

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning **07/01/19** , and ending **06/30/20**

-*7569

Share Your Care, Inc.

Net Asset / Fund Balance at Beginning of Year 627,614

Revenue

Contributions	1,279,403
Program service revenue	920,913
Investment income	15,674
Capital gain / loss	750

Fundraising / Gaming:

Gross revenue _____

Direct expenses _____

Net income _____

Other income 3,221

Total revenue 2,219,961

Expenses

Program services	2,007,977
Management and general	530,510

Fundraising _____

Total expenses 2,538,487

Excess / (deficit) -318,526

Changes -12,437

Net Asset / Fund Balance at End of Year 296,651

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Reconciliation of Revenue

Total revenue per financial statements 2,207,524

Less:

Unrealized gains -12,437

Donated services _____

Recoveries _____

Other _____

Plus:

Investment expenses _____

Other _____

Total revenue per return 2,219,961

Reconciliation of Expenses

Total expenses per financial statements 2,538,487

Less:

Donated services _____

Prior year adjustments _____

Losses _____

Other _____

Plus:

Investment expenses _____

Other _____

Total expenses per return 2,538,487

Balance Sheet

	Beginning	Ending	Differences
Assets	795,315	870,548	
Liabilities	167,701	573,897	
Net assets	627,614	296,651	-330,963

Miscellaneous Information

Amended return _____

Return / extended due date 05/17/21

Failure to file penalty _____

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047
2019
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **Share Your Care, Inc.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **P.O. Box 35101** Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **Albuquerque, NM 87176**

D Employer identification number: ****-***7569**

E Telephone number: **505-298-1700**

G Gross receipts\$: **2,219,961**

F Name and address of principal officer:
Nick Pavlakos
P.O. Box 35101
Albuquerque NM 87176

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **www.shareyourcare.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1975** **M** State of legal domicile: **NM**

H(c) Group exemption number: _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The purpose of Share Your Care, Inc is to provide day care for the elderly and other persons of limited ability who are over eighteen years of age as an alternative to institutional care.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	113
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,196,779	1,279,403
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,101,919	920,913
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	618	16,424
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,505	3,221
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,300,821	2,219,961
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,472,271	1,896,313
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	990,407	642,174
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,462,678	2,538,487	
19 Revenue less expenses. Subtract line 18 from line 12	-161,857	-318,526	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	795,315	870,548
	22 Net assets or fund balances. Subtract line 21 from line 20	167,701	573,897
		627,614	296,651

Part II Signature Block

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

Sign Here

Signature of officer: **Nick Pavlakos** Date: _____
 Executive Director
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Ollie D. Waters** Preparer's signature: **Ollie D. Waters** Date: **11/10/21** Check if self-employed PTIN: *********

Firm's name: **Moye Waters & Associates, LLC** Firm's EIN: **** - *** 5985**
 3311 Candelaria NE Suite J
 Firm's address: **Albuquerque, NM 87107-1952** Phone no.: **505-260-0616**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
The purpose of Share Your Care, Inc is to provide day care for the elderly and other persons of limited ability who are over eighteen years of age as an alternative to institutional care.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ **2,007,977** including grants of\$) (Revenue \$ **920,913**)
Operations were suspended in FY 2020 due to the COVID-19 pandemic.

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4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses ► **2,007,977**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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 "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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 "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	3
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	113		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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.		X

Section 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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NM**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

Organization **2651 Pan American Freeway, Suite A**
Albuquerque **NM 87107** **505-298-1700**

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

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

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) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Nick Pavlakos Executive Director	40.00 0.00			X			83,100	0	0	
(2) Pam Barncastle Director	2.00 0.00	X					0	0	0	
(3) Margaret Bell Director	2.00 0.00	X					0	0	0	
(4) Pamela K. Carter Vice-President	2.00 0.00	X					0	0	0	
(5) Eva Fomalont President	2.00 0.00	X					0	0	0	
(6) Carolyn Gonzales Director	2.00 0.00	X					0	0	0	
(7) Marilyn Muffly Treasurer	2.00 0.00	X					0	0	0	
(8) Daniel Regan Secretary	2.00 0.00	X					0	0	0	
(9) Sherrie Williams Director	2.00 0.00	X					0	0	0	
(10) James E. Wise Director	2.00 0.00	X					0	0	0	
(11)										

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,206,044					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	73,359					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			1,279,403				
Program Service Revenue	2a Medicaid Fees	Business Code	624100	567,437	567,437			
	b Other Program Fees		624100	274,181	274,181			
	c Private Pay Fees		624100	79,295	79,295			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			920,913				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			15,674			15,674	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real						
		(ii) Personal						
		6b Less: rental expenses						
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other			750			
		b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c			750			
	d Net gain or (loss)				750	750		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a							
	b Less: direct expenses	8b						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19	9a							
	b Less: direct expenses	9b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
	b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11a Other Income	Business Code		3,221	3,221			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				3,221			
12 Total revenue. See instructions				2,219,961	924,884	0	15,674	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign 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, trustees, and key employees	83,100		83,100	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,548,021	1,344,505	203,516	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	135,951	112,062	23,889	
10 Payroll taxes	129,241	106,531	22,710	
11 Fees for services (nonemployees):				
a Management				
b Legal	405		405	
c Accounting	11,219		11,219	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	25,833	13,312	12,521	
12 Advertising and promotion	7,541	32	7,509	
13 Office expenses	34,350	11,481	22,869	
14 Information technology	37,369	25,618	11,751	
15 Royalties				
16 Occupancy	159,826	109,862	49,964	
17 Travel	22,086	19,097	2,989	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,091		5,091	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,846	2,251	11,595	
23 Insurance	114,309	69,781	44,528	
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 O.)				
a Program meals	81,944	81,801	143	
b Repairs and Maint	65,445	59,857	5,588	
c Program Expense	42,161	36,412	5,749	
d Miscellaneous expenses	18,228	13,734	4,494	
e All other expenses	2,521	1,641	880	
25 Total functional expenses. Add lines 1 through 24e	2,538,487	2,007,977	530,510	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	104,365	1	385,633
	2 Savings and temporary cash investments	376,130	2	223,374
	3 Pledges and grants receivable, net	115,325	3	82,149
	4 Accounts receivable, net	127,115	4	131,186
	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 Inventories for sale or use	1,788	8	640
	9 Prepaid expenses and deferred charges	24,016	9	14,836
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 972,899		
	b Less: accumulated depreciation	10b 940,169	46,576	10c 32,730
	11 Investments—publicly traded securities		11	
	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)		795,315	16	870,548
Liabilities	17 Accounts payable and accrued expenses	138,170	17	206,991
	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	
	22 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	
	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	29,531	25	366,906
	26 Total liabilities. Add lines 17 through 25	167,701	26	573,897
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	605,525	27	287,921
	28 Net assets with donor restrictions	22,089	28	8,730
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	627,614	32	296,651
33 Total liabilities and net assets/fund balances	795,315	33	870,548	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,219,961
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,538,487
3	Revenue less expenses. Subtract line 2 from line 1	3	-318,526
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	627,614
5	Net unrealized gains (losses) on investments	5	-12,437
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	296,651

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2019 Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization Share Your Care, Inc. Employer identification number **-***7569

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	1,555,053	1,277,218	1,168,704	1,192,329	1,279,403	6,472,707
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	32,009	26,966	27,429			86,404
4 Total. Add lines 1 through 3	1,587,062	1,304,184	1,196,133	1,192,329	1,279,403	6,559,111
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						6,559,111

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,587,062	1,304,184	1,196,133	1,192,329	1,279,403	6,559,111
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,498	12,582	16,894	20,699	15,674	77,347
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,941	19,322	853	1,505	3,221	27,842
11 Total support. Add lines 7 through 10						6,664,300
12 Gross receipts from related activities, etc. (see instructions)					12	5,870,657

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13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	98.42%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	98.62%

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV 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

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

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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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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 that these activities constituted substantially all of its activities.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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 -1/2% 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	

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Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Table with 2 columns: Section D - Distributions (lines 1-10) and Current Year.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2019, and (iii) Distributable Amount for 2019. Includes lines 1-10 and sub-rows a-e.

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

Part II, Line 10 - Other Income Detail

Other Income \$ 27,842

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Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047
2019

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization
Share Your Care, Inc.

Employer identification number
****-***7569**

Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

Share Your Care, Inc.

Employer identification number

-*7569

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Contributions 2651 Pan American Freeway NE Suite A Albuquerque NM 87107	\$ 73,359	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NM ALTSD 22550 Cerrillos Road Santa Fe NM 87505	\$ 28,996	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NM CYFD- CACFP PO Box 5160 Santa Fe NM 87502	\$ 41,886	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	City of Albuquerque Family and Community Services Area Agency on Aging 600 2nd Street NW, Suite 808 Albuquerque NM 87102	\$ 874,181	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NCNMEDD 3900 Paseo del Sol Santa Fe NM 87507	\$ 260,981	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Share Your Care, Inc.

Employer identification number

-*7569

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, acreage, and expenses, and two yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
 - a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
 - b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
 - b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 - a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		
(ii) Related organizations		
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		34,067	34,067	
c Leasehold improvements		187,297	187,297	
d Equipment		696,713	670,804	25,909
e Other		54,822	48,001	6,821
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				32,730

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Paycheck Protection Program Loan	346,500
(3) Capital Lease- Long term portion	15,014
(4) Capital Lease- current portion	5,392
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	366,906

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,207,524
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-12,437
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-12,437
3	Subtract line 2e from line 1	3	2,219,961
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,219,961

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,538,487
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,538,487
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,538,487

Part 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 X - FIN 48 Footnote

Share Your Care annually evaluates all federal and state income tax positions. This process includes an analysis of whether these income tax positions the organization takes meet the definition of an uncertain tax position under the Income Taxes Topic of the Financial Accounting Standards Codification. As of June 30, 2020 there were no uncertain tax positions noted. Share Your Care's policy is to classify income tax penalties and interest, when applicable, according to their natural classification. Under the statute of limitations, Share Your Care's tax returns are no longer subject to examination by tax authorities for years prior to 2017.

Part XIII Supplemental Information *(continued)*

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Share Your Care, Inc.

Employer identification number

**** - ***7569**

Amended Return Explanation

To amend Form 990 to reflect audited financial statements.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A draft copy of the 990 is given to the Board of Directors for review and acceptance prior to submission to the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board members are required to report any actual or potential conflicts of interest that may arise during the fiscal year.

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Form 990, Part VI, Line 15a - Compensation Process for Top Official

A compensation analysis is performed using data of nonprofit organizations of similar size and purpose. The board of directors reviews this data in determining the compensation of officers. The compensation levels of officers are approved as agenda items in board meetings. Documentation of Board actions are recorded in the minutes of the Organization.

Form 990, Part VI, Line 15b - Compensation Process for Officers

A compensation analysis is performed using data of nonprofit organizations of similar size and purpose. The board of directors reviews this data in determining the compensation of officers. The compensation levels of officers are approved as agenda items in board meetings. Documentation of Board actions are recorded in the

Name of the organization

Employer identification number

Share Your Care, Inc.

**** - ***7569**

minutes of the Organization.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents for the organization are available on the Organizations website, the Guidestar website, and upon written request.

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019

Attachment Sequence No. **179**

Name(s) shown on return

Share Your Care, Inc.

Identifying number

****-***7569**

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	13,846

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	13,846
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2019)

DAA

There are no amounts for Page 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
2	Phone System	5/15/02	1,905			1,905	3 MO S/L	1,905	0
3	HP Laptop	3/15/04	1,599			1,599	3 MO S/L	1,599	0
4	HP Computer	5/15/04	1,399			1,399	3 MO S/L	1,399	0
5	Intel Pentium Server	12/15/04	3,060			3,060	3 MO S/L	3,060	0
6	Cabling- Broadbent	5/31/10	4,024			4,024	5 MO S/L	4,024	0
7	2003 Ford Focus	5/15/05	8,990			8,990	5 MO S/L	8,990	0
8	2006 Ford focus	5/15/06	14,875			14,875	5 MO S/L	14,875	0
9	2002 Tacoma	1/27/10	5,878			5,878	5 MO S/L	5,878	0
11	Barelas- 2004 ford GWC 990	10/15/04	29,519			29,519	5 MO S/L	29,519	0
12	Barelas- 2004 Ford GWC 989	10/15/04	29,519			29,519	5 MO S/L	29,519	0
13	Barelas- 2011 Ford Star Tran Bus	4/15/11	43,616			43,616	5 MO S/L	43,616	0
14	Bear Canyon- 2010 Ford Startan Van	4/15/10	45,757			45,757	5 MO S/L	45,757	0
16	Los Volcanes- Gateway Desktop	10/15/05	1,389			1,389	3 MO S/L	1,389	0
17	Los Volcanes- 2010 Ford Startvan	4/08/10	45,757			45,757	5 MO S/L	45,757	0
18	North Valley- Gateway Dektop	10/15/05	1,389			1,389	3 MO S/L	1,389	0
20	North Valley- 2010 Ford Startan Van	4/15/10	45,757			45,757	5 MO S/L	45,757	0
22	Ponderosa- A/C Heater	8/15/01	1,540			1,540	3 MO S/L	1,540	0
23	Ponderosa- Phone System	5/15/04	4,500			4,500	3 MO S/L	4,500	0
24	Ponderosa- Furniture and Equipment	6/30/01	24,323			24,323	3 MO S/L	24,323	0
25	Ponderosa- Building and Improvements	7/15/93	34,067			34,067	7 MO S/L	34,067	0
26	Ponderosa- Leasehold Improvements	6/15/05	41,497			41,497	7 MO S/L	41,497	0
27	Ponderosa- Leasehold Improvements	6/15/06	32,853			32,853	7 MO S/L	32,853	0
28	Ponderosa- Leasehold Improvements	1/15/07	17,755			17,755	5 MO S/L	17,755	0
29	Ponderosa- Improvements- St Andrews kitcl	1/15/08	5,497			5,497	7 MO S/L	5,497	0
30	Ponderosa- Improvements- St Andrews AC	4/15/09	6,974			6,974	7 MO S/L	6,974	0
31	Ponderosa- Leasehold Improvements	6/15/05	5,712			5,712	7 MO S/L	5,712	0
35	Ponderosa- 2005 Ford Van	2/15/05	43,016			43,016	5 MO S/L	43,016	0
36	Ponderosa- Braun Van PV5	5/15/07	33,573			33,573	5 MO S/L	33,573	0
37	Ponderosa- 2011 Ford Star Tran bus Sold Scrapped 11/08/19	4/15/11	43,616			43,616	5 MO S/L	43,616	0
38	Ponderosa- 2012 Dodge Braun Van	4/19/12	35,018			35,018	5 MO S/L	35,018	0
40	Rio Rancho- Gateway Desktop	10/15/05	1,079			1,079	3 MO S/L	1,079	0
41	Rio Rancho- Gateway Desktop	10/15/05	1,389			1,389	3 MO S/L	1,389	0
42	Rio Rancho- Furniture and Equipment	6/30/01	16,297			16,297	3 MO S/L	16,297	0
43	Rio Rancho- Couch and Chairs	3/15/10	2,002			2,002	10 MO S/L	1,861	141
44	Rio Rancho- Mobile mini Storage	4/27/12	3,300			3,300	10 MO S/L	2,379	330
45	Rio Rancho- LHI (Pres Church)	3/15/10	72,985			72,985	5 MO S/L	72,985	0
46	Rio Rancho- Braun Van PV5	2/15/07	33,573			33,573	5 MO S/L	33,573	0
47	Rio Rancho- 2011 Ford Startran Van	4/15/11	43,616			43,616	5 MO S/L	43,616	0
48	Rio Rancho- 2012 Dodge Braun Van	4/19/12	35,018			35,018	5 MO S/L	35,018	0
49	2013 Dodge Grand Caravan	4/02/13	35,018			35,018	5 MO S/L	35,018	0
50	2013 Dodge Grand Caravan	4/02/13	35,018			35,018	5 MO S/L	35,018	0
51	Vehicle-Gallup NM	7/01/07	22,025			22,025	5 MO S/L	22,025	0
53	Freezer	8/05/13	1,750			1,750	5 MO S/L	1,750	0
54	Konica Minolta C3350 Printer	6/01/14	4,200			4,200	5 MO S/L	4,200	0
55	Konica Minolta C3350 Printer	6/01/14	4,200			4,200	5 MO S/L	4,200	0
56	Konica Minolta C3350 Printer	6/01/14	4,200			4,200	5 MO S/L	4,200	0
57	Konica Minolta C3350 Printer	6/01/14	4,200			4,200	5 MO S/L	4,200	0
58	Konica Minolta C3350 Printer	6/01/14	4,200			4,200	5 MO S/L	4,200	0
59	Konica Minolta C3350 Printer	6/01/14	4,200			4,200	5 MO S/L	4,200	0
60	Konica Minolta C35p Printer	6/01/14	1,000			1,000	5 MO S/L	1,000	0
61	Konica Minolta C35p Printer	6/01/14	1,000			1,000	5 MO S/L	1,000	0
62	Konica Minolta C35p Printer	6/01/14	1,000			1,000	5 MO S/L	1,000	0
63	Konica Minolta C35p Printer	6/01/14	1,000			1,000	5 MO S/L	1,000	0
64	Konica Minolta C35p Printer	6/01/14	1,000			1,000	5 MO S/L	1,000	0
65	Konica Minolta C35p Printer	6/01/14	1,000			1,000	5 MO S/L	1,000	0
66	Konica Minolta C35p Printer	6/01/14	1,000			1,000	5 MO S/L	1,000	0
69	Konica Minolta C364E	9/01/15	21,400			21,400	5 MO S/L	16,407	4,280
70	Lexmark C2240	11/18/18	4,900			4,900	5 MO S/L	572	980
71	Lexmark XC2235 (7)	11/18/18	1,512			1,512	5 MO S/L	176	303
72	Bizhub C308	11/18/18	8,900			8,900	5 MO S/L	1,038	1,780
73	Bizhub	11/18/18	9,825			9,825	5 MO S/L	1,146	1,965
74	Overhead Door-Rio Rancho	1/01/19	8,900			8,900	5 MO S/L	890	1,780
75	Vehicle Lift	2/04/19	6,181			6,181	5 MO S/L	515	1,236
76	Fire System	12/05/18	5,253			5,253	5 MO S/L	613	1,051

