Inspection Copy												
				ЕХТ	יד מסמיי	о мау 17.	2021					
	EXTENDED TO MAY 17, 2021 Return of Organization Exempt From Income Tax											
Forr	Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2010											Ω
(Rev. January 2020)												<u>J</u>
Depa	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. (Open to Public Inspection)											
				year beginning					UN 30,			
_	heck if		f organization	<u>,</u>				<u> </u>	T Ó		ation number	
a	oplicab	le:	0									
	Addre chang Name			NCY & IN	IFANT LO	SS SUPPOR	.T		27	128257	7.2	
	chang Initial	·	usiness as			••••••	Deem	/				
	return Final		JACKSON	P.O. box if mail is i	not delivered to s	treet address)	Room	suite	E Telepho	6) 945		
	return termir	n									296,4	15.9
	ated Amen	nded CT	OWN, STATE OF PR			eign postal code			G Gross reco			10.
	return Applio			principal officer:		WD FN17				s a group re	_	7
	tion pendi		AS C ABC							bordinates		
		empt status:		501(c) () 🗲 (insert	t no.) 4947(a)(1) or	527	1	subordinates ind	cluded? Yes list. (see instructior	No
				SHARE.OF		1110.) 4947 (d)(1) 01	027	1		n number	IS)
			X Corporation		Association	Other 🕨		Voar			State of legal domic	
	rt I	Summary		11000	7100001011011			Icai			I State of legal donne	110,110
	1		e the organizat	ion's mission or	most significan	t activities: <u>TO</u>	SERV	ΞТ	HOSE W	HOSE I	IVES ARE	
e	•	TOUCHED	BY THE	TRAGIC I)EATH OF	A BABY T	HROUG	нг	PREGNAN	ICY LOS	SS.	
nan	2	Check this box				s operations or dis						
veri	3			of the governing I			-				013.	20
Activities & Governance			•	v v		ody (Part VI, line 1				·····		20
ళ						(Part V, line 2a)				·····		13
itie												41
ctiv						line 12						0.
Ă						e 39						0.
									Prior Ye		Current Yea	r
•	8	Contributions	and grants (Par	rt VIII, line 1h)					136	,749.	115,9	
nue	9		ce revenue (Par						58	,256.	48,1	
Revenue	10	Investment inc	come (Part VIII,							319.	1,2	273.
ñ						and 11e)			70	,786.	49,6	523.
						column (A), line 12			266	,110.	214,9	97.
	13	Grants and sir	nilar amounts p	aid (Part IX, colu	umn (A), lines 1	-3)				0.		0.
	14	Benefits paid t	o or for membe	ers (Part IX, colu	mn (A), line 4)					0.		0.
ŝ	15	Salaries, other	^r compensation	, employee bene	efits (Part IX, co	lumn (A), lines 5-1	IO)		241	,702.	246,9	902.
nse	16a	Professional fu	undraising fees	(Part IX, column	ı (A), line 11e)					0.		0.
Expenses	b	Total fundraisi	ng expenses (P	Part IX, column ([D), line 25) 🛛 🖡	•	0.					
ш	17	Other expense	es (Part IX, colu	mn (A), lines 11a	a-11d, 11f-24e)					,280.	70,5	
	18	Total expense	s. Add lines 13.	17 (must equal !	Part IX, column	(A), line 25)				,982.	317,4	
	19	Revenue less	expenses. Subt	ract line 18 from	1 line 12				-87	,872.	-102,4	180.
Net Assets or Fund Balances								Be	ginning of Cu		End of Year	
sets alan	20	Total assets (F	'art X, line 16)							,029.	274,6	
t As d B	21		(Part X, line 26						15	,168.	75,7	
Eun	22	Net assets or	fund balances.	Subtract line 21	from line 20				299	,861.	198,9)13.
Pa	rt II	Signature										
Unde	er pena	alties of perjury, I	I declare that I ha	ve examined this r	return, including a	accompanying sche	dules and s	tateme	ents, and to th	e best of my	knowledge and belief	i, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date									
Here	SARAH LAWRENZ, EXECUTIVE DIRECTOR										
	Type or print name and title										
	Print/Type preparer's name Preparer's signature	Check PTIN									
Paid	ROGER G. TOENNIES, CPA / Come 02/03.	/21 self-employed P00019708									
Preparer	Firm's name 🕒 SCHMERSAHL TRELOAR & COMPANY PC	Firm's EIN 🕨 43-1540459									
Use Only	Firm's address 🕨 10805 SUNSET OFFICE DRIVE, SUITE 400										
	SAINT LOUIS, MO 63127-1028	Phone no. (314)966-2727									
May the IRS discuss this return with the preparer shown above? (see instructions)											
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)										
S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION										

Inspection C	ору
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	1990 (2019) SHARE PREGNANCY & INFANT LOSS SUPPORT 37-1282573 Page 2
Pa	rt 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:
•	TO SERVE THOSE WHOSE LIVES ARE TOUCHED BY THE TRAGIC DEATH OF A BABY
	THROUGH PREGNANCY LOSS, STILLBIRTH OR IN THE FIRST FEW MONTHS OF LIFE.
	IIIKOOGII FREGNANCI 1055, STIDIDIKIII OK IN THE FIKSI FEW MONIHS OF DIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	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.
4a	(Code:) (Expenses \$ 40 , 492 . including grants of \$) (Revenue \$)
	SHARE'S FIRST RESPONSE PROGRAM PROVIDES SUPPORT TO BEREAVED PARENTS AND
	FAMILIES THROUGH PHONE SUPPORT AND DIRECT COMMUNICATION, SUPPORT
	GROUPS, PRINTED MATERIALS, ONLINE SUPPORT AND OTHER ASPECTS OF
	AFTERCARE. THESE SERVICES ARE PROVIDED FREE TO FAMILIES, FROM THE
	INITIAL POINT OF CONTACT AND ONGOING FOR AS LONG AS NEEDED. SHARE
	SERVED APPROXIMATELY 600 FAMILIES IN 2019 THROUGH THE FIRST RESPONSE
	PROGRAM.
41	(Code:) (Expenses \$21,650. including grants of \$) (Revenue \$390.)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)
	SHARE PROVIDES EDUCATION AND TRAINING THROUGH SESSIONS DESIGNED TO
	INCREASE AWARENESS OF OUR MISSION, PROMOTE ACCESS TO CARE FOR FAMILIES
	AND EDUCATE OTHERS IN THE SPECIAL SKILLS REQUIRED TO CARE FOR FAMILIES
	WHO HAVE LOST A BABY. THE PROGRAM INCLUDES LOCAL AND OUT OF STATE
	TRAINING EVENTS FOR PROFESSIONAL CAREGIVERS, PARENTS AND OTHER
	COMMUNITY MEMBERS. TRAINING CURRICULUM IS COMPRISED OF SEVERAL
	COMPONENTS INCLUDING BUT NOT LIMITED TO PERINATAL GRIEF, CULTURAL AND
	SOCIAL DIVERSITY, RIGHTS OF PARENTS, PARENTAL COMPANIONING, MEMORY
	MAKING AND POWER OF PRESENCE. EDUCATION IS ALSO CARRIED OUT THROUGH
	PRINTED MATERIALS, SHARE'S ONLINE MAGAZINE AND INTERMITTENT SPEAKING
	ENGAGEMENTS. DURING 2019, SHARE PROVIDED TRAINING TO APPROXIMATELY 301
	INDIVIDUALS.
4c	(Code:) (Expenses \$ 31,550. including grants of \$) (Revenue \$ 5,850.)
-	SHARE ORGANIZES AND HOSTS SEVERAL MEMORIAL EVENTS EACH YEAR FOR
	BEREAVED PARENTS AND FAMILIES. THESE INCLUDE BURIAL SERVICES, BRICK
	DEDICATION CEREMONIES, CANDLELIGHT VIGILS AND HOLIDAY SERVICES. SHARE
	ALSO HOSTS EVENTS SPECIFIC TO BEREAVED SIBLINGS AND GRANDPARENTS. ALL
	EVENTS ARE FREE OF CHARGE. DURING 2019, SHARE REACHED APPROXIMATELY
	3,066 INDIVIDUALS THROUGH MEMORIAL EVENTS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 149,589. including grants of \$) (Revenue \$ 41,930.)
4e	Total program service expenses ► 243,281.
	Form 990 (2019)
932002	2 01-20-20

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	990 (2019) SHARE PREGNANCY & INFANT LOSS SUPPORT 37-1282	573	Р	age 3
Pa	TIV 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)?		x	
~	If "Yes," complete Schedule A	1 2	X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	л	
3	public office? If "Yes," complete Schedule C, Part I	3		x
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		x
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
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?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	Х	
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		X
с	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		X
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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
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			- -
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	21		X

Form **990** (2019)

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	0.51		v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		<u> </u>
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		_ <u></u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
02	Schedule N, Part II	32		x
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		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	- · · · ·	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O t 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	<u></u>		
			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 1b 0			
-	Did the exception comply with backup withhelding vulce for reportable powerstate venders and reportable coming			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on from W/3, Transmittal of Wage and Tax Statements, and an analysis of the organization file and year covered by Wise relum. 13 1 1 b It a least one is reported on line 2a, did the organization file all required fedral amployment tax returns? 2a X 3a Did the organization have unalated business gross income of \$1,000 or more during the year? 3a X 3b If **es', hast life af orm 8000 To the hyse?? 4a X 3b If **es', hast life af orm 8000 To the hyse?? 4a X 3c If **es', hast life af orm 8000 To rom 800 Auge the reganization have an inferroal in, or a signature or other athority over, a francial account? 4a X b If **es', host during requirements for FinCEN Form 114, Report of Forsign Bank and Financial Account? 5a X b If **es', bid the organization have an aparty to a prohibited tax share the transaction? 5a X b If **es', bid the organization have an aparty to a prohibited tax share the state ontributions of the organization share the state ontributions? 5a X b If **es', did the organization inelegis an anomality greater tha		990 (2019) SHARE PREGNANCY & INFANT LOSS SUPPORT	37-1282	573	P	_{age} 5				
2a Ever the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 13 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a-lie</i> (see instructions) 3a X b If "At exist inter a form 90-17 for this year? // "No' to line 3D, provide an explanation or tool studied to 0 3a X b If "Yes, "that if led a form 90-17 for this year? // "No' to line 3D, provide an explanation or tool studied to 0 3a X b If "Yes, "that if led a form 90-17 for this year? // "No' to line 3D, provide an explanation or tool studied to 0 3a X b If "Yes," instant file of progra country If "Yes," instantiation a provide tax explanation and the instantial accounts (FBAP). 5a X b If "Yes," indit the organization file Reference and yit as a onthibute tax shellser transaction? 5a X b If "Yes," indit the organization in the Reference and yit as a onthibution and partly for goods and services provided to the partly? 5a X b If "Wes," indit the organization in the Reference and yit as a onthibution and partly for goods and services provided to the partly? 5a </th <td>Par</td> <td>t V Statements Regarding Other IRS Filings and Tax Compliance (continued)</td> <td></td> <td></td> <td></td> <td></td>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
Item of the calendar year ending with or within the year covered by this return $\boxed{2a}$ 13 Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e_sfie (see instructions) 2a X Mote: If the sum of lines 1 and 2a is greater than 250, you may be required to e_sfie (see instructions) 2a X Mote: If the sum of lines 1 and 2a is greater than 250, you may be required to e_sfie (see instructions) 2a X Mote: If the sum of lines 1 and 2a is greater than 250, you may be required to e_sfie (see instructions) 2a X Mote: If the sum of lines 1 and 2a is greater than 250, you may be required to e_sfie (see instructions) 2a X Mote: Any time during the calendar year. did the organization that he account, securits account, or other financial accounts (FBAR). 4a X B Vest, 'est, 'ester the name of the foreign count mit in two sor is a party to a prohibited tax shells transaction at any time during the tax year? 5a X So Does the organization have amal gross receipts that are normally greater than \$100,000, and did the organization solid tax are normally greater than \$100,000, and did the organization solid any time during the sector 170(c). 5b X B M's**, 'did the organization have any tax are normally greater than \$100,000, and did the organization solid the sector 170(c). 5b X B M's**, 'did the organizati					Yes	No				
b If a least one is reported on line 2a, did the organization line all required for a-stage (see instructions) 2a X 3a Dot the organization have unrelated business gross income of \$1,000 or more during the sear/or 4.7% or 16m s2b, provide an explanation on Schedule O 3b X 3b TYes: "has it filed a Form 99D To this year? If %b't to line 3b, provide an explanation on Schedule O 3b X 3b If Yes: "has it filed a Form 99D To this year? If %b't to line 3b, provide an explanation on Schedule O 3b X 3b If Yes: "has it filed a Form 99D To this year? If %b't to line 3b, provide an explanation on start the authority over, a financial Accounts (FBAR). 5a X 3c Was the organization have the organization that we hard transaction at any time during the tax synet? 5a X 3c If Yes: 'in the Sa or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that way receive doubtible contributions? 5a X 3c If Yes: 'i did the organization net/by the form 83b6 TY. 7a X 3c If Yes: 'i did the organization net/by the done of the value of the goal cast on receives provided to the payo? 7a X 3c If Yes: 'i did the organization net/by the done of the value of the goal cas orricres provided? 7a			1 1 2							
Note: If the sum of times 1 a and 2a is greater, than 250, your may be required to <i>e</i> , <i>fig.</i> (see instructions) Jac Jac 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Jac X 3b I' Yes,'' indicated business gross income of \$1,000 or more during the year? Jac X 3b I' Yes,'' inter the name of the foreign country (buch as a bank account; socurities account, or other financial accounts (FBAR). See instructions for fliing requirements for Finic/FIN from 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa X 3b Did any taskab party notify the organization that was or is a party to a prohibited tas wheter transaction? Sa X 4b Did any taskab party notify the organization that was or is a party to a prohibited tas wheter transaction? Sa X 4b Did any taskab party notify the organization include with every solicitation an express statement that such contributions or gifts were not tax docubible contributions under section 170(c). Sa X 4b Did the organization notify the donor of the value of the goods and services provided? Ta X 7 Organization setting and party as a contribution of quark party for poods and services provided? Ta X 1b Did the organization noti		······································								
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a 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 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a 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. 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 16 Is the organization information store organization must report on Schedule O 14a		sponsoring organization have excess business holdings at any time during the year?		8						
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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 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information is organization is licensed to issue qualified health plans 13a c Enter the amount of reserves on hand 13c 14a X 13c 14b If "Yes," sait filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 14a 15 Is the organization and file Form 4720, Schedule N. 15 15 Is the organization and file Form 4720, Schedule N. 15 16 X 16	а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?				15		х				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?										
	16		income?	16		Х				

Form **990** (2019)

SHARE PREGNANCY & INFANT LOSS SUPPORT

37-1282573	Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b									
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		х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		x					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		x					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
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 on Schedule O	9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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	Х						
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
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		X					
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14		X					
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?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only)	availa	ble					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial						
	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 records								
	SARAH LAWRENZ - (636) 947-6164								
	402 JACKSON STREET, ST CHARLES, MO 63301								

Form 990 (2019)

SHARE PREGNANCY & INFANT LOSS SUPPORT

Form 990 (2019)		PREGNANCY					37-1282573
Part VII Compensation	n of Office	ers, Directors, T	rus	stees, Key	Employ	ees, Highest	Compensated
Employees, a	nd Indepe	ndent Contract	ors	;			

Check if Schedule O contains a response or note to any line in this Part VII

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

Page 7

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average	Average Position (do not check more than one					ne	Reportable	Estimated		
	hours per	box, unless pe			erson is both an director/trustee)			compensation	compensation	amount of	
	week		cer an	id a di	irecto	r/trus I	tee)	from	from related	other	
	(list any	rector						the	organizations	compensation	
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the	
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization	
	organizations below	ual tr	ional		ploye	t corr				and related organizations	
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) ELAINE DE LEON	0.25	_	_			1 0					
DIRECTOR		х						0.	Ο.	0.	
(2) KIMBERLY GLATFELTER	0.50										
DIRECTOR		Х						0.	0.	0.	
(3) DEREK HAAKE	0.25										
DIRECTOR		Х						0.	0.	0.	
(4) RAY HARTER	1.00										
DIRECTOR		Х						0.	0.	0.	
(5) MELANIE HORTON	2.00										
DIRECTOR		Х						0.	0.	0.	
(6) KATIE JOHNSON, ESQ.	0.25										
DIRECTOR		х						0.	0.	0.	
(7) TAMMI KNEIB	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) ANDREA KROLL	0.50										
DIRECTOR		Х						0.	0.	0.	
(9) MICHAEL MARGHERIO	0.50										
DIRECTOR		Х						0.	0.	0.	
(10) TASNIM NAJAF	1.50										
DIRECTOR		Х						0.	0.	0.	
(11) JAMES RUNNING	0.25										
DIRECTOR		Х						0.	0.	0.	
(12) SUSAN SHORT	0.50										
DIRECTOR		Х						0.	0.	0.	
(13) CHAUNCEY TARRANT	0.25										
DIRECTOR		Х						0.	0.	0.	
(14) CRAIG WEBER	0.25										
DIRECTOR		Х						0.	0.	0.	
(15) GARY WELLMAN	0.50										
DIRECTOR		Х						0.	0.	0.	
(16) DEAN WELSCH	1.50										
DIRECTOR		Х						0.	0.	0.	
(17) BETSY WEBB	2.00									_	
SECRETARY		Х		Х				0.	0.	0 .	

	EGNANCY	&	IN	FA	NT	Ľ	05	SS SUPPORT	37-12	82	573	Pa	ge 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do			itior more	۱ than c	one	Reportable	Reportable		Esti	mated	ł
	hours per	box	, unles	ss per	rson i	s both pr/trust	an	compensation	compensation	ו י		ount o	f
	week (list any					1/1/1/1/1/1	.00)	- from	from related			ther	
	hours for	directo						the organization	organizations (W-2/1099-MIS)		comp	ensati m the	
	related	e or c	stee			Isated		(W-2/1099-MISC)	(00-2/1099-0000	[,]		nizatio	
	organizations	truste	al tru:		yee	im per		()			•	relate	
	below	In dividual trustee or director	Institutional trustee	er	Key employee	est co loyee	ner				orgar	nizatio	ns
	line)	Indiv	Insti	Officer	Key (Highest compensated employee	Former						
(18) MEGAN ROWEKAMP	2.00												^
TREASURER (19) CHRISTOPHER ROBERDEAU	2.00	Х		Х				0.		0.			0.
VICE PRESIDENT	2.00	x		х				0.		0.			0.
(20) BRAIN HENRY	2.00									<u> </u>			••
PRESIDENT		х		х				0.		0.			0.
(21) SARAH LAWRENZ	40.00												
EXECUTIVE DIRECTOR				Х				56,854.		0.			0.
										_			
1b Subtotal								56,854.		<u>0.</u> 0.			0.
c Total from continuation sheets to Part V								0. 56,854.		0.			0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but 	not limited to th					 		· · ·		0.			0.
compensation from the organization		1056	iiste	u al	Jove) wii	0 Te	eceived more than \$100,					0
											`	Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated empl	oyee on	ĺ			
line 1a? If "Yes," complete Schedule J for	such individual								-	[3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$1											4		X
5 Did any person listed on line 1a receive or													
rendered to the organization? <i>If</i> "Yes," co Section B. Independent Contractors	mplete Schedul	e J fe	or su	ıch ı	bers	on .					5		Х
1 Complete this table for your five highest c	omponented inc	lono	ndor		ontre		ic th	ant received more than ¢	100,000 of comp	oncot	ion fror	<u>n</u>	
the organization. Report compensation fo										511541			
(A)	the calendar y		- TGIII	ig ii				(B)			(C)		
Name and busines	s address	NC	ONE	2				Description of s	ervices	С	ompen		
							_						
							_						
2 Total number of independent contractors	(including but p	ot lin	niter	1 to 1	thor	e lie	ted	above) who received me	ore than				
\$100.000 of compensation from the organ		2. 11		0	(,					

							573 Page 9	
Pa	rt V	/111						
			Check if Schedule O contains a response	or note to any lin		(D)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
ts t	1	а	Federated campaigns 1a					
irar oun		b	Membership dues 1b					
۵°		с	Fundraising events 1c	103,864.				
ar /	d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and							
s, C								
r Si			All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	12,067.				
d II		g	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f	>	115,931.			
				Business Code				
e	2	а	BOOKS	900099	27,430.	27,430.		
ž či		b	GROUP FEES	900099	14,500.	14,500.		
Sei		с	ANGEL STATUE & BRICKS	900099	5,850.	5,850.		
eve Ban		d	WORKSHOPS	900099	390.	390.		
Program Service Revenue		e						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f		48,170.			
	3		Investment income (including dividends, intere					
			other similar amounts)		1,273.			1,273.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
e			and sales expenses 7b					
venue		с	Gain or (loss)					
		d	Net gain or (loss)	🕨				
Other Re	8	а	Gross income from fundraising events (not					
₹			including \$ 103,864. of					
			contributions reported on line 1c). See					
				131,070.				
		b	Less: direct expenses 8b	81,461.				
			Net income or (loss) from fundraising events	►	49,609.			49,609.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses9b	1				
		с	Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	a				
		b	Less: cost of goods sold 101	b line line line line line line line line				
		с	Net income or (loss) from sales of inventory	►				
s				Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME	900099	14.			14.
ane		b						
Cell		с						
Mis			All other revenue					
_		е	Total. Add lines 11a-11d		14.	40.4=0		
	12		Total revenue. See instructions		214,997.	48,170.	0.	50,896.

Form	990 (2019) SHARE PREGNA	ANCY & INFANT	LOSS SUPPOR	<u>T 37-12</u>	82573 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	nlete column (A)	
0000	Check if Schedule O contains a response				
	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	48,982.	40,724.	8,258.	
•	trustees, and key employees	40,902.	40,724.	0,230.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	170 960	140 520	20 222	
7	Other salaries and wages	179,860.	149,538.	30,322.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10.000	1 - 01 -	2.045	
10	Payroll taxes	18,060.	15,015.	3,045.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	2,592.	2,304.	288.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	20,334.	7,139.	13,195.	
12	Advertising and promotion				
13	Office expenses	11,235.	5,150.	6,085.	
14	Information technology				
15	Royalties				
16	Occupancy	1,915.	195.	1,720.	
17	Travel	2,452.	2,225.	227.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,244.	3,483.	761.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT COST OF REVENUE	11,354.	10,368.	986.	
b	DUES AND SUBSCRIPTIONS	7,279.	6,631.	648.	
с	BAD DEBT	4,982.		4,982.	
d	BANK CHARGES	3,109.		3,109.	
е	All other expenses	1,079.	509.	570.	
25	Total functional expenses. Add lines 1 through 24e	317,477.	243,281.	74,196.	0.
26	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 if following SOP 98-2 (ASC 958-720)				

rm 990 art X	(2019) SHARE PREGNANCY & INFANT LOSS S Balance Sheet	UPPORT	37-1	1282573 Page 1
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	83,272.	1	94,324
2	Savings and temporary cash investments	6,730.	2	12,115
3	Pledges and grants receivable, net	128,685.	3	60,132
4	Accounts receivable, net	7,272.	4	406
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
, 7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use	27,874.	8	34,962
ĝ 9	Prepaid expenses and deferred charges	2,000.	9	4,921
	Land, buildings, and equipment: cost or other	_/ • • • •		
	basis. Complete Part VI of Schedule D 10a 44,963.			
Ь	Less: accumulated depreciation 10b 38,135.	11,072.	10c	6,828
11	Investments - publicly traded securities	48,124.	11	60,928
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	315,029.	16	274,616
17	Accounts payable and accrued expenses	15,168.	17	19,503
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
00	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	56,200
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	15,168.	26	75,703
	Organizations that follow FASB ASC 958, check here 🕨 🔀			·
ß	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	142,502.	27	81,975
28	Net assets with donor restrictions	157,359.	28	116,938
	Organizations that do not follow FASB ASC 958, check here 🕨 📃			
27 28 29 29 30 29 30 31 32	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
2 31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	299,861.	32	198,913
33	Total liabilities and net assets/fund balances	315,029.	33	274,616
				Form 990 (20

Form	1990 (2019) SHARE PREGNANCY & INFANT LOSS SUPPORT	37-128	2573	Pag	_{ge} 12		
Pa	rt 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	21	1,9	97.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,4			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-102 299		61.		
5	Net unrealized gains (losses) on investments	5		1,5	32.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	198	3,93	13.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2 c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b	000	Ĺ		

Form **990** (2019)

SCHEDULE A		DULE A								OMB No. 1545-0047
(Form 990 or 990-EZ)				rity Status an					2010	
		Co	• •	ization is a section 501 47(a)(1) nonexempt cha			or a section		ZU 19	
Department of the Treasury Internal Revenue Service					Attach to Form 990 or F					Open to Public
				► Go to www.irs.gov	<pre>//Form990 for instruction</pre>	ons and th	e latest ir	formation.		Inspection
Nar	ne of t	the organization					חמסמתו	,		identification number
P	art I	Reason			Y & INFANT LO					7-1282573
					For lines 1 through 12, cl				5.	
1 ne	Grgan		•		or ines 1 through 12, cl		,	WAVi)		
2	\square				Attach Schedule E (Form			·)(A)(i)•		
3	\square				anization described in se			i)		
	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
-		city, and state	-		, ,				, ,	1 <i>i</i>
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7		An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(I)(1)(A)(vi). (C	omplete Part II.)						
8		-			(1)(A)(vi). (Complete Par	-				
9		-	-		in section 170(b)(1)(A)(-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10	X	university:	on that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from o	ontributio	ne memberel	nin fees an	d gross receipts from
10		•			tt to certain exceptions,				•	•
					(less section 511 tax) fro					-
				mplete Part III.)			•			
11					vely to test for public sat	fety. See	section 50)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section a	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
		lines 12a thro	ugh 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
a				-	upervised, or controlled	•	-			
			•		gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
L		¬ -		complete Part IV, Se		ion with it		d organizatio	n(a) hy hay	ina
k					or controlled in connect anization vested in the sa					
			-	t complete Part IV,		ame perso	ns that co		ge the supp	Joned
c		¬ ~	.,	•	g organization operated	in connect	ion with, a	and functional	lv integrate	d with
-		••	-	• • • •). You must complete I					,
c	1 🗌		•	. , .	oorting organization oper			-	ted organiz	zation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
		requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
e	•	Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
					nally integrated supporting	ng organiz	ation.			[]
		er the number	••	•						
		i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10	in your governi Yes	ng document?	support (see ir		support (see instructions)
					above (see instructions))					
Tot	al									

Schedule A (Form 990 or 990-EZ) 2019 SHARE PREGNANCY & INFANT LOSS SUPPORT 37-1282573 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or ficel year beginning in) > (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total include any "unusual grants.") (c) 2015 (c) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total include any "unusual grants.") (c) 2015 (c) 2016 (c) 2017 (c) 2018 (c) 2019 (c) 201	See	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.")	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
include any "unusual grants.") 2 Tax revenues level for the organization's benefit and either para to ore expended on its behalf 3 The value of sarvices or facilities furnished by a governmental unit to the organization's benefit and either para to ore expended on its behalf 4 Total. Add lines 1 through 3	1	Gifts, grants, contributions, and						
2 Tax revenues levid for the organ- ization's benefit and either paid to or expended on its behalf Thinkined by a governmetal unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of tail contributions by each person (other than a governmetal unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) 6 Public support. Screect the stremetal Section B. Total Support Catendar year (of fixed year Segfing in)► 7 Amounts from line 4 6 Organization refers the stremetal Section B. Total Support Catendar year (of fixed year Segfing in)► 9 Net income from interest, dividends, payments received on securities loans, rents, royalites, and income from interest, dividends, payments received on securities loans, rents, royalites, and income from interest, dividends, payments received on securities loans rents, royalites, and income from interest, dividends, payments received on securities loans rents, royalites, and income from interest, dividends, payments received on securities loans rents, royalites, and income from interest, dividends, payments received on securities loans rents, royalites, and income from interest, dividends, payments received on securities loans rents, royalites, and income from interest, dividends, payments received on securities loans and top here. Securities loans and top here Section C. Computation of Public Support Percentage for 2019 (Interest the form B018 is of the organization's first, second, third, fourth, or fifth tax year as a section S01(c)(3) organization, check this box and stop here. Section C. Computation of D18 is for the organization's first, second, third, fourth, or fifth tax year as a section S01(c)(3) organization, check this box and stop here. Section C. Computation of D18 is check Apart II, line 11, clourn (f) 14 Section C. Computation of D18 is check Apart II, line 14 15 Section Section Computation of D18 is check Apart II, line 14 15 Section Section Computation of D18 is check Apart		membership fees received. (Do not						
ization 5 benefit and ether paid to or expended on its behaf		include any "unusual grants.")						
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 three exceeds 25 of the amount shown on line 11, column (f) 6 Public support 3.steleatline 6 sen line 4 Section B. Total Support Subsectines 6 sen line 4 6 Grass income from interest, dividends, payments received on sacutiles loans, rents, royattes, and income from sinelar sources 9 Net income from unrelated business activities, whether or not the business is regularly cartied on 10 Other income. Do not include gain or loss from line 4 add lines 7 through 10 C Grass receipts from related business activities, upper the organization is first, second, thrid, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Procentage 14 Public support precentage for 2018 (include A part), line 14 9 files apport precentage for 2018 (include A part), line 14 9 files apport precentage for 2019 (if) the organization did not check the box on line 13, and line 14 is 30 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 at Vis-facts-and-circumstances test - 2019. If the organization did not check the box on line 13, and line 14 is 30 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 at Vis+ support taces test - 2019. If the organization did not check the box on line 13, itel, or TA, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Pa	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Comparison of the organization without charge 4 Total. Add lines 1 through 3. Image: Comparison of the organization of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: Comparison of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: Comparison of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: Comparison of the organization of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: Comparison of the organization of the organization include on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: Comparison of the organization of the organization include organization of the organization include organization or loss from the sale of capital assets (Explain in Part VI), 11 Total support. Add lines 1 through 10 Comparison the sale of capital assets (Explain in Part VI), 11 Total support percentage for 2019 (in 6, cournn (i) (in the organization is first, second, third, fourth, or fifth tax years as asetcion 501(c)(3) organization, check this box and stop here. 19 Arise support percentage form 2018 Schedule A, Part II, line 14 12 19 Public support percentage form 2018 Schedule A, Part II, line 14 14 9/s 19 Arise samport percentage form 2018 Schedule A, Part II, line 14 15 9/s 19 Arise samport percentage form 2018 Schedule A, Part II, line 14 15 9/s		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge		or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3 1 4 Total. Add lines 1 through 3 1 1 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 (i) 1 1 6 Public support. Section B. Total Support 1 1 Called augort. assaultine 5 thro line 4 1 1 1 Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amount shown on line 4 1	3	The value of services or facilities						
4 Total. Add lines 1 through 3		furnished by a governmental unit to						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) Image: Control Contrecon Contrelated Control Contervice Control Control Co		the organization without charge						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) Image: Control Contrecon Contrelated Control Contervice Control Control Co	4	Total. Add lines 1 through 3						
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) supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) support. Subtract line 3 form line 4. 6 Public support. Subtract line 3 form line 4. 8 Gross income from interest, dividends, payments received on securities loans, requires the subscript securities loans, rents, royatlies, and line of the single of call support. Subtract line 3 form line 4. 9 Net income from unrelated business activities, whether or not the business is regularly carried on control subscript securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from unrelated business activities, whether or not the business is regularly carried on control securities loans, enters, explain in Part VI), minute the sale of capital assets (Explain in Part VI), minute the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section 2. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 12 Gross row, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test, check this box on line 13 or 16a, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test, check this box on line 13, fina (1, fina	5							
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19. Drivate foundation of the examination did not check a bay on line 13, 16a, 16b, 17a, or 17b, check this bay and see instructions		organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported orga	nization	
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Schedule A (Form 990 or 990-EZ) 2019

Part II

Schedule A (Form 990 or 990-EZ) 2019 SHARE PREGNANCY & INFANT LOSS SUPPORT 37-1282573 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) 37-1282573 Page 3

(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.)

See	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	157,387.	109,355.	416,190.	136,749.	115,931.	935,612.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	75,033.	63 903.	51,668.	58,256.	48 170.	297,030.
2	Gross receipts from activities that	13,033.	03,303.	51,000.	50,250.	40,170.	257,0501
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	232,420.	173,258.	467,858.	195,005.	164,101.	1232642.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	15,780.	15,851.	17,445.	10,000.	5,706.	64,782.
t	 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 		0 002	E 420	F 000	F 000	25 421
	amount on line 13 for the year	15,780.	25,844.	5,438. 22,883.	5,000. 15,000.	5,000. 10,706.	<u>25,431.</u> 90,213.
	Add lines 7a and 7b	15,780.	25,044.	22,003.	15,000.	10,700.	1142429.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						1142429.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(a) 2010	
	Amounts from line 6	232,420.		467,858.	195,005.	(e) 2019 164,101.	(f) Total 1232642.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	29.	44.	6.	319.	1,273.	1,671.
k	Unrelated business taxable income						· · ·
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	29.	44.	6.	319.	1,273.	1,671.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	64,213.	113,728.	103,706.	70,786.	49,623.	402,056.
13	Total support. (Add lines 9, 10c, 11, and 12.)	296,662.	287,030.	571,570.	266,110.	214,997.	1636369.
14	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	tion,
	check this box and stop here	-					
See	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2019 (I	ine 8, column (f), d	ivided by line 13, c	column (f))		15	<u>69.81 %</u>
	Public support percentage from 2018					16	72.80 %
	ction D. Computation of Inves					I I	
	Investment income percentage for 20			ne 13, column (f))		17	.10 %
	Investment income percentage from					18	.02 %
19 a	a 33 1/3% support tests - 2019. If the						
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n ala not check a l	uux on line 14, 19a	a, or 19D, Check th	is box and see ins	Iructions	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 SHARE PREGNANCY & INFANT LOSS SUPPORT

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.)

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **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.*
- **c** 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.*
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c 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.
- **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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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1

Yes

No

10b

Schedule A (Form 990 or 990-EZ) 2019 SHARE PREGNANCY & INFANT LOSS SUPPORT

Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 **b** A family member of a person described in (a) above? 11b c 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 Section B. Type I Supporting Organizations 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. 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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s). Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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 2 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 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions, с Yes No 2 Activities Test. Answer (a) and (b) below. a 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 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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 Parent of Supported Organizations. Answer (a) and (b) below. 3 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b

Schedule A (Form 990 or 990-EZ) 2019

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Sche	dule A (Form 990 or 990-EZ) 2019 SHARE PREGNANCY & INFAN	r los	SS SUPPORT	37-1282573 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion 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			
	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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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		
Sect	ion 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Sche Par	dule A (Form 990 or 990-EZ) 2019 SHARE PREGNANG			7-1282573 Page 7		
Secti	on D - Distributions		(Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets					
5	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 the	e organization is responsive				
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount		1			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reason-					
	able cause required- explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2019					
a	From 2014					
b	From 2015					
C	From 2016					
d	From 2017					
e	From 2018					
f	Total of lines 3a through e					
	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
6	than zero, explain in Part VI. See instructions.					
0	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental In Part IV, Section A, line line 1; Part IV, Sectior	SHARE PREGNANCY & INFANT LOSS SUPPORT 37–1282573 Page 8 formation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; es 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, n 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, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	III, LINE 12, EXPLANATION FOR OTHER INCOME:
SPECIAL EVENTS	
2015 AMOUNT: \$ 6	63,638.
2016 AMOUNT: \$ 1	112,654.
2017 AMOUNT: \$ 1	103,703.
2018 AMOUNT: \$ 6	69,656.
2019 AMOUNT: \$ 4	49,609.
MISCELLANEOUS	
2015 AMOUNT: \$ 5	575.
2016 AMOUNT: \$ 1	1,074.
2017 AMOUNT: \$ 3	3.
2018 AMOUNT: \$ 1	1,130.
2019 AMOUNT: \$ 1	14.

SC	HEDULE D	Supplemental Financial Statements	OMB No. 1545-0047	
	n 990)		2019	
Denart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Nam	e of the organization		Em	ployer identification number
Do	t l Organiza	SHARE PREGNANCY & INFANT LOSS SUPPORT		37-1282573
Pa		Itions Maintaining Donor Advised Funds or Other Similar Funds or A	ccoui	Its. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Eur	nds and other accounts
			(b) Fui	
1				
2 3		contributions to (during year)		
3 4		grants from (during year)		
5		n inform all donors and donor advisors in writing that the assets held in donor advised fun	de	
U	-	n's property, subject to the organization's exclusive legal control?		Yes No
6		n inform all grantees, donors, and donor advisors in writing that grant funds can be used of		
-		oses and not for the benefit of the donor or donor advisor, or for any other purpose confer		
	impermissible priva		•	Yes No
Pa		ation Easements. Complete if the organization answered "Yes" on Form 990, Part IV		
1		ervation easements held by the organization (check all that apply).		
	Preservation	of land for public use (for example, recreation or education)	orically	important land area
	Protection o	f natural habitat Preservation of a cert	tified hi	storic structure
	Preservation	of open space		
2	Complete lines 2a	through 2d if the organization held a qualified conservation contribution in the form of a co	nserva	tion easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of co	nservation easements	2a	
b	Total acreage restr	icted by conservation easements	2b	
с	Number of conserv	vation easements on a certified historic structure included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired after 7/25/06, and not on a historic structure		
	listed in the Nation	al Register	2d	
3	Number of conserv	ration easements modified, transferred, released, extinguished, or terminated by the organ	ization	during the tax
	year 🕨			
4		vhere property subject to conservation easement is located		
5		ion have a written policy regarding the periodic monitoring, inspection, handling of		
~		procement of the conservation easements it holds?		
6	Starr and voluntee	r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati	on ease	ements during the year
7		 es incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	non	to during the year
7	Aniount of expension ► \$	es incurred in monitoring, inspecting, narioling of violations, and emotcing conservation ea	semen	its during the year
8) <i>(</i> i)	
0	and section 170(h)			Yes No
9		how the organization reports conservation easements in its revenue and expense stater		
Ũ		l include, if applicable, the text of the footnote to the organization's financial statements the		
		punting for conservation easements.	at doo	
Pa	rt III Organiza	tions Maintaining Collections of Art, Historical Treasures, or Other S	Simila	r Assets.
	Complete if	the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	ance s	heet works
	of art, historical tre	asures, or other similar assets held for public exhibition, education, or research in furthera	nce of	public
	service, provide in	Part XIII the text of the footnote to its financial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 958, to report in its revenue statement and balanc	e sheet	t works of
	art, historical treas	ures, or other similar assets held for public exhibition, education, or research in furtheranc	e of pu	blic service,
	provide the followi	ng amounts relating to these items:		
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1	. 🕨	\$
		d in Form 990, Part X		\$
2	If the organization	received or held works of art, historical treasures, or other similar assets for financial gain,		e
	the following amou	ints required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included	on Form 990, Part VIII, line 1	. 🕨	\$
b		Form 990, Part X		\$

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Schedule D (Form 990) 2019

932051 10-02-19

Sche		REGNANCY &						82573	Pag	_{ge} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tı	easures, o	r Other S	Similaı	^r Assets	(continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that	: make sign	ificant ι	ise of its	·	,	
	collection items (check all that apply):									
а	Public exhibition	c	l 🗌 Loan or e	change progra	am					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizatio	on's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	asures, or othe	er similar as	sets		_		
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered '	'Yes" on Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other ass	sets not inc	luded		_		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					lf		7		
2a	Did the organization include an amount on F				•	?	L	Yes	Щ	No
b	If "Yes," explain the arrangement in Part XIII.									
Par	TV Endowment Funds. Complete									
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance									
b	Contributions									
с	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 curr	•	e (line 1g, column	a)) neid as:						
a h	Board designated or quasi-endowment ► Permanent endowment ►		%							
b		⁷⁰								
С	The percentages on lines 2a, 2b, and 2c sho									
30	Are there endowment funds not in the posse	•	ation that are held	and administer	ed for the (oragniza	ation			
oa	by:					Jiganiza			'es	No
	(i) Unrelated organizations							3a(i)		110
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the			• • • • • • • • • • • • • • • • • • • •						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990	, Part X, lin	e 10.				
	Description of property	(a) Cost or c basis (investr	other (b) Co	st or other s (other)	(c) Acc		ed	(d) Book	value	
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment			16,100.		.5,0'		1	,02	2.
е	Other			28,863.	2	23,0	57.		,80	
Tota	. Add lines 1a through 1e. <i>(Column (d) must</i> e	equal Form 990, Part	X, column (B), line	10c.)				6	,82	8.

Schedule D (Form 990) 2019

	(Form 990) 2019			ANCY &	INFANT	LOSS	SUPPORT		37-1282573	Page 3
Part VII	Investments -	Other Secu	rities.							
	Complete if the org									
(a) Descrip	otion of security or categ	JOTY (including name	e of security)	(b) Bo	ok value	(c) I	Method of valuation	on: Cost or	end-of-year market v	alue
1) Financia	al derivatives									
(2) Closely	held equity interests									
(3) Other										
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
Total. (Col. (b) must equal Form 990), Part X, col. (B)	line 12.) 🕨							
Part VIII	Investments -	•								
	Complete if the org	anization answ	ered "Yes"			<u>11c. See</u>	Form 990, Part X	<u>, line 13.</u>		
	(a) Description of	investment		(a) BO	ok value		viethod of valuation	UII. COST OF	end-of-year market v	alue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
<u>(8)</u> (9)										
	h) must squal Form 000	Dort V. col. (D)	lino 12 \							
Part IX	b) must equal Form 990 Other Assets.	, Falt A, COL (D)								
	Complete if the org	anization answ	ered "Yes"	on Form 990) Part IV line	11d See	Form 990 Part X	line 15		
	o o inplote in the org			Description	, i alt iv, into	110.000		,	(b) Book va	alue
(1)			. ,							
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
Total. (Colu	ımn (b) must equal Fo	orm 990. Part X.	col. (B) lin	e 15.)						
Part X	Other Liabilitie	s.								
	Complete if the org	anization answ	ered "Yes"	on Form 990), Part IV, line	11e or 11	f. See Form 990,	Part X, line	25.	
1.	(a) De	escription of lia	oility						(b) Book va	alue
(1) Fed	leral income taxes									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
Total. (Colu	ımn (b) must equal Fo	orm 990, Part X,	col. (B) lin	e 25.)		<u></u>				
2. Liability	for uncertain tax pos	sitions. In Part >	(III, provide	the text of t	he footnote to	the orga	nization's financia	al statemen	ts that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2019 SHARE PREGNANCY & INFANT L				282573 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Revenue per Re	turn.	
1				1	317,889.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				517,0050
- a	Net unrealized gains (losses) on investments	2a	1,532.		
b	Donated services and use of facilities	·	19,899.		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		81,461.		
e	Add lines 2a through 2d			2e	102,892.
3	Subtract line 2e from line 1			3	214,997.
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			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	214,997.		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	418,837.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	19,899.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d	81,461.		
е	Add lines 2a through 2d			2e	101,360.
3	Subtract line 2e from line 1			3	317,477.
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.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	317,477.
Pa	t XIII Supplemental Information.				

