

CERTIFIED PUBLIC ACCOUNTANTS

September 13, 2022

Members:
American Institute
of Certified Public Accountants
Massachusetts Society
of Certified Public Accountants

The Share Trust, Inc. 310 Dedham Street Dover, MA 02030

Dear Courtenay:

Enclosed is the organization's 2021 Exempt Organization return. The state Exempt Organization Annual Report is also enclosed.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

MASSACHUSETTS FORM PC:

The Massachusetts Form PC should be mailed on or before November 15, 2022 to:

Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108

You have a balance due of \$500.00.

Payment must be made electronically via the Commonwealth of Massachusetts website at:

Https://www.paybill.com/maagocharities

The report must be signed and dated by the authorized individual(s). Also be sure that all the necessary attachments are included with Form PC before filing.

Copies of all the returns are enclosed for your files. We

suggest that you retain these copies indefinitely. Very truly yours,

Paresky Flitt & Company

Paresky Flitt & Company, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

Prepared for	The Share Trust, Inc. 310 Dedham Street Dover, MA 02030
Prepared by	Paresky Flitt and Company, LLP 14 West Plain Street Wayland, MA 01778
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

50m 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20
	,, 3	, ,

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

THE SHARE TRUST, INC.

For

85-0488931

EIN or SSN

Name and title of officer or person subject to tax

COURTENAY CABOT VENTON
CEO. PRESIDENT & CHAIRPERSON

D t	T (D. t			PRESIDENT	& CHAI	RPERSON				
Part										
Form 53 or 10a k whichev	he box for the return for which 330 filers may enter dollars and below, and the amount on that rer is applicable, blank (do not e line in Part I.	cents. Fo	r all other e return b	forms, enter who eing filed with this	e dollars only form was bla	v. If you check thank, then leave I	he box on line 1 ine 1b, 2b, 3b, 4	la, 2a, 3a, 4 4b, 5b, 6b,	4a, 5a, 6a, 7a, 8a, 9a , 7b, 8b, 9b, or 10b,	
	Form 990 check here	X h	Total re	evenue if any (For	m 000 Part \	/III. column (A)	line 12\	1h	1.150.510.	
	1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here ▶ X b Total revenue, if any (Form 990-EZ, line 9)									
	Form 990-PF check here			sed on investmer						
	Form 8868 check here									
	Form 990-T check here		Total ta	x (Form 990-T. Pa	rt III. line 4)			6b		
	Form 4720 check here	▶ □ b	Total ta	ax (Form 4720. Pa	rt III. line 1)			7b		
	Form 5227 check here	▶ □ b	FMV of	assets at end of	tax vear (For	m 5227. Item D))	8b		
	Form 5330 check here			e (Form 5330, Par		,	,	9b		
10a	Form 8038-CP check here			t of credit payme		d (Form 8038-Cl	P, Part III, line 2	2) 10 l		
Part	I Declaration and S							•		
Under p	enalties of perjury, I declare th	nat X I a	ım an offic	cer of the above e	ntity or	I am a person s	ubject to tax wi	th respect	to (name	
of entity)				, (EIN)	·	and that	I have exa	amined a copy of the	
acknow of any re entry to financia later that paymen	diate service provider, transmit ledgement of receipt or reasor efund. If applicable, I authorize the financial institution accour i institution to debit the entry t in 2 business days prior to the t of taxes to receive confident il identification number (PIN) as	n for rejecti the U.S. I nt indicate o this acco payment (ial informa	on of the reasury and in the tabunt. To restile the second in the restile the restilection to the restile the restilection the restile the	transmission, (b) and its designated ax preparation sof evoke a payment, and) date. I also autissary to answer in	the reason for Financial Age ware for pays I must contact the final guiries and requiries and re	r any delay in poent to initiate ar ment of the fedent the U.S. Trea ancial institution esolve issues re	rocessing the rent of the rent	eturn or ref ds withdrav I on this ref Agent at 1-8 ne processi vment. I ha	fund, and (c) the date wal (direct debit) turn, and the 888-353-4537 no ing of the electronic tye selected a	
	eck one box only	FLITT	AND	COMPANY.	LLP		to ente	er my PIN	88931	
				ERO firm name				Ē	nter five numbers, but do not enter all zeros	
	as my signature on the tax y with a state agency(ies) regu on the return's disclosure co	ulating cha	rities as p	•			•	•	•	
	As an officer or person subjection. If I have indicated with IRS Fed/State program, I wi	thin this re	turn that	a copy of the retu	n is being file	ed with a state a		,	,	
	Signature of officer or person subject to tax									
Part	III Certification and	Authent	ication							
ERO's I	EFIN/PIN. Enter your six-digit e	electronic f	iling ident	tification	ı	0.45000				
number	(EFIN) followed by your five-di	git self-sele	ected PIN	l.	ı	0 4 5 0 0 6 Do not ente				
submitt	that the above numeric entry i ing this return in accordance w s Returns.	-				•				
ERO's sig	gnature ►					Date	▶ 09/13,	/22		
		ER	O Must	t Retain This I	Form - See	e Instruction	าร			

102521 01-11-22

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

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-TE** (2021)

THE SHARE TRUST, INC. 310 DEDHAM STREET DOVER, MA 02030

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print THE SHARE TRUST, INC. 85-0488931 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 310 DEDHAM STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 02030 DOVER, MA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) COURTENAY CABOT VENTON, CEO, PRESIDENT & CHAIRPERSON The books are in the care of ► 310 DEDHAM STREET - DOVER, MA 02030 Telephone No. ► 781-856-0034 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

