yes	No
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Michael J. Thomas		Michael J. Thomas	07/02/14	P01216843	
	Firm's name	► CORE CONSTRUCTION GROUP, LTD			Firm's EIN ► 37-1076260	
Firm's address	► 866 N MAIN ST MORTON			IL 61550-1602	Phone no	(309) 284-8674

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BAA

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

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**Schedule of Contributors**

**2013**

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

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization	Employer identification number
SHARE FOUNDATION	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 (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 its Form 990-PF, Part I, line 2, 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) (2013)

Name of organization

SHARE FOUNDATION

Employer identification number

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	\$ 80,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions )

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

## Line 23 Stmt

Other expenses	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
BANK SERVICE CHARGES	16.	16.		
STATE FILING FEES	25.			25.
Total	41.	16.		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	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
<b>a Paid during the year</b>				
QUEST CHARTER ACADEMY 2612 N BOOTZ AVENUE PEORIA IL 61604		EXEMPT	CHARITABLE	Person or Business X 1,000.
VALLEY BIBLE BAPTIST CHURCH 56 ARROYO SECO CIRCLE ESPANOLA NM 87532		EXEMPT	CHARITABLE	Person or Business X 1,000.
BEREAN PRISON MINISTRY P.O. BOX 761 PEORIA IL 61652		EXEMPT	CHARITABLE	Person or Business X 1,500.
EASTER SEALS 507 E ARMSTRONG AVENUE PEORIA IL 61603		EXEMPT	CHARITABLE	Person or Business X 22,700.
ALZHEIMERS ASSOCIATION 606 W GLEN AVENUE PEORIA IL 61614		EXEMPT	CHARITABLE	Person or Business X 100.
ST JUDE 4722 N SHERIDAN ROAD PEORIA IL 61614		EXEMPT	CHARITABLE	Person or Business X 6,900.
GIFT OF HOPE 425 SPRING LAKE DRIVE ITASCA IL 60143		EXEMPT	CHARITABLE	Person or Business X 500.
PEORIA RESCUE MINISTRIES 601 SW ADAMS PEORIA IL 61602		EXEMPT	CHARITABLE	Person or Business X 200.
APOSTOLIC CHRISTIAN TIMBER RIDGE 2125 VETERANS ROAD MORTON IL 61550		EXEMPT	CHARITABLE	Person or Business X 2,100.
HERSEY HAWKINS SUMMER BASKETBALL 125 SW JEFFERSON PEORIA IL 61602		EXEMPT	CHARITABLE	Person or Business X 600.
BOY SCOUTS OF AMERICA 614 NE MADISON AVENUE PEORIA IL 61603		EXEMPT	CHARITABLE	Person or Business X 4,500.

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

Continued

## Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
<b>a Paid during the year</b>				
<u>SALVATION ARMY</u> <u>401 NE ADAMS STREET</u> <u>PEORIA IL 61603</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 24,700.
<u>CBMC</u> <u>866 N MAIN STREET</u> <u>MORTON IL 61550</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 500.
<u>LOVING SHEPHERD MINISTRIES</u> <u>P.O. BOX 375</u> <u>BLUFTON IN 46714</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 1,000.
<u>SOUTH SIDE MISSION</u> <u>1127 S LARAMIE STREET</u> <u>PEORIA IL 61605</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 2,700.
<u>MUSCULAR DYSTROPHY ASSOCIATION</u> <u>222 S RIVERSIDE PLAZA</u> <u>CHICAGO IL 60606</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 500.
<u>POWER OF PLAY</u> <u>2320 N PROSPECT ROAD</u> <u>PEORIA IL 61603</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 500.
<u>APOSTOLIC CHRISTIAN WORLD RELIEF</u> <u>P.O. BOX 36</u> <u>MORTON IL 61550</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 9,720.
<u>CENTRAL ILLINOIS LANDMARK ASSOC.</u> <u>416 HAMILTON BLVD</u> <u>PEORIA IL 61602</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 150.
<u>JUNIOR ACHIEVEMENT</u> <u>4450 N PROSPECT ROAD</u> <u>PEORIA HEIGHTS IL 61616</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 2,000.
<u>ILLINOIS CANCER CARE FOUNDATION</u> <u>8940 N WOOD SAGE ROAD</u> <u>PEORIA IL 61615</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 500.
<u>DOLLARS AGAINST DIABETES</u> <u>P.O. BOX 410</u> <u>ROANOKE IL 61561</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 100.
<u>FAMILY HOUSE</u> <u>1339 E NEBRASKA STREET</u> <u>PEORIA IL 61603</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 2,500.
<u>HARVEST BIBLE CHAPEL</u> <u>4848 E CACTUS ROAD</u> <u>SCOTTSDALE AZ 85254</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 1,000.
<u>LIFESONG FOR ORPHANS</u> <u>P.O. BOX 40</u> <u>GRIDLEY IL 61744</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 20,000.
<u>ICC EDUCATIONAL FOUNDATION</u> <u>1 COLLEGE DRIVE</u> <u>EAST PEORIA IL 61635</u>		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 500.

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

Continued

## Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Found- ation status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
<b>a Paid during the year</b>				
BEREAN PRISON MINISTRY P.O. BOX 761 PEORIA IL 61652		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 500.
JUVENILE DIABETES 11 SOUTH LASALLE STREET CHICAGO IL 60603		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 500.
AMERICAN RED CROSS 405 W JOHN H GWYNN JR AVE PEORIA IL 61605		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 1,000.
PENGUIN PROJECT FOUNDATION 306 W MORNINGSIDE DRIVE PEORIA IL 61614		EXEMPT	CHARITABLE	Person or Business <input checked="" type="checkbox"/> 5,000.

Total

114,470.

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 LLP	ILLINOIS ANNUAL REPORT, MINUTES	125.			
Total		<u>125.</u>			

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- 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 extention 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](http://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	Name of exempt organization or other filer, see instructions  SHARE FOUNDATION	Employer identification number (EIN) or  37-1357922
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions  123 SW JEFFERSON, #108	Social security number (SSN)
	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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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, 2014, to file the exempt organization return for the organization named above

The extension is for the organization's return for:

►  calendar year 20 13 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

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . .	3 a \$ <u>0.</u>
b If this application is for Forms 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 . . . . .	3 b \$ <u>0.</u>
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 . . . . .	3 c \$ <u>0.</u>

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions