

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

2017 Open to Public

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 2017, and ending 01/01 20 17 D Employer identification number C Name of organization SHAREBABY INC Check if applicable: \square Doing business as 47-2325575 Address change Room/suite E Telephone number \Box Number and street (or P.O. box if mail is not delivered to street address) Name change Initial return 1792 UNION AVENUE 667-212-3455 City or town, state or province, country, and ZIP or foreign postal code П Final return/terminated G Gross receipts \$ BALTIMORE, MD, 21211 321.735 Amended return H(a) is this a group return for subordinates? Tyes Vos Application pending F Name and address of principal officer. KRISTIN FINKELSTEIN 2307A RIDGE ROAD, REISTERSTOWN, MD 21136 H(b) Are all subordinates included? Yes No If "No." attach a list, (see instructions) ◀ (insert no.) ☐ 4947(a)(1) or **501(c)(3)** 🗀 501(c) (Tax-exempt status Website: ▶ **WWW.SHAREBABY.ORG** H(c) Group exemption number Form of organization 🗸 Corporation 🔲 Trust ■ Association L Year of formation M State of legal domicile MD Part I Summary Briefly describe the organization's mission or most significant activities: SHAREBABY BELIEVES THAT EVERY CHILD DESERVES THE PROPER SUPPLIES AND EQUIPMENT FOR THE BEST START IN LIFE. SHAREBABY COLLECTS (Continued on Schedule O, Statement 1) Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 4 Total number of volunteers (estimate if necessary) 6 617 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 Current Year 8 Contributions and grants (Part VIII, line 1h) . . . 317,170 277,786 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 75 5 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . -6,720 3.020 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 271,071 320,265 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 125,460 29,315 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 78.878 52.012 Total expenses. Add lines 13–17 (must equal Part IX, 70 PBC A) IN 250 Revenue less expenses. Subtract line 18 from line 12 RECEIVED 18 81,327 204,338 19 189,744 115,927 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 205,898 329,828 2018 21 Total liabilities (Part X, line 26) 2,155 22 Net assets or fund balances. Subtract line 21 ft 204,988 327,673 Signature Block Under penalties of perjury, I declare that I have examined this return, including acc cchedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here KRISTIN FINKELSTEIN, CO-PRESIDENT Type or prnt name and title PTIN Print/Type preparer's name Preparer's signature Check [] if Paid 11/14/18 **CHRIS SCHOLTES CPA** self-employed P01607734 Preparer Firm's name ► CEA SCHOLTES AND ASSOCIATES Firm's EIN ▶ 03-0483170 **Use Only** Firm's address ▶ 106 TUNBRIDGE ROAD, BALTIMORE, MD 21212 410-323-0010

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

For Paperwork Reduction Act Notice, see the separate instructions.

go to

✓ Yes
☐ No

Form 990 (2017)

Cat. No. 11282Y

Part	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1 '	Briefly describe the organization's mission:
	SHAREBABY BELIEVES THAT EVERY CHILD DESERVES THE PROPER SUPPLIES AND EQUIPMENT FOR THE BEST START
	IN LIFE. SHAREBABY COLLECTS DIAPERS, CLOTHING, AND OTHER BASIC GOODS AND DISTRIBUTES THESE ITEMS TO
	FAMILIES IN NEED THROUGH COMMUNITY BASED ORGANIZATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
40	(Code: \(\(\frac{1}{2}\)\) (Evenage \(\frac{1}{2}\) (Evenage \(\frac{1}{2}\)\)
4a	(Code:) (Expenses \$ 132,855 including grants of \$ 0) (Revenue \$ 0) SHAREBABY IS THE ONLY ORGANIZATION IN BALTIMORE THAT IS CREATING A DIRECT LINK TO CRITICAL RESOURCES
	FOR YOUNG CHILDREN IN NEED THROUGH DONATIONS FROM ITS OWN COMMUNITY. IN DELIVERING THESE
	ESSENTIAL ITEMS, SHAREBABY WORKS TO EMPOWER FAMILIES, PROMOTE HEALTHY KIDS AND BUILD AN INCREASED
	SENSE OF COMMUNITY. SINCE ITS FOUNDING IN NOVEMBER, 2014, SHAREBABY HAS DISPLAYED A STRONG BEGINNING EFFORT. WE HAVE ENGAGED HUNDREDS OF FAMILIES IN THE MARYLAND COMMUNITY IN SUPPORTING
	OUR MISSION THROUGH DONATIONS OF DIAPERS AND GEAR. IN ADDITION, SHAREBABY, THROUGH ITS NATIONAL
	PARTNERSHIPS AND LOCAL RELATIONSHIPS, WAS ABLE TO ATTRACT AND RECEIVE LARGE-SCALE IN-KIND
	DONATIONS OF DIAPERS, WIPES, BABY GEAR AND TOYS FROM THE HONEST COMPANY, MATTEL, INC. AND THE
	PARENT'S CHOICE FOUNDATION. AT THE CLOSE OF 2017, THESE DONATIONS ENABLED US TO DISTRIBUTE A TOTAL
	OF 292,892 ITEMS WITH AN ESTIMATED TOTAL VALUE OF \$162,641. IN 2017, WE WERE ABLE TO MORE BROADLY
	COMMUNICATE OUR MISSION AND INSPIRED DONATIONS FROM FOUNDATIONS, INDIVIDUALS, AND LOCAL
	(Continued on Schedule O, Statement 2)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , ,
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other and the Company of Company
4d	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	
70	lotal program service expenses ► 132,855

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art	Checklist of Required Schedules			
			Yes	No
1 '	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e	√	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14h		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b 15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		▼
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		▼
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'''		<u> </u>

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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Part	Checklist of Required Schedules (continued)			
00	Delahar anggaran anggaran anggaran kanggaran k		Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			,
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		✓
23	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	2,	!	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		√
С	Schedule L, Part IV	28b		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		▼
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	36		•
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	 ✓	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}}$
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
h	If "Voc." enter the name of the foreign country:	74	-	_
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		√
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7_	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			$-\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$
	and services provided to the payor?	7a 7b		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/D		
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ,
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
	the organization is licensed to issue qualified health plans	ł		
C	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part				
,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			ioris.
Secti	on A. Governing Body and Management		<u> </u>	<u> </u>
0001	on A. deverning body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 5	}		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			١.
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		/
6 7a	Did the organization have members or stockholders?	┡		-
, α	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	'a		 '
-	stockholders, or persons other than the governing body?	7b		/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40.	D. I. II	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		-
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a	The organization's CEO, Executive Director, or top management official	15a 15b		
þ	Other officers or key employees of the organization	150	-	
16a				
.00	with a taxable entity during the year?	16a		1
b		100		<u> </u>
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501((c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
^^	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: -	
	AMINA ROSS (667)212-3455			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
KRISTIN FINKELSTEIN	10									
CO-PRESIDENT	0	1		1				0	o	0
MAYA JORDON AMMONS	10									
CO-PRESIDENT	0	1		✓	İ			0	o	0
KATE MUMAW	10									
GOVERNANCE CHAIR	0	✓		✓				0	0	0
KATE NOLAN BRYDEN	1									
SECRETARY	0	✓		✓				0	0	0
MAGGIE SCHMITT	1									
TREASURER	0	✓		✓				o	0	0
AMINA ROSS	40			Г						
EXECUTIVE DIRECTOR	0			✓				65,000	_ 0	0
		-								

A Name and site A Name and bueness address. A Name and bue	Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees	s, aı	nd F	lighes	st C	ompensated E	mployees (continu	ied)	
Name and under Name with the Part VIII, Section A							-							
Name and titls Average box, unless persons both an incompressation compressation or related pages and a discontinuation of the compressation from the organization of the compressation and related organization of the compressation of the compressation from the organization of the compressation of the c	•	(A)	(B)	(do n	ot ch			than (nne.	(D)	(E)		(F)	
None		Name and title												
Thousand the second of the sec				office	er and	dad	irect	or/trust	tee)			ı from		
Total number of indeviduals (including but not limited to those listed above) who compensation from the organization and related organizations greater than \$150,000 of the organization and related organizations greater than \$150,000 of the organization and related organizations greater than \$150,000 of the organization and related organizations greater than \$150,000 of the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such advinctions and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such advinctions of the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such advinctions. Section B. Independent Contractors 1. Complete this table for your five highest compensation from any unrelated organization or individual such person. Section B. Independent Contractors 1. Complete this table for your five highest compensation for the organization. Report compensation for the calendar year ending with or within the organization. Section B. Independent Contractors 1. Complete this table for your five highest compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization. Section B. Independent Contractors (including but not limited to those listed above) who				우큐	Ins	유	6	B.F.	δ			กร		
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1b Sub-total				[[[]	SUOI		횽	8 S	`	(W-2/1099-MISC)				
1b Sub-total			1	Sz	l tr		yee	# m						
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total (add lines 1c) Total (ee	ste			nsa						
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	_			1 10 11	1036	; IIS	leu	above	<i>5)</i>		Ole than wi	30,000	, 01	
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employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	est compe	nsated		
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		organization and related organizations	greater th	an \$1	150,	000)? <i>I</i>	f "Ye	s,"	complete Sch	nedule J fo	r sucl	י ו	
for services rendered to the organization? If "Yes," complete Schedule J for such person		ındıvıdual											4	√
for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m any	/ un	related organiz	zation or inc	lividua		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Total number of independent contractors (including but not limited to those listed above) who	-	for services rendered to the organization	? If "Yes," c	ompl	lete	Scl	hedi	ule J i	for s	such person			5	√
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation None Total number of independent contractors (including but not limited to those listed above) who	Section	on B. Independent Contractors												
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address None Total number of independent contractors (including but not limited to those listed above) who		·	compensat	ed inc	dep	end	ent	contr	act	ors that receive	ed more tha	n \$10	0,000 of	
year. (A) Name and business address Description of services Compensation None 2 Total number of independent contractors (including but not limited to those listed above) who														s tax
None None Total number of independent contractors (including but not limited to those listed above) who														
None None Total number of independent contractors (including but not limited to those listed above) who		(A)							T	(B)			(C)	
Total number of independent contractors (including but not limited to those listed above) who			iress							Description of s	ervices		Compensation	on
	None													
		-												<u>-</u>
received more than \$100,000 of compensation from the organization ▶ n	2								o th	nose listed ab	ove) who	~		· ·

Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a respons	e or note to				
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a	0				
Grai	b	Membership dues 1b	0				
ts, (Am	C	Fundraising events 1c	4,670				
Gif	d	Related organizations 1d	0				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e	0				
utro ner :	f	All other contributions, gifts, grants, and similar amounts not included above	242.500				
trib Oth	g	Noncash contributions included in lines 1a-1f: \$	312,500				
Con	h	Total. Add lines 1a-1f	>	317,1/0		_	
			iness Code				
ven	2a						
e Re	b						
Nic	C						
n Se	d						
Program Service Revenue	e f	All other program service revenue .					•
Pro	g g	Total. Add lines 2a–2f	🕨	0	I		1
	3	Investment income (including dividends	, ınterest,				
		and other similar amounts)		75	0	0	75
	4	Income from investment of tax-exempt bond p		0	0	0	0
	5	Royalties	Personal	- 0	0	0	0
	6a	Gross rents		•			
	b	Less rental expenses					
	С	Rental income or (loss)	.0				
	d	Net rental income or (loss)	▶				
	7a	assets other than inventory	(ii) Other				
	b	Less cost or other basis and sales expenses .			:		
	С	Gain or (loss)0	0				
	d	Net gain or (loss)	•				1
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a	4,490				
Ě	b	Less. direct expenses b	1,470				
9	С	Net income or (loss) from fundraising even	ts . ►	3,020		0	3,020
	9a	Gross income from gaming activities. See Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	· · · P				
		Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b Net income or (loss) from sales of inventor	v >				<u></u>
	С		siness Code				<u> </u>
	11a			-			
	b						
	c						
	d	All other revenue					1
	12	Total. Add lines 11a-11d	-	220.205		0	3,095
	12	Total revenue. See instructions		320,265	0	0	Form 990 (2017)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. 7b. (B) Program service (C) Management and (D) Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . n 2 Grants and other assistance to domestic individuals. See Part IV, line 22 0 n Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 0 4 Benefits paid to or for members 0 0 5 Compensation of current officers, directors, trustees, and key employees 65,000 37,883 9,366 17,751 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 0 7 Other salaries and wages 6,360 44,140 25,726 12,054 Pension plan accruals and contributions (include R section 401(k) and 403(b) employer contributions) n 0 0 n 9 Other employee benefits 4,237 1,038 2,077 7,352 10 1,292 Payroll taxes 8,968 5,227 2,449 11 Fees for services (non-employees). Management 0 0 0 0 а 0 b Legal 0 0 0 0 Accounting 3,922 3,196 C 7,118 Lobbying 0 d 0 0 0 Professional fundraising services. See Part IV, line 17 e 0 0 Investment management fees 0 0 f 0 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 500 276 224 0 12 0 500 Advertising and promotion 500 0 13 Office expenses 4,009 2,480 975 554 14 Information technology . . . 15.031 10.632 4,399 0 15 Royalties 0 0 0 0 Occupancy 16 20,676 18,681 1,995 0 17 7.942 7.755 87 100 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 0 0 19 Conferences, conventions, and meetings . 94 48 0 46 20 0 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization . 2,703 2.189 234 280 23 0 2,697 0 2,697 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 11,518 11,518 0 0 SUPPLIES 0 b SPECIAL EVENTS - INDIRECT 2,963 2,963 0 2,230 1,758 472 C MEALS d All other expenses 897 523 129 245 Total functional expenses. Add lines 1 through 24e 25 204,338 132,855 31,992 39,491 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

In the following SOP 98-2 (ASC 958-720)

In the following SOP 98-2 (

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 150,828 132,725 2 2 Savings and temporary cash investments 3 71,783 3 170,000 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and oponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 10b 10c **b** Less: accumulated depreciation 4,055 4,055 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11. 13 13 14 14 15 15 1,390 4,945 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . 205.898 329,828 17 17 Accounts payable and accrued expenses 910 1,607 18 18 19 19 548 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 0 26 2,155 26 Total liabilities. Add lines 17 through 25 910 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 204,988 157,673 28 0 170,000 28 Temporarily restricted net assets 29 0 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 204,988 327,673 34 Total liabilities and net assets/fund balances . . 205.898 329,828 Form 990 (2017)

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Pag	е		_

1 01111 33				F	age 🕰	
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				✓	
1 '	Total revenue (must equal Part VIII, column (A), line 12)	1		32	20,265	
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3		11	15,927	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20)4,98 <u>8</u>	
5	Net unrealized gains (losses) on investments	5			0	
6	Donated services and use of facilities	6			0	
7	Investment expenses	7			0	
8	Prior period adjustments	8			6,758	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		32	27,673	
Part	XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		$\stackrel{\leftarrow}{\vdash}$	
			_	Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other	1	_			
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	nain i	n			
0-			-	1	ig	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were comp			 	 	
	reviewed on a separate basis, consolidated basis, or both.	ileu c	"			
	Separate basis Consolidated basis Both consolidated and separate basis				li	
h	Were the organization's financial statements audited by an independent accountant?		. 2b		 	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited by an independent accountance.	d on		+	 	
	separate basis, consolidated basis, or both:	u OII	"			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		İ			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	,t	-	┰	
Ŭ	of the audit, review, or compilation of its financial statements and selection of an independent accour	_	I .	1		
	If the organization changed either its oversight process or selection process during the tax year, exp			† `		
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth i	n	_	 	
	the Single Audit Act and OMB Circular A-133?				✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go th		1	Ė	
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	-	3ь		1	
			Fc	rm 99 0	(2017)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization SHAREBABY INC

Employer identification number 47-2325575

Pai	t Reason for Public Cha	rity Status (All	organizations must	comple	te this pa	art.) See instructio	ns.			
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organizati	on operated in co	onjunction with a hosp	otal desc	rıbed in s	ection 170(b)(1)(A)(iii). Enter the			
	hospital's name, city, and stat	e.								
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	d by a government	al unit described in			
6	A federal, state, or local gover	nment or govern	mental unit described	ın sectio	n 170(b)	(1)(A)(v).				
7	An organization that normally described in section 170(b)(1	receives a subs	tantial part of its supp				the general public			
8	A community trust described	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)						
9	An agricultural research organ	ization described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a la	and-grant college			
	or university or a non-land-grauniversity:		,	·		•	_			
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt full it income and uni	nctions—subject to co related business taxal	ertain exc ole incom	eptions, ie (less se	and (2) no more that ection 511 tax) from	n 331/3% of its			
11	An organization organized and									
12	An organization organized and	•	-	_			ry out the purposes			
	of one or more publicly supp Check the box in lines 12a thre	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).			
а	☐ Type I. A supporting organ	nization operated	l. supervised, or contr	olled by i	ts suppor	ted organization(s).	typically by giving			
	the supported organization									
	supporting organization. Y									
b	☐ Type II. A supporting orga	nization supervis	sed or controlled in co	nnection	with its s	upported organizati	on(s), by having			
_	control or management of	•								
	organization(s). You must									
С	☐ Type III functionally integ	rated. A suppor	ting organization oper	ated in c	onnection	with, and functions	ally integrated with,			
-	its supported organization									
d	☐ Type III non-functionally	integrated. A su	pporting organization	operated	in conne	ection with its suppo	orted organization(s)			
	that is not functionally inte									
	requirement (see instruction	ons). You must c	omplete Part IV, Sec	tions A a	and D, an	nd Part V.				
е	☐ Check this box if the orga	nization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III			
	functionally integrated, or	Type III non-func	tionally integrated sur	porting o	organızatı	on.				
f	Enter the number of supported	organizations .								
g	Provide the following information	n about the supp	orted organization(s).							
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of			
			(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
			above (see manacheris))			in our demondy	mod dodono,			
				Yes	No					
(A)										
· ·										
(B)										
(C)		_								
(D)										
(E)										

Part	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Sacti	Part III. If the organization fails to on A. Public Support	quality unde	er trie tests lis	sted below, p	nease compie	ete Part III.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 20 (0	(5) 2014	(6) 2010	(u) 2010	(6) 2011	() John
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		,				
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4				 /		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						<u> </u>
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he						
Sacti	on C. Computation of Public Suppor				· · · · ·		· · · · <u>- </u> _
14	Public support percentage for 2017 (line 6		• •	1 column (fl)		14	%
15	Public support percentage from 2016 Sch	7	-			15	<u>%</u>
16a	33 ¹ / ₃ % support test—2017. If the organi box and stop here. The organization qua	zation did not lifies as a pub	check the book	organization		3 ¹ / ₃ % or more,	, check this
b	331/3% support test—2016. If the organithis box and stop here. The organization					ıs 33 ¹ /3% or n	nore, check ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts	-and-circumst	ances" test, c	heck this box a ization qualifie	and stop here	. Explain in
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization in Part VI how the organization in supported organization in	ition meets th	e "facts-and-o	circumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	Section A. Public Support									
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and membership fees									
	received. (Do not include any "unusual grants.")		8,015	73,524	277,786	317,170	676,495			
2	Gross receipts from admissions, merchandise		- 5,010							
	sold or services performed, or facilities									
	furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that are not an				+					
•	unrelated trade or business under section 513									
4	Tax revenues levied for the									
7	organization's benefit and either paid to									
	or expended on its behalf			٠						
5	The value of services or facilities									
3	furnished by a governmental unit to the									
	organization without charge									
6	Total. Add lines 1 through 5	0	8,015	73,524	277,786	317,170	676,495			
	Amounts included on lines 1, 2, and 3		8,013	73,324	277,760	317,170	070,433			
, u	received from disqualified persons .									
_										
b	Amounts included on lines 2 and 3 received from other than disqualified					j				
	persons that exceed the greater of \$5,000									
	or 1% of the amount on line 13 for the year									
С	Add lines 7a and 7b									
8	Public support. (Subtract line 7c from									
	line 6.)						676,495			
Secti	on B. Total Support	<u> </u>			ı	1	070,433			
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
9	Amounts from line 6	0	8,015	73,524	277,786	317,170	676,495			
10a	Gross income from interest, dividends,	Ť	0,010	70,024	277,700	017,170	070,100			
	payments received on securities loans, rents,									
	royalties, and income from similar sources .		-		5	75	80			
b	Unrelated business taxable income (less									
_	section 511 taxes) from businesses									
	acquired after June 30, 1975									
С	Add lines 10a and 10b	0	0	0	5	75	80			
11	Net income from unrelated business									
	activities not included in line 10b, whether									
	or not the business is regularly carried on									
12	Other income. Do not include gain or									
-	loss from the sale of capital assets									
	(Explain in Part VI.)				2,425	4,490	6,915			
13	Total support. (Add lines 9, 10c, 11,				=1,3	- 7.33				
	and 12.)	o	8,015	73,524	280,216	321,735	683,490			
14	First five years. If the Form 990 is for the									
	organization, check this box and stop he	-								
Secti	on C. Computation of Public Suppor	rt Percentage	е							
15	Public support percentage for 2017 (line	3, column (f) dı	vided by line 1	3, column (f))		15	%			
16	Public support percentage from 2016 Scl	nedule A, Part	III, line 15 .	<u>.</u> .		16	%			
Secti	on D. Computation of Investment In									
17	Investment income percentage for 2017 (line 10c, colum	n (f) divided by	y line 13, colun	nn (f))	17	%			
18	Investment income percentage from 2016	Schedule A, f	Part III, line 17			18	%			
19a	331/3% support tests-2017. If the organ	ization did not	check the box	on line 14, ar	id line 15 is m	ore than 331/39	6, and line			
	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . ► 🗆			
b	331/3% support tests-2016. If the organize									
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organı	zation qualifies	as a publicly si	upported organ	zation $ ightharpoonup$			
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌			

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	<u>.) </u>	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
organization was described in section 509(a)(1) or (2).	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
45	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	.		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		<u> </u>
-	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	_	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	<u> </u>	_	
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	T		1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		ļ
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	Toa		

determine whether the organization had excess business holdings)

10b

Page	:

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Part	Supporting Organizations (continued)					
	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		Yes	No		
	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a				
h	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c				
	on B. Type I Supporting Organizations	10				
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to					
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the					
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or					
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported					
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>				
•		1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1				
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2				
Secti	on C. Type II Supporting Organizations					
		-	Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control					
	or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s).	1_		<u> </u>		
Secti	on D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the					
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		:			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
_						
3	By reason of the relationship described in (2), did the organization's supported organizations have a		-			
	significant voice in the organization's investment policies and in directing the use of the organization's					
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's					
	supported organizations played in this regard.	3				
Secti	on E. Type III Functionally Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s)		
а	☐ The organization satisfied the Activities Test. Complete line 2 below.					
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.					
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of					
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify					
	those supported organizations and explain how these activities directly furthered their exempt purposes,					
	how the organization was responsive to those supported organizations, and how the organization determined	<u> </u>				
	that these activities constituted substantially all of its activities.	2a	ļ	<u>.</u>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the					
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		 		
•		20				
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	<u> </u>	<u>-</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		1		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations							
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See									
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1 Net short-term capital gain	1								
2 Recoveries of prior-year distributions	2								
3 Other gross income (see instructions)	3								
4 Add lines 1 through 3.	4								
5 Depreciation and depletion	5								
6 Portion of operating expenses paid or incurred for production or									
collection of gross income or for management, conservation, or	ŀ								
maintenance of property held for production of income (see instructions)	6								
7 Other expenses (see instructions)	7								
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8								
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1 Aggregate fair market value of all non-exempt-use assets (see			_						
instructions for short tax year or assets held for part of year):									
a Average monthly value of securities	1a								
b Average monthly cash balances	1b								
c Fair market value of other non-exempt-use assets	1c								
d Total (add lines 1a, 1b, and 1c)	1d								
e Discount claimed for blockage or other		******=================================							
factors (explain in detail in Part VI).	<u> </u>								
2 Acquisition indebtedness applicable to non-exempt-use assets	2								
3 Subtract line 2 from line 1d.	3								
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,									
see instructions).	4								
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6 Multiply line 5 by .035.	6								
7 Recoveries of prior-year distributions	7								
8 Minimum Asset Amount (add line 7 to line 6)	8								
Section C - Distributable Amount			Current Year						
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1								
2 Enter 85% of line 1.	2	·							
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3								
4 Enter greater of line 2 or line 3.	4								
5 Income tax imposed in prior year	5								
6 Distributable Amount. Subtract line 5 from line 4, unless subject to									
emergency temporary reduction (see instructions).	6								
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supportin	g organization (see						
instructions).									

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1`	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	noneliva	
O	(provide details in Part VI). See instructions.	ii tile organization is res	polisive	
9	Distributable amount for 2017 from Section C, line 6	 -		
10				
	Line 8 amount divided by line 9 amount		ra ra	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	_		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
2	Excess distributions carryover, if any, to 2017			
3	Excess distributions carryover, if any, to 2017			
<u>a</u>	F 0010	<u> </u>		
_	From 2013			<u> </u>
	From 2014			
d	From 2015			
<u>e</u>	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			:
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	ı		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
c				
d	Excess from 2016			
<u>_</u>	Excess from 2017			
_				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule /	A, Part III, Line 12 - FUNDRAISING RECEIPTS - TICKET SALES

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

SHAR	EBABY INC		47-2325575
Par			
	Complete if the organization answered	,	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3 4	Aggregate value of grants from (during year) .	-	
5	Aggregate value at end of year	advisors in writing that the assets h	neld in donor advised
·	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		— — — — — — — — — — — — — — — — — — —
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	<u> </u>	· · · · · <u> </u>
Par	Conservation Easements.	.	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	-	
	Preservation of land for public use (e.g., recrea	•	
	Protection of natural habitat	☐ Preservation o	of a certified historic structure
^	Preservation of open space		on in the form of a concentration
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eld a qualified conservation contribution	Held at the End of the Tax Year
_			
a b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified l		
ď	Number of conservation easements included in		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
_	violations, and enforcement of the conservation ea		- -
6	Staff and volunteer hours devoted to monitoring, inspec	iting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectir	as banding of walations, and anforcing	conservation assements during the year
7	S	ng, mandning of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements o	f section 170(h)(4)(B)(i)
_			· · · · · · · · · · · · · · · · No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	ents.	
Par	III Organizations Maintaining Collection		
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S works of art, historical treasures, or other similar	r assets held for public exhibition, e	ducation or research in furtherance of
	public service, provide the following amounts relati		addation, or rescalon in factoration of
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		
-	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
_	Assets included in Form 000 Port V		<u> </u>