123841 01-12-22

LHA

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

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2022

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2021 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		85-04889	31
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 310 DEDHAM STREET	Room/suite	E Telephone number	
	return/ termin			G Gross receipts \$	1,150,510.
	ated Amend				
H	lreturn □Applic	,	NTITIONT	H(a) Is this a group re	
	tiòh pendir		NION	for subordinates	
		9 310 DEDHAM STREET, DOVER, MA 02030		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. See instructions
		e: THESHARETRUST.COM		H(c) Group exemption	
<u>K</u>	Form of	organization: X Corporation Trust Association Other ►	L Year	of formation: 2020 N	State of legal domicile; MA
P	art I	Summary			
Φ.	1	Briefly describe the organization's mission or most significant activities: THIS	IS AN	ORGANIZATI	ON FOR
Governance		SUPPORTING AND STRENGTHENING SELF HELP G	ROUPS	AROUND THE	WORLD.
па	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
Š				3	3
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		······	3
ళ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
ţį					0
Activities		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		455,000.	1,150,510.
en	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		455,000.	1,150,510.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	172,948.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
þe	h	Total fundraising expenses (Part IX, column (D), line 25)	73.		
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		46,439.	463,329.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		46,439.	636,277.
		Revenue less expenses. Subtract line 18 from line 12		408,561.	514,233.
_ 0		Revenue less expenses. Subtract line 16 from line 12		ginning of Current Year	
Net Assets or Find Balances		T (D	Ве	414,397.	End of Year 1,922,795.
SSe	20	Total assets (Part X, line 16)			
et A	21	Total liabilities (Part X, line 26)		5,835.	1,000,000.
		Net assets or fund balances. Subtract line 21 from line 20		408,562.	922,795.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	COURTENAY CABOT VENTON, CEO, PRESIDEN	T & CH	IAIRPERSON	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature			X PTIN
Pai	d	DAVID LORENZI	lo	9/13/22 if self-employed	P00108147
	parer	Firm's name PARESKY FLITT AND COMPANY, LLP			04-2965590
	Only	Firm's address 14 WEST PLAIN STREET		0	
	,	WAYLAND, MA 01778		Phone no 50	8 650-1122
<u> </u>		RS discuse this return with the preparer shown above? See instructions		1 Holle Ho. 5 0	X Ves No

Pai	Chask if Cabadula O contains a grantone and the angular in this Double
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO PROVIDE SUPPORT AND TO STRENGTHEN THE SELF HELP GROUP ECOSYSTEM
	AROUND THE WORLD.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 532,008. including grants of \$ 172,948.) (Revenue \$) GENERATE HELP TO SELF HELP GROUPS AND OTHER ORGANIZATIONS THROUGH
	RESEARCH ON BRINGING ABOUT SOCIAL CHANGE AND BROADER DEVELOPMENT.
	RESEARCH ON BRINGING ABOUT SOCIAL CHANGE AND BROADER DEVELOPMENT.
415	
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
<u> </u>	Other average and issa (Describe on Cahadula O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 532,008.
	Form 990 (2021)

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		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</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	175		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 41

SHAR8931

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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	ĺ
04 -	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	28c		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 4	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Contours Contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 50	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

THE SHARE TRUST, INC.

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

				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 0								
b	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.									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	•	_		v					
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X					
р	If "Yes," enter the name of the foreign country	(FDAD)								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc		F-		Х					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5a 5b		X					
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		- 21					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30							
Va	any contributions that were not tax deductible as charitable contributions?		6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		- ou							
-	were not tax deductible?	•	6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servi	ces provided to the payor?	7a		Х					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	to file Form 8282?		7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		Х					
f										
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the								
			8							
9	Sponsoring organizations maintaining donor advised funds.									
а			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:	.o.								
a		10a 10b								
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100								
''	· · · · · ·	11a								
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	110								
-	·	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a							
		12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	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								
С	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		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				7.7					
	excess parachute payment(s) during the year?		15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.				v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х					
4-7	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a		47							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	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	0.6.6		
	COURTENAY CABOT VENTON, CEO, PRESIDENT & CHAIRPERSON - 781-856-	003	4	
	310 DEDHAM STREET, DOVER, MA 02030			

Form **990** (2021)

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)	organization compensate (C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	nstee	trust		e e	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		yoldı	t con	L	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme			organization o
(1) COURTENAY CABOT VENTON	30.00									
CEO, PRESIDENT & CHAIRPERS		Х		Х				183,456.	0.	0.
(2) MARCY YUKNAT	20.00									
VICE CHAIRPERSON, TREASURE		Х		Х				0.	0.	0.
(3) BROOK BAILEY	20.00								0	0
SECRETARY	_	Х		Х				0.	0.	0.
		1								
		-								
	_									
		-								
		-								
		_								
	1	i	ı	ı	I	1	ı	l		

Form 990 (2021)

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	t VII Section A. Officers, Directors, Tru-	(B)	···		, u.i.		J. 10		(D)	(E)			(F)	
	Name and title	Average			Pos	itior			Reportable	Reportable			רי) timate	he
	Name and the	hours per		not c					compensation	compensatio			nount	
		week		cer an					from	from related		u.	other	
		(list any	ctor						the	organization		com	pensa	
		hours for	r dire				ted		organization	(W-2/1099-MIS	SC/	fr	om th	е
		related	stee o	nstee			en sa		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	al trus	nal tr		loyee	comp		1099-NEC)				d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		11110)	Ĕ	Ë	₩	.e	三三 年	요						
			_											
41-	Outstand							L	183,456.		0.			0.
	Subtotal Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								183,456.		0.			0.
u	Total number of individuals (including but									L 0.000 of reportab	-			
	compensation from the organization								·	'				1
											ı		Yes	No
3	Did the organization list any former officer line 1a? <i>If</i> "Yes." <i>complete Schedule J for</i>			•	•	•	-	•	ghest compensated emp	•		3		Х
4	For any individual listed on line 1a, is the s													
	and related organizations greater than \$15	60,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edul	e J	for such individual			4	X	
5	Did any person listed on line 1a receive or	-				-			ted organization or indiv	idual for services				
Sec	rendered to the organization? If "Yes," cortion B. Independent Contractors	nplete Schedul	e J t	for st	uch	pers	son					5		X
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	npens	ation 1	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi		year.				
	(A) Name and busines:	s address	N	INC	3				(B) Description of s	services	С	(C ompe)) nsatio	n
									·			-		
2	Total number of independent contractors	including but r	ot li	mite	d to		_	sted	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >				(0					_	000	
												Form	44N /	2021

THE SHARE TRUST, 85-0488931 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,150,510. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1,150,510. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events

12 To

11 a

9 a Gross income from gaming activities. See Part IV, line 19
b Less: direct expenses

c Net income or (loss) from gaming activities

and allowances 10
b Less: cost of goods sold 10
c Net income or (loss) from sales of inventory

d All other revenue _____e Total. Add lines 11a-11d

10 a Gross sales of inventory, less returns

Total revenue. See instructions

9b

Business Code

,150,510.

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 respon-	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 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	172,948.	172,948.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	671	171	138.	EO
13	Office expenses	671.	474.	130.	59.
14	Information technology				
15	Royalties				
16	Occupancy	76.	76.		
17	Travel	70.	70.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates				
23	· .				
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CONTRACT LABOR	448,138.	358,510.	44,814.	44,814.
b	ONLINE PROCESSING FEES	4,573.		4,573.	, -
c	LEGAL & PROFESSIONAL SE	4,168.		4,168.	
d	PROFESSIONAL DEVELOPMEN	3,578.		3,578.	
e		2,125.		2,125.	
25	Total functional expenses. Add lines 1 through 24e	636,277.	532,008.	59,396.	44,873.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Par	τχ	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
	1	Cash - non-interest-bearing				354,397	• -	1	1,742,795
	2	Savings and temporary cash investments						2	
	3	Pledges and grants receivable, net				60,000	• 3	3	180,000
	4	Accounts receivable, net					4	4	
	5	Loans and other receivables from any currer	nt or for	mer	officer, director,				
		trustee, key employee, creator or founder, su	ubstant	ial c	ntributor, or 35%				
		controlled entity or family member of any of	these p	erso	าร		5	5	
	6	Loans and other receivables from other disq	ualified	per	ons (as defined				
		under section 4958(f)(1)), and persons descr	ribed in	sec	on 4958(c)(3)(B)		- 6	3	
ts	7	Notes and loans receivable, net					7	7	
Assets	8	Inventories for sale or use					8	3	
⋖	9	Prepaid expenses and deferred charges					9	9	
	10a	Land, buildings, and equipment: cost or other	er						
		basis. Complete Part VI of Schedule D		Оа					
	b	Less: accumulated depreciation	10	Ob			10	Ос	
	11	Investments - publicly traded securities					1	1	
	12	Investments - other securities. See Part IV, li	ine 11 _.				1	2	
	13	Investments - program-related. See Part IV, I	line 11				1	3	
	14	Intangible assets					1	4	
	15	Other assets. See Part IV, line 11				5			
	16	Total assets. Add lines 1 through 15 (must e				414,397		6	1,922,795
	17	Accounts payable and accrued expenses				5,835	· 1	7	0
	18	Grants payable					1	8	
	19	Deferred revenue					1	9	
	20	Tax-exempt bond liabilities					2	0	
	21	Escrow or custodial account liability. Comple	ete Parl	t IV d	Schedule D		2	1	
es	22	Loans and other payables to any current or							
≝		trustee, key employee, creator or founder, su							
Liabilities		controlled entity or family member of any of	-				+-	2	
-	23	Secured mortgages and notes payable to ur					+-	3	
	24	Unsecured notes and loans payable to unrel					2	4	
	25	Other liabilities (including federal income tax							
		parties, and other liabilities not included on li	lines 17	-24)	Complete Part X	_			1 000 000
		of Schedule D				0		5	1,000,000
_	26	Total liabilities. Add lines 17 through 25				5,835	• 2	6	1,000,000
န္မ		Organizations that follow FASB ASC 958,	check	here					
ğ	07	and complete lines 27, 28, 32, and 33.				61,918		_	29,224
3318	27	Net assets without donor restrictions				346,644		-	893,571
ğ	28	Net assets with donor restrictions				340,044	• 2	8	093,311
בֿ		Organizations that do not follow FASB AS	G 958,	cne	:k nere ▶ ∟				
Net Assets or Fund Balances	200	and complete lines 29 through 33.	ndo				_		
ets	29	Capital stock or trust principal, or current fur					+	9	
488	30	Paid-in or capital surplus, or land, building, o					3	-	
et	31	Retained earnings, endowment, accumulate				408,562	3		922,795
z	32	Total net assets or fund balances				414,397		2	1,922,795
	33	Total liabilities and net assets/fund balances	•			=1=,331	• 3	<u> </u>	Form 990 (2021

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,15			
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,2		
3	Revenue less expenses. Subtract line 2 from line 1	3		4,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40	8,5	62.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	92	2,7	<u>95.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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.					
3a	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?		3a		_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000		
			Form	990	(2021)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE SHARE TRUST, INC. 85-0488931 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). (Complete Part II.) 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 (see instructions). Enter the name, city, and state of the college or university: 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, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				455,000.	1,150,510.	1,605,510.
2	Tax revenues levied for the organ-						
	ization'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				455 000		
4	Total. Add lines 1 through 3				455,000.	1,150,510.	1,605,510.
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.						1,605,510.
	ction B. Total Support				1		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4				455,000.	1,150,510.	1,605,510.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1 605 510
11	Total support. Add lines 7 through 10		```			40	1,605,510.
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the				-		▶ X
Sec	organization, check this box and storetion C. Computation of Publ						<u>- A</u>
	Public support percentage for 2021 (column (fl)		14	%
15	Public support percentage from 2020					15	
	33 1/3% support test - 2021. If the o						
104	stop here. The organization qualifies	· ·		,		,	► □
h	33 1/3% support test - 2020. If the						s hox
~	and stop here. The organization qual	•		•		•	▶□
17a	10% -facts-and-circumstances tes						or more
., .	and if the organization meets the fact	-					
	meets the facts-and-circumstances to					viriow the organize	
h	10% -facts-and-circumstances tes	-		*	-		
	more, and if the organization meets the	_					· · ·
	organization meets the facts-and-circ		•				ightharpoonup
18	Private foundation. If the organization			•			• • • • • • • • • • • • • • • • • • •

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support	slow, picase com	piete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,	1 , ,	
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		 	faculto au fifth tax		F01/a)/0) averaginat	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·			•		ion,
200	check this box and stop heretion C. Computation of Publi		roontago				
	<u> </u>			(5)		145	
	Public support percentage for 2021 (li						
	Public support percentage from 2020					16	•
	tion D. Computation of Inves		<u>~</u> _			147	
	Investment income percentage for 202						
	Investment income percentage from 2					18	
19a	33 1/3% support tests - 2021. If the						1 / is not
	more than 33 1/3%, check this box ar						▶∟
	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies a	as a publicly sup	oorted organization	▶∟
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶∟

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10h		
10b		

Pa	rt IV	Supporting Organizations (continued)			
		The second secon		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	It how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	Structioi	\vdash	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes, he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
h		rese activities constituted substantially all of its activities. In activities described on line 2a, above, constitute activities that, but for the organization's involvement,	∠a		
D		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have engaged in	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.	20		
		to organizations. Answer lines so and so below. The organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		es of each of the supported organizations: In Test of No provide details In Fact VI.	J u		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 132025 01-04-22 | Schedule A (Form 990) 2021

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	73 0 1 0 0 7 3 1 Fage 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations must	•	, , ,	rait vij. Jee ilistructions.
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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

Schedule A (Form 990) 2021

instructions).

Sche	edule A (Form 990) 2021 THE SHARE TRU	ST, INC.		8	5-0488931 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

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

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2021

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Employer identification number

THE SHARE TRUST, INC. 85-0488931 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X 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), 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), 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

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

THE SHARE TRUST, INC.

85-0488931

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONRAD N. HILTON FOUNDATION 30440 AGOURA ROAD AGOURA HILLS, CA 91301	\$ 550,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARGARET A CARGILL PHILANTHROPIES 6889 ROWLAND ROAD EDEN PRAIRIE, MN 55344	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	IMAGO DEI FUND PO BOX 170025 BOSTON, MA 02117	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HUMANITY UNITED 1775 PENNSYLVANIA AVE. N.W. STE 500 WASHINGTON, DC 20006	\$ 40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	AGA KAHN FOUNDATION PLOT 14, PRINCE CHARLES DR KOLOLO PO BOX 5522 KOLOLO, KAMPALA, UGANDA	\$ 23,595.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CAROLINE CABOT 167 HAVEN STREET DEDHAM, MA 02026	\$5,303.	Person X Payroll
100450 11 1		l .	Sahadula B (Farma 200) (2004)

Name of organization

Employer identification number

THE	SHARE	TRUST.	INC
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85-0488931

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GRACE JOHNSON 1 W. 67TH NEW YORK, NY 10023	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PAUL SKELLY 74 EATON ROAD NEEDHAM, MA 02492	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE SHARE TRUST, INC.

85-0488931

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
		\$	

Name of organization **Employer identification number** 85-0488931 THE SHARE TRUST, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Inspection

Name of the organization

THE SHARE TRUST, INC.

Employer identification number 85-0488931

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets hel	d in donor advised fun	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	rring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea			orically important land area
	Protection of natural habitat		Preservation of a certi	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribu	tion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	•			2b
С	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or to	erminated by the organ	nization during the tax
	year -			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			Yes No
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,		d onforcing concorrati	
6	Starr and volunteer riours devoted to morntoning, inspecting,	, Haridiling of Violations, and	d emorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enf	orcina conservation es	esements during the year
•	\$ \$ \$	alling of violations, and crit	ording conscivation ca	ascinetits during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements	s of section 170(h)(4)(F	3)(i)
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot		•	
	organization's accounting for conservation easements.	ŭ		
Par	t III Organizations Maintaining Collections o	of Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its reve	nue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A	ASC 958 relating to these i	tems:	
а	Revenue included on Form 990, Part VIII, line 1			
<u>b</u>	Assets included in Form 990, Part X			. ▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

Par	t III Organizations Maintaining C	Collections of A	rt, Historical ⁻	Treasures,	or Other S	Similar As	sets(continued)
3	Using the organization's acquisition, access	on, and other record	ds, check any of th	ne following tha	at make sign	ificant use of	its
	collection items (check all that apply):						
а	Public exhibition	d	I Loan or e	xchange progr	am		
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explai	n how they furthe	r the organizat	ion's exemp	t purpose in I	Part XIII.
5	During the year, did the organization solicit of	r receive donations	of art, historical tr	easures, or oth	ner similar as	sets	
	to be sold to raise funds rather than to be m	aintained as part of t	the organization's	collection?			Yes No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organiza	tion answered	"Yes" on Fo	rm 990, Part	IV, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributi	ons or other a	ssets not inc	luded	
	on Form 990, Part X?						Yes X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial acco	ount liability?)	Yes No
b	If "Yes," explain the arrangement in Part XIII.						
Par	t V Endowment Funds. Complete i	f the organization ar	nswered "Yes" on				
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three years ba	ck (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:			
а	Board designated or quasi-endowment		%				
b	Permanent endowment >	%					
С	Term endowment >	%					
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	l and administe	ered for the o	organization	
	by:						Yes No
	(i) Unrelated organizations						3a(i)
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule F	ጓ?			3b
4	Describe in Part XIII the intended uses of the		owment funds.				
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a	. See Form 99	0, Part X, line	e 10.	
	Description of property	(a) Cost or o		st or other	(c) Accu		(d) Book value
		basis (investr	ment) bas	is (other)	depred	ciation	
1a	Land						
	Buildings						
С	Leasehold improvements						
d	Equipment						
	Other						
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	€ 10c.)		>	0.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE SHARE T	RUST INC.	85	-0488931 Page 3
Part VII Investments - Other Securities.	1001 / 1101		TIGOJOI Fage C
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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(1) D
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<i>3 15.)</i>		
	on Form 000 Port IV line	. 11a ar 11f Saa Earm 000 Dart V lina 25	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25	(b) Book value
			(b) Dook value
(1) Federal income taxes (2) DEFERRED GRANT REVENUE			
			1,000,000.
(3)			±,000,000•
<u>(4)</u>			
(5) (6)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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...

Schedule D (Form 990) 2021

(7) (8)

1,000,000.

Par	t XI Reconciliation of Revenue per Audited Financial			
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total revenue, gains, and other support per audited financial statement	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	5 , ,			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	/	2d		
	Add lines 2a through 2d		 	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	<u> </u>		
	Add lines 4a and 4b			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, linert XII Reconciliation of Expenses per Audited Financia			
rai	Complete if the organization answered "Yes" on Form 990, Part		ises per neturn.	
_				
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مو ا		
a	Donated services and use of facilities			
b	Prior year adjustments			
C C	Other losses			
d	,	•	2e	
3	Add lines 2a through 2d Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
•		1 1		
а	Investment expenses not inclined on Form 990. Part VIII, line / n	4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)			
b	Other (Describe in Part XIII.)	4b	4c	
b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
b c 5	Other (Describe in Part XIII.)	4b		
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	ine 18.)	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iirt XIII Supplemental Information.	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,
b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lirt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; F	5	rt XI,

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

85-0488931

	E SHARE TRUST, INC.	85-0488931
Pa	General Information on Activities Outside the United States. Complete if the o	organization answered "Yes" on
	Form 990, Part IV, line 14b.	
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and c	
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or	r assistance? X Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

	(b) Number of		an be duplicated if additional space is (d) Activities conducted in the region		(f) Total
(a) Region	offices in the region	employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
		and region			
				SUPPORTING AND	
				STRENGTHENING SELF HELP	
SUB-SAHARAN AFRICA	0	4	PROGRAM SERVICES	GROUPS	125,948
				SUPPORTING AND	
				STRENGTHENING SELF HELP	
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	GROUPS	172,948
				SUPPORTING AND	
				STRENGTHENING SELF HELP	
SUB-SAHARAN AFRICA	0	1	PROFESSIONAL DEVELOPMENT	GROUPS	3,57
					1
					1
3 a Subtotal	0	5			302,47
b Total from continuation					1 302,17
sheets to Part I	0	(
c Totals (add lines 3a					
and 3h)	0	5			302 47

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

Schedule F (Form 990) 2021

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORTING A JOINT					
			IMPLEMENTATION PLAN					
		SUB-SAHARAN	TO ADDRESS THE					
		AFRICA	IMPACTS OF COVID	33,424.	WIRE TRANSFER	0.		
			SUPPORTING A JOINT					
			IMPLEMENTATION PLAN					
		SUB-SAHARAN	TO ADDRESS THE					
		AFRICA	IMPACTS OF COVID	15,057.	WIRE TRANSFER	0.		
			SUPPORTING A JOINT					
			IMPLEMENTATION PLAN					
		SUB-SAHARAN	TO ADDRESS THE					
		AFRICA	IMPACTS OF COVID	14,873.	WIRE TRANSFER	0.		
			SUPPORTING A JOINT					
			IMPLEMENTATION PLAN					
		SUB-SAHARAN	TO ADDRESS THE					
		AFRICA	IMPACTS OF COVID	28,879.	WIRE TRANSFER	0.		
			SUPPORTING A JOINT					
		SUB-SAHARAN	IMPLEMENTATION PLAN					
		AFRICA	TO ADDRESS THE	25,798.	WIRE TRANSFER	0.		
			SUPPORTING A JOINT					
			IMPLEMENTATION PLAN					
		SUB-SAHARAN	TO ADDRESS THE					
		AFRICA	IMPACTS OF COVID	31,042.	WIRE TRANSFER	0.		
			SUPPORTING A JOINT					
			IMPLEMENTATION PLAN					
		SUB-SAHARAN	TO ADDRESS THE					
		AFRICA	IMPACTS OF COVID	8,957.	WIRE TRANSFER	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

>_____

Schedule F (Form 990) 2021	THE SHARE TRU	JST, INC.		8	5-0488931		Page
Part III Grants and Other Assistan	ce to Individuals Outsi	de the United St	tates. Complete	if the organization answered "Yes'	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if a	additional space is need						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Schedule F (Form 990) 2021 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING A JOINT IMPLEMENTATION PLAN TO ADDRESS

THE IMPACTS OF COVID LOCKDOWNS ON HEALTH, EDUCATION AND LIVELIHOODS IN

THE GREATER KAMPALA AREA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING A JOINT IMPLEMENTATION PLAN TO ADDRESS

THE IMPACTS OF COVID LOCKDOWNS ON HEALTH, EDUCATION AND LIVELIHOODS IN

THE GREATER KAMPALA AREA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING A JOINT IMPLEMENTATION PLAN TO ADDRESS

THE IMPACTS OF COVID LOCKDOWNS ON HEALTH, EDUCATION AND LIVELIHOODS IN

THE GREATER KAMPALA AREA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING A JOINT IMPLEMENTATION PLAN TO ADDRESS

THE IMPACTS OF COVID LOCKDOWNS ON HEALTH, EDUCATION AND LIVELIHOODS IN

THE GREATER KAMPALA AREA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT:

SUPPORTING A JOINT IMPLEMENTATION PLAN TO ADDRESS THE IMPACTS OF COVID

LOCKDOWNS ON HEALTH, EDUCATION AND LIVELIHOODS IN THE GREATER KAMPALA

AREA

85-0488931 THE SHARE TRUST, INC. Schedule F (Form 990) 2021 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: SUPPORTING A JOINT IMPLEMENTATION PLAN TO ADDRESS IMPACTS OF COVID LOCKDOWNS ON HEALTH, EDUCATION AND LIVELIHOODS IN THE GREATER KAMPALA AREA REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: SUPPORTING A JOINT IMPLEMENTATION PLAN TO ADDRESS THE IMPACTS OF COVID LOCKDOWNS ON HEALTH, EDUCATION AND LIVELIHOODS IN THE GREATER KAMPALA AREA

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

INC.

THE SHARE TRUST,

Employer identification number 85-0488931

Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

132111 11-02-21

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) COURTENAY CABOT VENTON	(i)	0.	0.	183,456.	0.	0.		0.
CEO, PRESIDENT & CHAIRPERS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

THE SHARE TRUST, INC.	85-0488931
FORM 990, PART VI, SECTION B, LINE 11B:	
COPY OF FORM 990 WAS SENT TO THE PRESIDENT FOR REVIEW BE	FORE FILED
FORM 990, PART VI, SECTION C, LINE 19:	
FORM 990 IS AVAILABLE FOR INSPECTION UPON REQUEST.	

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

Schedule O (Form 990) 2021

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

THE SHARE TRUST, INC. 310 DEDHAM STREET DOVER, MA 02030

NON-PROFIT ORG/PUBLIC CHARITIES DIV OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON, MA 02108

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

December 31, 2021

Prepared for	The Share Trust, Inc. 310 Dedham Street
	Dover, MA 02030
Prepared by	Paresky Flitt and Company, LLP 14 West Plain Street Wayland, MA 01778
Amount due or refund	Balance due of \$500.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Non-Profit Org/Public Charities Div Office of the Attorney General One Ashburton Place Boston, MA 02108
Return must be mailed on or before	November 15, 2022
Special Instructions	The report should be signed and dated by the authorized individual(s).
	Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at:
	Https://www.paybill.com/maagocharities
	All the necessary attachments should be included with Form PC before filing.

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101 www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/21 to 12/31	Check all items atta (if applicable)	ached			
AG Account #: 067047 Federal ID #:	Filing Fee or Pr X Electronic Pay Confirmation				
Electronic Payment Confirmation #:				X Copy of IRS R	
Attach printout of electron	nic paymeı	nt confirmation.		X Audited Finance Statements/Re	
Electronic Payment Date:				Amended Artic By-Laws	cles/
When did the organization first engage in				X Schedule A-1	
charitable work in Massachusetts? $03/16/2020$				X Schedule A-2	
Has the organization applied for or been granted				Schedule RO Schedule VCO	,
IRS tax exempt status?		X Yes	☐ No	Probate Accou	
If yes, date of application OR date of determination letter:		03/16/2	2020		
IRS Exemption under 501(c):		3			
If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?	on	X Yes	□ No		
Organization Data					
Name: THE SHARE TRUST, INC.					
Mailing Address: 310 DEDHAM STREET					
City: DOVER	s	tate: MA	ZIP:	02030	
Phone Number: 781-856-0034		Fax Number:			
Email: CABOTVENTON@HOTMAIL.CO.UK		Website: THESI	HARETRUST.CO	М	
In the table below, please enter the appropriate codes from the c Enter up to 2 codes from Table 3 for your organization's main pu	•	ling tables found in t	he instructions.		
Category	Code		Category		Code
County (Table 1)	11	Organization Purpo	ose Code 1		61
Type of Organization (Table 2)	16	Organization Purpo	ose Code 2		
Please check box if final return prior to dissolution:					
Faure DO	D	4 -445	Office Use Only: Pag	yment Received	
Form PC Rev. 09/2020 178001 04-01-21	Page	1 of 15			

3

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created?	03/16/2020
---	------------

2. Where was the organization created? DOVER, MA

3. What is the form of organization? (check one)

Corporation	X Testamentary Trust	
Unincorporated Association	Inter Vivos Trust	
Other (please describe):		

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,150,510.
В.	Gross support and revenue	1,150,510.
C.	Program services and similar amounts paid out	532,008.
D.	Fundraising expenses	44,873.
E.	Management and general expenses	59,396.
F.	Payments to affiliates	0.
G.	Total expenses	636,277.
Н.	Net assets or fund balances at the end of the year	922,795.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
	COURTENAY CABOT VENTON				
1.	CEO, PRESIDENT & CHAIRPERSON	30.00	0.	0.	183,456.
2.					
3.					
<u> </u>					
4.					
5.					

7.	Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your res		
	provide explanation (attach separate sheet).	Yes	X No

Form PC 178002 04-01-21 Page 2 of 15

Rev. 09/2020

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
			STRATEGIC
1.	CAUSE FIRST CONSULTING	104,700.	CONSULTING
			RESEARCH
2.	TOSCANE CLAREY	32,875.	CONSULTING
3.	PARESKY FLITT & COMPANY, LLP	2,100.	ACCOUNTING
4.	CHRISTINE QUINBY	2,068.	BOOKKEEPING
5.			

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
BANK OF AMERICA	PO BOX 25118, TAMPA, FL 33622	18882874637
10. What is the organization's accounting method?	Cash X Accrual	
	Other (specify):	
11. If organization's mailing address is a P.O. Box, list	the organization's full street address:	
Address:		
City:	State: ZIP	Code:
12. Contact Person Name: COURTENAY CA	BOT VENTON	
Street Address: 310 DEDHAM STREE	T	
City: DOVER	State: MA ZIP	Code: 02030
Phone Number: 781-856-0034		

Form PC 178003 04-01-21

	THE SHARE TRUST, INC.	85-0488931		
13.	During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?		X Yes	☐ No
14.	At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 the solicitation certificate requirement.		X Yes	□ No
15.	If you are claiming an exemption from the solicitation certificate requirement, please indicate by c to identify which exemption applies to your organization.	necking the box to the rig	ht	
	a religious organization			
	an organization which: (a) does not raise more than \$5,000 during a calendar year OR does	not receive contributions f	rom	
	more than ten persons during a calendar year; AND (b) carries out all of its activities, includir	g fundraising, through un	paid	
	volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for	this exemption.)		
16.	Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/STATEMENT 1	chapters/branches/affiliat	es.	
17.	Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees,	and the principal salaried	executives	
	of organization. STATEMENT 2			
18.	Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized	to sign checks, and any ir	ndividual(s)	
	responsible for: custody of funds; distribution of funds; fundraising; and custody of financial reco ${\tt STATEMENT}$ 3	ds.		
19.	Has this organization or any of its officers, directors, employees or fundraisers solicited funds in a	ny		
	other state? STATEMENT 4		X Yes	└ No
	If yes attach list of states where solicitation was conducted, including registered agency, dates of	registration, registration nu	umbers, any	
	other names under which the organization was/is registered, and the dates and type (mail, telepho	ne, door to door, special e	events, etc.)	of

Form PC 178004 04-01-21

Page 4 of 15

Rev. 09/2020

the solicitation conducted.

FORM PC	NAME,	ADDRESS,	PHONE	OF OTH	IER OF	FICES	STATEMENT	1
NAME AND ADDRESS					PHONI	E NUMBER		
NONE								
FORM PC OF	FICERS,	DIRECTO	RS, TRU	STEES	AND EX	XECUTIVES	STATEMENT	2
NAME AND ADDRESS					TITI	LE		
MARCY YUKNAT 49 HARTFORD STREET DOVER, MA 02030					VIC	— E CHAIRPERS	ON, TREASURE	
BROOK BAILEY 439 GAY STREET DOVER, MA 02030					SECI	RETARY		
FORM PC		PA	GE 4, I	INE 18			STATEMENT	3
NAME AND ADDRESS				AREA	OF RES	SPONSIBILIT	Ϋ́	
COURTENAY CABOT VE 310 DEDHAM STREET DOVER, MA 02030	NTON			RESPO	NSIBLI	E FOR CUSTO	— DDY OF FUNDS	
COURTENAY CABOT VE 310 DEDHAM STREET DOVER, MA 02030	NTON			RESPO	NSIBLI	E FOR DISTR	IBUTION OF FU	NDS
COURTENAY CABOT VE 310 DEDHAM STREET DOVER, MA 02030	NTON			RESPO	NSIBLI	E FOR FUNDR	AISING	
COURTENAY CABOT VE 310 DEDHAM STREET DOVER, MA 02030	NTON			CUSTO	DY OF	FINANCIAL	RECORDS	
COURTENAY CABOT VE 310 DEDHAM STREET DOVER, MA 02030	NTON			AUTHO	RIZED	TO SIGN CH	IECKS	

PAGE 4, LINE 19 FORM PC STATEMENT

REG AGENCY

CALIFORNIA

STATE

DATE OF REG REG NUMBER OTHER NAMES USED

PENDING

SOLICIT DATE TYPE OF SOLICITATION

GRANT PROPOSALS

20. Has this organization or any of its officers, directors, or employees:

	If ye	s, please attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?	Yes	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation.	Yes	X No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No
23.	Part	question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Relatives" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess our months salary or \$100,000, whichever dollar amount is less.		
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?	Yes	X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?	Yes	X No
	•	ou answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, sta ount of any payments made or value transferred, and describing the terms of each agreement.	ating the	

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THE SHARE TRUST, INC.

85-0488931

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	Yes	X No
	Total Courty .	100	110
В.	Has your organization leased assets to or leased assets from a related party?	Yes	X No
C.	Has your organization been indebted to a related party?	Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
E.	Has your organization made or held an investment in a related party?	Yes	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	Yes	X No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	Yes	X No
I.	Has your organization transferred income or assets to or for use by a related party?	Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	X No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	Yes	X No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	Yes	X No

Form PC 178006 04-01-21

10

Signature Requi	red
Under penalty of perjury, I declare that the information furnished in this rep correct to the best of my knowledge.	ort, including all attachments, is true and
Signature:	Date:
Printed Name: COURTENAY CABOT VENTON	
Title: CEO, PRESIDENT & CHAIRPERSON	
Name of Preparer: PARESKY FLITT AND COMPANY, LLE)
Address 14 WEST PLAIN STREET	
City WAYLAND	State MA ZIP Code 01778
Phone Number 508 650-1122	

Form PC 178007 04-01-21

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Schedule A-1 Solicitation Activities During Fiscal Year Covered By This Report

ist any names which will be used by the organization in conn	action with the colinitation of funds, oth	or than the official name which appea	oro on
age 1.	ection with the solicitation of funds, other	er than the official flame which appe	ais oii
sage 1.			
Γypes of solicitation activities in which you expect to engage (check all that apply):		
	[]], ₆		X
Mass Mailing	Via the Internet	· · · · · · · · · · · · · · · · · · ·	
Door-to-door	Raffle, beano, bingo		
Entertainment event	Sale of goods other	than by telephone	
Telemarketing without sale of goods or ads	Individual Mailings		X
Telemarketing with sale of goods	Corporate solicitatio	ns	X
Telemarketing with sale of ads	Grant Proposals		
Other (specify):			
dentify the method or methods you expect to use for the fund	Iraising (check all that apply):		
			<u> </u>
Professional solicitor*	Own employees		X
Professional fundraising counsel*	Volunteers		
Commercial co-venturer*			
Provide applicable names and addresses:			
Professional Solicitor Name:			
Address			
	-		
City	State	ZIP Code	
Professional Fundraising Counsel Name:			
Address			
0.11			
City	a. :	710 C :	
,	State	ZIP Code	

Commercial Co-Venturer Name:

City _____ State ____ ZIP Code _

Schedule A-1 ctd. Solicitation Activities During Fiscal Year Covered By This Report

Name and Title: CEO, PRESIDENT	& CHAIRPERSON	
Address 310 DEDHAM STREET		
City DOVER	State MA	ZIP Code 02030
Name and Title:		
Address		
City	State	ZIP Code
Name and Title:		
Citv	State	ZIP Code
Name and Title: CEO, PRESIDENT Address 310 DEDHAM STREET	& CHAIRPERSON	
	State MA	
Name and Title:		
Address		
	State	
City	State	ZIP Code
City Name and Title:	State	ZIP Code
City Name and Title:	State	ZIP Code

Schedule A-2 Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in copage 1.	onnection with the so	licitation of funds, othe	er than the official name which appe	ears on
Types of solicitation activities in which you expect to enga	ge (check all that app	/y):		
Mass Mailing		Via the Internet		X
Door-to-door		Raffle, beano, bingo	or gaming event	
Entertainment event	X			
Telemarketing without sale of goods or ads		Individual Mailings	,	
Telemarketing with sale of goods		Corporate solicitation		X
Telemarketing with sale of ads		Grant Proposals		X
Other (specify):		,		
Identify the method or methods you expect to use for the	fundraising (check all	that apply):		
Professional solicitor*		Own employees		X
Professional fundraising counsel*		Volunteers		X
Commercial co-venturer*				
* Provide applicable names and addresses:				
Professional Solicitor Name:				
Address				
City		State	ZIP Code	
Professional Fundraising Counsel Name:				
Address				
City	:	State	ZIP Code	
Commercial Co-Venturer Name:				
Address				
City		State	ZIP Code	

Schedule A-2 ctd. Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions: COURTENAY CABOT VENTON

Name and Title: PRESIDENT Address 310 DEDHAM STREET City DOVER State MA ZIP Code 02030 Name and Title: City _____ State ____ ZIP Code ____ Name and Title: City _____ State ____ ZIP Code _____ Identify the individuals who will have final responsibility for the charity's distribution of contributions: COURTENAY CABOT VENTON Name and Title: PRESIDENT Address 310 DEDHAM STREET City DOVER State MA ZIP Code 02030 Name and Title: City _____ State _____ ZIP Code _____ City _____ State ____ ZIP Code ____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:		Date:
Printed Name:	COURTENAY CABOT VENTON	
Title: CEO,	PRESIDENT & CHAIRPERSON	
Signature:		Date:
Printed Name:		
Title:		
TILIE.		