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Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>1,016,515</u>			<u>1,016,515</u>		<u>969,939</u>	<u>13,846</u>
	Total ACRS and Other Depreciation		<u>1,016,515</u>			<u>1,016,515</u>		<u>969,939</u>	<u>13,846</u>
	Grand Totals		1,016,515			1,016,515		969,939	13,846
	Less: Dispositions and Transfers		43,616			43,616		43,616	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>972,899</u>			<u>972,899</u>		<u>926,323</u>	<u>13,846</u>

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AMT Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
2	Phone System	5/15/02	0				0	0	HY	0	0
3	HP Laptop	3/15/04	0				0	0	HY	0	0
4	HP Computer	5/15/04	0				0	0	HY	0	0
5	Intel Pentium Server	12/15/04	0				0	0	HY	0	0
6	Cabling- Broadbent	5/31/10	0				0	0	HY	0	0
7	2003 Ford Focus	5/15/05	0				0	0	HY	0	0
8	2006 Ford focus	5/15/06	0				0	0	HY	0	0
9	2002 Tacoma	1/27/10	0				0	0	HY	0	0
11	Barelas- 2004 ford GWC 990	10/15/04	0				0	0	HY	0	0
12	Barelas- 2004 Ford GWC 989	10/15/04	0				0	0	HY	0	0
13	Barelas- 2011 Ford Star Tran Bus	4/15/11	0				0	0	HY	0	0
14	Bear Canyon- 2010 Ford Startan Van	4/15/10	0				0	0	HY	0	0
16	Los Volcanes- Gateway Desktop	10/15/05	0				0	0	HY	0	0
17	Los Volcanes- 2010 Ford Startvan	4/08/10	0				0	0	HY	0	0
18	North Valley- Gateway Dektop	10/15/05	0				0	0	HY	0	0
20	North Valley- 2010 Ford Startan Van	4/15/10	0				0	0	HY	0	0
22	Ponderosa- A/C Heater	8/15/01	0				0	0	HY	0	0
23	Ponderosa- Phone System	5/15/04	0				0	0	HY	0	0
24	Ponderosa- Furniture and Equipment	6/30/01	0				0	0	HY	0	0
25	Ponderosa- Building and Improvements	7/15/93	0				0	0	HY	0	0
26	Ponderosa- Leasehold Improvements	6/15/05	0				0	0	HY	0	0
27	Ponderosa- Leasehold Improvements	6/15/06	0				0	0	HY	0	0
28	Ponderosa- Leashold Improvements	1/15/07	0				0	0	HY	0	0
29	Ponderosa- Improvements- St Andrews kitcl	1/15/08	0				0	0	HY	0	0
30	Ponderosa- Improvements- St Andrews AC	4/15/09	0				0	0	HY	0	0
31	Ponderosa- Leasehold Improvements	6/15/05	0				0	0	HY	0	0
35	Ponderosa- 2005 Ford Van	2/15/05	0				0	0	HY	0	0
36	Ponderosa- Braun Van PV5	5/15/07	0				0	0	HY	0	0
37	Ponderosa- 2011 Ford Star Tran bus Sold Scrapped 11/08/19	4/15/11	0				0	0	HY	0	0
38	Ponderosa- 2012 Dodge Braun Van	4/19/12	0				0	0	HY	0	0
40	Rio Rancho- Gateway Desktop	10/15/05	0				0	0	HY	0	0
41	Rio Rancho- Gateway Desktop	10/15/05	0				0	0	HY	0	0
42	Rio Rancho- Furniture and Equipment	6/30/01	0				0	0	HY	0	0
43	Rio Rancho- Couch and Chairs	3/15/10	0				0	0	HY	0	0
44	Rio Rancho- Mobile mini Storage	4/27/12	0				0	0	HY	0	0
45	Rio Rancho- LHI (Pres Church)	3/15/10	0				0	0	HY	0	0
46	Rio Rancho- Braun Van PV5	2/15/07	0				0	0	HY	0	0
47	Rio Rancho- 2011 Ford Startran Van	4/15/11	0				0	0	HY	0	0
48	Rio Rancho- 2012 Dodge Braun Van	4/19/12	0				0	0	HY	0	0
49	2013 Dodge Grand Caravan	4/02/13	0				0	0	HY	0	0
50	2013 Dodge Grand Caravan	4/02/13	0				0	0	HY	0	0
51	Vehicle-Gallup NM	7/01/07	0				0	0	HY	0	0
53	Freezer	8/05/13	1,750				1,750	5	MO S/L	1,750	0
54	Konica Minolta C3350 Printer	6/01/14	0				0	0	HY	0	0
55	Konica Minolta C3350 Printer	6/01/14	0				0	0	HY	0	0
56	Konica Minolta C3350 Printer	6/01/14	0				0	0	HY	0	0
57	Konica Minolta C3350 Printer	6/01/14	0				0	0	HY	0	0
58	Konica Minolta C3350 Printer	6/01/14	0				0	0	HY	0	0
59	Konica Minolta C3350 Printer	6/01/14	0				0	0	HY	0	0
60	Konica Minolta C35p Printer	6/01/14	0				0	0	HY	0	0
61	Konica Minolta C35p Printer	6/01/14	0				0	0	HY	0	0
62	Konica Minolta C35p Printer	6/01/14	0				0	0	HY	0	0
63	Konica Minolta C35p Printer	6/01/14	0				0	0	HY	0	0
64	Konica Minolta C35p Printer	6/01/14	0				0	0	HY	0	0
65	Konica Minolta C35p Printer	6/01/14	0				0	0	HY	0	0
66	Konica Minolta C35p Printer	6/01/14	0				0	0	HY	0	0
69	Konica Minolta C364E	9/01/15	21,400				21,400	5	MO S/L	16,407	4,280
70	Lexmark C2240	11/18/18	4,900				4,900	5	MO S/L	572	980
71	Lexmark XC2235 (7)	11/18/18	1,512				1,512	5	MO S/L	176	303
72	Bizhub C308	11/18/18	8,900				8,900	5	MO S/L	1,038	1,780
73	Bizhub	11/18/18	9,825				9,825	5	MO S/L	1,146	1,965
74	Overhead Door-Rio Rancho	1/01/19	8,900				8,900	5	MO S/L	890	1,780
75	Vehicle Lift	2/04/19	6,181				6,181	5	MO S/L	515	1,236
76	Fire System	12/05/18	5,253				5,253	5	MO S/L	613	1,051