	Organizations Maintaining									
3.	Using the organization's acquisition, collection items (check all that apply):		sion, and ot	ther reco	rds, chec	k any of th	e follov	ving that are a	significan	t use of its
а	☐ Public exhibition					or exchang				
b	☐ Scholarly research			e	☐ Other	r				
C	Preservation for future generations	S								
4	Provide a description of the organizat XIII.	tion's	collections a	and expl	ain how t	hey further	the org	janization's ex	empt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather									🗆 Na
Doud				allieu as	part of the	e organizati	ion's co		· <u> </u>	es 🗌 No
Part	Complete if the organization 990, Part X, line 21.			" on For	m 990, F	Part IV, line	e 9, or	reported an a	imount o	n Form
1a	Is the organization an agent, trustee included on Form 990, Part X?									es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII	and comple	ete the fo	llowing to	able:				
									Amount	
C	Beginning balance						10			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						<u>_1f</u>			DN-
2a	Did the organization include an amou If "Yes," explain the arrangement in P									
	Endowment Funds.	art Aiii	. Check her	e ii tile e	хріапацю	n nas been	provide	ed Off Part Alli		
ı aı	Complete if the organization	answ	ered "Yes	" on Foi	m 990 I	Part IV line	e 10.			
	Complete if the organization		Current year		or year	(c) Two year		(d) Three years ba	ack (e) Fou	r years back
1a	Beginning of year balance	<u> </u>								
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses						-			_
g	End of year balance									
2	Provide the estimated percentage of	the cur	rent year er	nd baland	ce (line 1g	, column (a	a)) held	as:		
а	Board designated or quasi-endowme	nt 🕨		%						
b	Permanent endowment ▶	<u></u> %								
C	Temporarily restricted endowment ▶		<u>"</u> %							
	The percentages on lines 2a, 2b, and									
3a	Are there endowment funds not in thorganization by:	e poss	session of the	he organ	zation th	at are held	and ad	lministered for	the	Yes No
	(i) unrelated organizations								. 3a(i)	+ + -
	(ii) related organizations								. 3a(ii)	+
b	If "Yes" on line 3a(ii), are the related of								. 3b	
4	Describe in Part XIII the intended use	s of the	e organizati	on's end	owment f	unds.				
Part	Land, Buildings, and Equip Complete if the organization			s" on Fo	- rm 990, l	Part IV, lin	e 11a.	See Form 99	0, Part X,	line 10.
	Description of property		(a) Cost or o (investm	ther basis	(b) Cost	or other basis other)	(c)	Accumulated epreciation		ok value
1a	Land			0	† · · · ·	0	-			0
b	Buildings			0		0		0		0
c	Leasehold improvements			0		0		0		0
d	Equipment			0		8,110		4,055		4,055
е	Other	·[0		0		0		0
Total.	Add lines 1a through 1e. (Column (d) i	must e	gual Form 9	90, Part	X, columi	n (B), line 10	Oc.) .	▶		4,055

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on Form 990, Part			
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation d-of-year market value
(1) Financial				
· · ·	neld equity interests			
(3) Other		_		
(^)				
(B)				 _
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.		·	
	Complete if the organization answered "Yes" on Form 990, Part	V, line 11c. See F	orm 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) M	ethod of valuation d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			ļ	
(7)				
(8)				
(9)	71 - 15 - 200 D 1V 1/0V 401 D			
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered "Yes" on Form 990, Part	IV line 11d See E	orm 000	Part V line 15
	(a) Description	iv, line Tra. See I	01111 990,	(b) Book value
(1)	(a) Boosi prior			(-,
(2)				
(3)				
(4)		-		
(5)				
(6)		·		
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part line 25.	IV, line 11e or 11f.	See Form	n 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal II	· · · · · · · · · · · · · · · · · · ·			0
(2)			_	
(3)			-	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) ►			0
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the footnote to the orgai s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the te	nization's financial sta ext of the footnote has	tements that been prov	at reports the
Ji gui ii Lation	5 hability for allocation tax positions and in the 40 (100 740). Once there is the to		p.01	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1 `	Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	ì			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c	_			
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	1			
С	Add lines 4a and 4b		4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5			
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses p	er Return.			
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_			
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b		4c			
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5			
	XIII Supplemental Information.					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and					
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part					
	ule D, Part X, Line 2 - THE ORGANIZATION IS EXEMPT FROM INCOME TAX UN					
	NUE CODE (THE CODE) AND COMPARABLE STATE LAW, AND CONTRIBUTIO					
LIMITATIONS PRESCRIBED BY THE CODE. THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME						
TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX						
RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE ORGANIZATION RECOGNIZES						
THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE						
SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITIONS. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEAR ENDED DECEMBER 31, 2017.						
NO OF	IRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FO	IN THE YEAR ENDED DECE	WBER 31, 2017.			
	•••••••••••••••••••••••••••••••••••••••					
	••••••••••••••••••••••••••••••••••••	***************************************				