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXP REDUCING 990 REV

81,461.

81,461.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXP REDUCING 990 REV

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047			
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2019			
Department of the Treasury	Ŭ	Attach to Form 990			-			Open to Public			
Internal Revenue Service		to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.	_	Inspection			
Name of the organization		REGNANCY & INFANT	LOSS	s si	ΙΡΡΟRͲ		Employer id 37-128	lentification number 2.5.7.3			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990 EZ filers are not											
required to	complete this part	t.									
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants 											
	email solicitations			Ũ	nment grants						
c 🔄 Phone solicit	ations	g 📃 Specia	l fundra	ising e	events						
d In-person sol		r arel agreement with any individual	l (inclus	ina of	ficara directore truc	+	~ *				
•		r oral agreement with any individual art VII) or entity in connection with p		Ũ		itees,	or	es No			
		viduals or entities (fundraisers) pursu			U U	he fur					
compensated at lea	ast \$5,000 by the	organization.									
(i) Name and address	s of individual		(iii) fundr	Did	(iv) Gross receipts		Amount paid or retained by	(VI) Amount paid			
or entity (fund		(ii) Activity	have c or cor contrib	ustody trol of	from activity	Ì	fundraiser ted in col. (i)	to (or retained by) organization			
			Yes	No		115					
			res	NO							
			_								
			_								
Tatal				•							
Total 3 List all states in white or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	utions	I or has been notified	it is e	exempt from	registration			

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

 Schedule G (Form 990 or 990-EZ) 2019
 SHARE
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 37-1282573
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro			-	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WALK	ANGEL BALL	4	(add col. (a) through
			(event type)	(event type)		col. (c))
ne			(((
Revenue	1	Gross receipts	93,815.	11,160.	129,959.	234,934.
	2	Less: Contributions			103,864.	103,864.
_	3	Gross income (line 1 minus line 2)	93,815.	11,160.	26,095.	131,070.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	6,323.	1,239.	2,350.	9,912.
lirect Ex	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	33,234.	15,142.	23,173.	71,549.
	10	Direct expense summary. Add lines 4 through			🕨	81,461.
Da	11 rt			000 Dart IV/ line 10 ar r		49,609.
14		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	1990, Part IV, line 19, 011	eponed more than	
		. ,	(a) Diana	(b) Pull tabs/instant		(d) Total gaming (add
anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	•	Not soming income ourselves. Output the 7	from line 1 line (-1)		⊾	
	ø	Net gaming income summary. Subtract line 7	from line 1, column (d)		····· •	<u> </u>
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
b	lf "	No," explain:				
40						
		ere any of the organization's gaming licenses re				Yes No
U		Yes," explain:				
	_					

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 SHARE PREGNANCY & INFANT LOSS SUPPORT 37-1	282	573	Page 3
-	Does the organization conduct gaming activities with nonmembers?		Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes	No
	 If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ \$ If "Yes," enter name and address of the third party: 			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	 Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 		Yes	No No
_	organization's own exempt activities during the tax year 🕨 \$			
Ра	Image: supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lir	nes 9,	9b, 10b,
		_		

Schedule G	a (Form 990 or 990 Supplementa	-EZ)	SHARE	PREGNANCY	&	INFANT	LOSS	SUPPORT	37-1282573	Page 4
Part IV	Supplementa	al Informa	ation _{(col}	ntinued)						

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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. ► Attach to Form 990 or 990-EZ.

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

SHARE PREGNANCY & INFANT LOSS SUPPORT



37-1282573

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STILLBIRTH OR IN THE FIRST FEW MONTHS OF LIFE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SHARE SERVES BEREAVED FAMILIES THROUGH ADDITIONAL PROGRAMS WHICH

INCLUDE PRINTED MATERIAL RESOURCES, SUPPORT OF SHARE CHAPTERS AROND THE

COUNTRY, COMMUNITY OUTREACH, AND SHARE'S ONLINE MAGAZINE.

EXPENSES \$ 149,589. INCLUDING GRANTS OF \$ 0. REVENUE \$ 41,930.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION - BOARD REVIEWS FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION C, LINE 19:

ALL FINANCIAL INFORMATION IS AVAILABLE UPON REQUEST. PRIVACY POLICY, NON

DISCRIMINATION POLICY, ANNUAL REPORT, AND FORM 990 ARE AVAILABLE ON

WWW.NATIONALSHARE.ORG WEBSITE.

Form **8868**

(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

N = 1		
File a separate	application for	each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpave	r identificat	ion number (TIN)	
print							
	SHARE PREGNANCY & INFANT LOSS SUPPORT 3'						
File by the due date for filing your	402 JACKSON STREET	ee instruct	ions.				
return. See instruction		oreign addı	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1	
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	00 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	90-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99)0-PF	04	Form 5227			10	
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	90-T (trust other than above)	06	Form 8870			12	
 If the If this box 1 In the the<	request an automatic 6-month extension of time until le organization named above. The extension is for the orga	Group Exe and atta MAX anization's , an	mption Number (GEN) If ch a list with the names and TINs of X 17, 2021, to file return for: d ending	f this is fo all memb	r the whole ers the ext npt organiz	e group, check this ension is for.	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a							
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
e	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b						
сB	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						
	using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$						
Cautior instruct	:: If you are going to make an electronic funds withdrawal ons.	(direct deb	bit) with this Form 8868, see Form 84	53-EO an	d Form 88	79-EO for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)