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AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>68,621</u>			<u>68,621</u>		<u>23,107</u>	<u>13,375</u>
	Total ACRS and Other Depreciation		<u>68,621</u>			<u>68,621</u>		<u>23,107</u>	<u>13,375</u>
	Grand Totals		68,621			68,621		23,107	13,375
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>68,621</u>			<u>68,621</u>		<u>23,107</u>	<u>13,375</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<p>There are no assets that meet the criteria of this report</p>						

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Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
2	Phone System	5/15/02	1,905	0	0
3	HP Laptop	3/15/04	1,599	0	0
4	HP Computer	5/15/04	1,399	0	0
5	Intel Pentium Server	12/15/04	3,060	0	0
6	Cabling- Broadbent	5/31/10	4,024	0	0
7	2003 Ford Focus	5/15/05	8,990	0	0
8	2006 Ford focus	5/15/06	14,875	0	0
9	2002 Tacoma	1/27/10	5,878	0	0
11	Barelas- 2004 ford GWC 990	10/15/04	29,519	0	0
12	Barelas- 2004 Ford GWC 989	10/15/04	29,519	0	0
13	Barelas- 2011 Ford Star Tran Bus	4/15/11	43,616	0	0
14	Bear Canyon- 2010 Ford Startan Van	4/15/10	45,757	0	0
16	Los Volcanes- Gateway Desktop	10/15/05	1,389	0	0
17	Los Volcanes- 2010 Ford Startvan	4/08/10	45,757	0	0
18	North Valley- Gateway Dektop	10/15/05	1,389	0	0
20	North Valley- 2010 Ford Startan Van	4/15/10	45,757	0	0
22	Ponderosa- A/C Heater	8/15/01	1,540	0	0
23	Ponderosa- Phone System	5/15/04	4,500	0	0
24	Ponderosa- Furniture and Equipment	6/30/01	24,323	0	0
25	Ponderosa- Building and Improvements	7/15/93	34,067	0	0
26	Ponderosa- Leasehold Improvements	6/15/05	41,497	0	0
27	Ponderosa- Leasehold Improvements	6/15/06	32,853	0	0
28	Ponderosa- Leashold Improvements	1/15/07	17,755	0	0
29	Ponderosa- Improvements- St Andrews kitchen	1/15/08	5,497	0	0
30	Ponderosa- Improvements- St Andrews AC	4/15/09	6,974	0	0
31	Ponderosa- Leasehold Improvements	6/15/05	5,712	0	0
35	Ponderosa- 2005 Ford Van	2/15/05	43,016	0	0
36	Ponderosa- Braun Van PV5	5/15/07	33,573	0	0
38	Ponderosa- 2012 Dodge Braun Van	4/19/12	35,018	0	0
40	Rio Rancho- Gateway Desktop	10/15/05	1,079	0	0
41	Rio Rancho- Gateway Desktop	10/15/05	1,389	0	0
42	Rio Rancho- Furniture and Equipment	6/30/01	16,297	0	0
43	Rio Rancho- Couch and Chairs	3/15/10	2,002	0	0
44	Rio Rancho- Mobile mini Storage	4/27/12	3,300	330	0
45	Rio Rancho- LHI (Pres Church)	3/15/10	72,985	0	0
46	Rio Rancho- Braun Van PV5	2/15/07	33,573	0	0
47	Rio Rancho- 2011 Ford Startran Van	4/15/11	43,616	0	0
48	Rio Rancho- 2012 Dodge Braun Van	4/19/12	35,018	0	0
49	2013 Dodge Grand Caravan	4/02/13	35,018	0	0
50	2013 Dodge Grand Caravan	4/02/13	35,018	0	0
51	Vehicle-Gallup NM	7/01/07	22,025	0	0
53	Freezer	8/05/13	1,750	0	0
54	Konica Minolta C3350 Printer	6/01/14	4,200	0	0
55	Konica Minolta C3350 Printer	6/01/14	4,200	0	0
56	Konica Minolta C3350 Printer	6/01/14	4,200	0	0
57	Konica Minolta C3350 Printer	6/01/14	4,200	0	0
58	Konica Minolta C3350 Printer	6/01/14	4,200	0	0
59	Konica Minolta C3350 Printer	6/01/14	4,200	0	0
60	Konica Minolta C35p Printer	6/01/14	1,000	0	0
61	Konica Minolta C35p Printer	6/01/14	1,000	0	0
62	Konica Minolta C35p Printer	6/01/14	1,000	0	0
63	Konica Minolta C35p Printer	6/01/14	1,000	0	0
64	Konica Minolta C35p Printer	6/01/14	1,000	0	0
65	Konica Minolta C35p Printer	6/01/14	1,000	0	0
66	Konica Minolta C35p Printer	6/01/14	1,000	0	0
69	Konica Minolta C364E	9/01/15	21,400	713	713
70	Lexmark C2240	11/18/18	4,900	980	980
71	Lexmark XC2235 (7)	11/18/18	1,512	302	302
72	Bizhub C308	11/18/18	8,900	1,780	1,780
73	Bizhub	11/18/18	9,825	1,965	1,965
74	Overhead Door-Rio Rancho	1/01/19	8,900	1,780	1,780
75	Vehicle Lift	2/04/19	6,181	1,236	1,236
76	Fire System	12/05/18	5,253	1,050	1,050

Future Depreciation Report **FYE: 6/30/21**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total Other Depreciation		<u>972,899</u>	<u>10,136</u>	<u>9,806</u>
	Total ACRS and Other Depreciation		<u>972,899</u>	<u>10,136</u>	<u>9,806</u>
	Grand Totals		<u>972,899</u>	<u>10,136</u>	<u>9,806</u>

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Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 07/01/19 , ending 06/30/20		