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number SHAREBABY INC 47-2325575 Form 990, Part III, Line 4a - GRANTS MADE: THE FAMILY TREE \$32,442, TRANSFORMATION CENTER \$28,525; HEALTH LEADS \$12,176; MIRACLE CITY CHURCH \$10,020; ASYLEE WOMEN'S ENTERPRISES \$9,669; THE CENTER FOR URBAN FAMILIES \$9,667; HEALTHY STEPS \$9,035;INTERNATIONAL RESCUE COMMITTEE \$6,966, DAYSPRING \$6,880; WAVERLY HEAD START 5,239, ST. VINCENT'S HEAD START \$4,628; MT. WASHINGTON PEDIATRIC HOSPITAL \$4,085, GERALDINE YOUNG FAMILY LIFE CENTER \$4,333; UNITED WAY \$3,661; SARAH'S HOPE AT MOUNT STREET \$3,651, SARAH'S HOPE AT HANNAH MORE \$3,337; DRU JUDY CENTER AT JOHN EAGER \$2,947; TURN AROUND \$2,148; LIGHT HOUSE OF ANNAPOLIS \$1,097; DREAM GIRLS MENTORING \$748; TEXAS DIAPER BANK \$570; THE ARC OF BALTIMORE \$461; HOUSE OF RUTH \$259; MARYLAND BOOK BANK \$97. Form 990, Part VI, Section B, Line 11b - THE BOARD OF DIRECTORS REVIEWS FORM 990 PRIOR TO FILING. Form 990, Part VI, Section B, Line 12c - BOARD MEMBERS ARE REQUIRED TO ANNUALLY AFFIRM WHETHER THEY HAVE ANY CONFLICTS OF INTEREST OR NOT. IF THEY DO HAVE ANY CONFLICTS OF INTEREST, THEY ARE REQUIRED TO DISCLOSE THEM. Form 990, Part VI, Section B, Line 15 - ANY ANNUAL SALARY OF A SHAREBABY EMPLOYEE SHALL BE RESEARCHED EXTENSIVELY. THE EXECUTIVE DIRECTOR SHALL GATHER COMPARABILITY DATA, REVIEW EXPERIENCE OF POTENTIAL EMPLOYEE AS WELL AS EDUCATION OR DEGREES EARNED. ADDITIONALLY, REVIEW ANY REFERRAL(S), TAKING INTO CONSIDERATION PAST EMPLOYMENT. ONCE A COMPENSATION RANGE IS DETERMINED, BY THE EXECUTIVE DIRECTOR, IT SHALL BE COMMUNICATED TO THE BOARD ALONG WITH ALL COMPARABILITY DATA. THE BOARD SHALL REVIEW ALL DATA, AS WELL AS RESUME, REFERRALS AND ANNUAL BUDGET AND DETERMINE FINAL SALARY BY A BOARD VOTE. ANY EMPLOYEE OF SHAREBABY SHALL HAVE AN ANNUAL REVIEW CONDUCTED BY THE BOARD OR THEIR DIRECT MANAGER, IN WHICH THE MANAGER WILL SUBMIT THE FINALIZED REVIEW TO THE BOARD. IF AN EMPLOYEE IS ELIGIBLE FOR A SALARY INCREASE OR BONUS, DUE TO THEIR DIRECT SCORE ON THEIR REVIEW AND OVERALL PERFORMANCE, THE BOARD WILL DETERMINE THE AMOUNT OF INCREASE AND/OR BONUS BY GATHERING COMPARABILITY DATA (WITH THE HELP OF THE EXECUTIVE DIRECTOR, IF APPLICABLE) AND REVIEW ANNUAL BUDGET. BOARD SHALL VOTE ON FINAL AMOUNT OF SALARY INCREASE AND/OR BONUS AND THE EXECUTIVE DIRECTOR OR PRESIDENT OF THE BOARD SHALL INFORM EMPLOYEE, IN PERSON. GOVERNANCE COMMITTEE SHALL DISTRIBUTE EXECUTIVE DIRECTOR'S BOARD REVIEW (THE REVIEW) TO ALL SITTING BOARD OF DIRECTORS, ANNUALLY. EACH BOARD MEMBER SHALL FILL OUT THE REVIEW, WITHOUT BOAS. THIS REVIEW IS NOT JUST TO FOCUS ON WEAKNESS OR NEGATIVE ASPECTS. ITS PURPOSE IS TO HELP EVALUATE THE ED'S PERFORMANCE, CONSTRUCTIVELY. EXPECT CONFIDENTIALITY. OPINIONS AND COMMENTS EXPRESSED DURING THE PROCESS SHALL NOT BE ATTRIBUTED TO INDIVIDUAL BOARD MEMBERS BUT SHALL BE SHARED IN THE AGGREGATE REPORT. CONFIDENTIALITY IS THE ONLY WAY TO ENSURE THAT EVERYONE SHARES HONEST OPINIONS WITHOUT A FILTER TO FEAR OF BEING CRITICIZED. EACH BOARD MEMBER MUST RETURN THE REVIEW TO THE GOVERNANCE CHAIR IN A TIMELY MANNER. THE EXECUTIVE DIRECTOR MUST SCORE AT LEAST A 69° (OR AN AVERAGE OF 3 ON EACH REVIEW QUESTION) ON EACH BOARD MEMBERS REVIEW TO BE ELIGIBLE FOR A BONUS OR SALARY INCREASE. Form 990, Part VI, Section C, Line 18 - THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. Form 990, Part VI, Section C, Line 19 - THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. Form 990, Part XI, Line 8 - PRIOR PERIOD ADJUSTMENT \$6,758 - VALUE OF PROPERTY, PLANT AND EQUIPMENT NOT RECORDED IN PRIOR YEAR.