Name **Share Your Care, Inc.** Taxpayer Identification Number ****-***7569**

		2018	2019	Differences	
Revenue	1. Contributions, gifts, grants	1.	73,359	73,359	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	1,206,044	1,206,044	
	4. Program service revenue	4.	920,913	920,913	
	5. Investment income	5.	15,674	15,674	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	618	750	
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.		3,221	
	12. Total revenue. Add lines 1 through 11	12.	618	2,219,961	2,219,343
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.		83,100	
	16. Salaries, other compensation, and employee benefits	16.		1,813,213	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.		37,457	
	19. Occupancy, rent, utilities, and maintenance	19.		159,826	
	20. Depreciation and Depletion	20.	18,309	13,846	
	21. Other expenses	21.		431,045	
	22. Total expenses. Add lines 13 through 21	22.	18,309	2,538,487	2,520,178
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-17,691	-318,526	-300,835
Other Information	24. Total exempt revenue	24.	618	2,219,961	2,219,343
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	618	940,558	939,940
	27. Total assets	27.	46,576	870,548	823,972
	28. Total liabilities	28.		573,897	573,897
	29. Retained earnings	29.	745,521	296,651	-448,870
	30. Number of voting members of governing body	30.		9	
	31. Number of independent voting members of governing body	31.		9	
	32. Number of employees	32.		113	
	33. Number of volunteers	33.			

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Form **990****Tax Projection Worksheet****2019 & 2020**

Name

Taxpayer Identification Number

Share Your Care, Inc.****-***7569**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	73,359	73,359	
	2. Membership dues and assessments			
	3. Government contributions and grants	1,206,044	1,206,044	
	4. Program service revenue	920,913	920,913	
	5. Investment income	15,674	15,674	
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	750	750	
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	3,221	3,221	
	12. Total revenue. Add lines 1 through 11	2,219,961	2,219,961	
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	83,100	83,100	
	16. Salaries, other compensation, and employee benefits	1,813,213	1,813,213	
	17. Professional fundraising fees			
	18. Other professional fees	37,457	37,457	
	19. Occupancy, rent, utilities, and maintenance	159,826	159,826	
	20. Depreciation and Depletion	13,846	13,846	
	21. Other expenses	431,045	431,045	
	22. Total expenses. Add lines 13 through 21	2,538,487	2,538,487	
	23. Excess or (Deficit). Subtract line 22 from line 12	318,526	318,526	
Other	24. Total exempt revenue	2,219,961	2,219,961	
	25. Total unrelated revenue			
	26. Total excludable revenue	940,558	940,558	
	27. Total assets	870,548	870,548	
	28. Total liabilities	573,897	573,897	
	29. Retained earnings	296,651	296,651	
	30. Number of voting members of governing body	9	9	
	31. Number of independent voting members of governing body	9	9	
	32. Number of employees	113	113	
	33. Number of volunteers			

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Form 990	Tax Return History	2019
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Name Share Your Care, Inc.	Employer Identification Number **-***7569
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	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	1,547,524	1,273,706	1,176,662		1,279,403	1,279,403
Membership dues						
Program service revenue	1,179,658	1,355,420	1,312,747		920,913	920,913
Capital gain or loss	6,141			618	750	750
Investment income	11,498	12,582	16,894		15,674	15,674
Fundraising revenue (income/loss)	10,427	5,409	250			
Gaming revenue (income/loss)						
Other revenue	2,941	19,322	853		3,221	3,221
Total revenue	2,758,189	2,666,439	2,507,406	618	2,219,961	2,219,961
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	77,552	80,648	77,753		83,100	83,100
Other compensation	1,844,317	1,814,161	1,767,520		1,813,213	1,813,213
Professional fees	36,418	35,162	31,685		37,457	37,457
Occupancy costs	182,881	181,473	191,753		159,826	159,826
Depreciation and depletion	67,748	42,978	28,386	18,309	13,846	13,846
Other expenses	582,835	456,215	500,065		431,045	431,045
Total expenses	2,791,751	2,610,637	2,587,162	18,309	2,538,487	2,538,487
Excess or (Deficit)	-33,562	55,802	-79,756	-17,691	-318,526	-318,526
Total exempt revenue	2,758,189	2,666,439	2,507,406	618	2,219,961	2,219,961
Total unrelated revenue						
Total excludable revenue	1,200,238	1,387,324	1,330,494	618	940,558	940,558
Total Assets	1,035,209	1,015,152	934,551	46,576	870,548	870,548
Total Liabilities	238,017	157,470	171,339		573,897	573,897
Net Fund Balances	797,192	857,682	763,212	745,521	296,651	296,651

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ 15,674		14			
Total	<u>\$ 15,674</u>					

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Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
403b TPA Fees	\$ 3,649	\$	\$ 3,649	\$
Payroll Process	8,872		8,872	
Contractual Svc-Nurse Consult	13,312	13,312		
Total	\$ 25,833	\$ 13,312	\$ 12,521	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Staff Training	\$ 2,981	\$ 1,641	\$ 1,340	\$
Memorials and Recognition	750		750	
Allowance for Bed Debt Ep	1,210		1,210	
Total	\$ 2,721	\$ 1,641	\$ 880	\$ 0

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