Form PC 178012 04-01-21

Rev. 09/2020

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Nama		Drimon, purpose or activity.		
Name:	T	Primary purpose or activity:	T	
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
				•
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)
	·			·
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
				•
Name		Duine and a superior and a state of		
Name: FYE	A. Donor restricted funds (-) liabilities	Primary purpose or activity: B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
	1		1	
Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (·) liabilities	C. Unrestricted funds (·) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director)

and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (see instructions). Use additional lines below to itemize by compensation source. Name: Title: Income Source: Salary and Other Income: Benefits Plan: Other Compensation Name: Title: Income Source: Benefits Plan: Other Compensation Salary and Other Income: Title: Name: Income Source: Salary and Other Income: Benefits Plan: Other Compensation Name: Title: Income Source: Salary and Other Income: Benefits Plan: Other Compensation Name: Title: Income Source: Salary and Other Income: Benefits Plan: Other Compensation 3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to X No Yes foundations excluded pursuant to instructions?

Form PC - Schedule RO 178014 04-01-21

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Rev. 09/2020

EXTENDED TO NOVEMBER 15, 2022

Form **991**

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

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning and endir	ng				
В	Check if applicable	C Name of organization		D Employer identifie	cation number		
	Addres	THE SHARE TRUST, INC.					
	Name change			85-04889	31		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) Room 310 DEDHAM STREET	E Telephone number 781-856-				
	termin ated			G Gross receipts \$	1,150,510.		
	Ameno return	DOVER, MA 02030		H(a) Is this a group re	eturn		
	Applic tion	F Name and address of principal officer: COURTENAY CABOT VENTO	N	for subordinates	? Yes X No		
	pendir	310 DEDHAM STREET, DOVER, MA 02030		H(b) Are all subordinates in	ncluded? Yes No		
T	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions		
		e: THESHARETRUST.COM		H(c) Group exemption	n number 🕨		
K	Form of	organization: X Corporation Trust Association Other L	L Year c	of formation: 2020 N	State of legal domicile: MA		
P	art I	Summary					
ø	1	Briefly describe the organization's mission or most significant activities: $\overline{ t THIS}$ $\overline{ t IS}$	AN	ORGANIZATI	ON FOR		
Governance		SUPPORTING AND STRENGTHENING SELF HELP GROU	JPS .	AROUND THE	WORLD.		
ern	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed o					
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3		
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			3		
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0		
Activities &	6	Total number of volunteers (estimate if necessary)			0		
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····				
		One bills of any and appropriate (Doub) (III line 41)		Prior Year 455,000.	Current Year 1,150,510.		
ıne		Contributions and grants (Part VIII, line 1h)		0.	0.		
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.		
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		455,000.	1,150,510.		
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	172,948.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	0.		
per	.	Total fundraising expenses (Part IX, column (D), line 25) 44,873.		-			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		46,439.	463,329.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		46,439.	636,277.		
		Revenue less expenses. Subtract line 18 from line 12		408,561.	514,233.		
or			Beg	ginning of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		414,397.	1,922,795.		
t As	21	Total liabilities (Part X, line 26)		5,835.	1,000,000.		
		Net assets or fund balances. Subtract line 21 from line 20		408,562.	922,795.		
	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and			y knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer	has any knowledge.			
		Signature of officer		 Date			
Sig		COURTENAY CABOT VENTON, CEO, PRESIDENT &	. Сп				
He	re	Type or print name and title	с Сп.	AIRPERSON			
		7 21 1	I D	ate Check	X PTIN		
Pai	id	Print/Type preparer's name DAVID LORENZI Preparer's signature		9/13/22 if self-employe			
	parer	Firm's name PARESKY FLITT AND COMPANY, LLP	<u> </u>	Firm's EIN	04-2965590		
	e Only	Firm's address 14 WEST PLAIN STREET		THIIISLIN	<u> </u>		
	,	WAYLAND, MA 01778		Phone no 50	8 650-1122		
Ma	ıv the IF	RS discuss this return with the preparer shown above? See instructions		11 110110 11010	X Yes No		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III											
1	Briefly describe the organization's mission: TO PROVIDE SUPPORT AND TO STRENGTHEN THE SELF HELP GROUP ECOSYSTEM											
	AROUND THE WORLD.											
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No											
	If "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.											
4	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. (Code:) (Expenses \$ 532,008 • including grants of \$ 172,948 •) (Revenue \$)											
ıu	GENERATE HELP TO SELF HELP GROUPS AND OTHER ORGANIZATIONS THROUGH											
	RESEARCH ON BRINGING ABOUT SOCIAL CHANGE AND BROADER DEVELOPMENT.											
4b	(Code:) (Expenses \$											
4c	(Code:) (Expenses \$											
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)											
4e	Total program service expenses ► 532,008.											
	Form 990 (2021)											

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)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 -
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		L 23

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			1.10
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
04-	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
a	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O	38	X	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Contouring to Contains a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

132004 12-09-21

Form **990** (2021)

THE SHARE TRUST, INC.

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

2a Enter the number of employees exported on Form W3. Transmittal of Wage and Tax Statements, field for the calendary year ending with or within they ware covered by this return. b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of files 1 and 52 a greater than 250,000 ware by the reciprocyment tax returns? All Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a ID the organization have unrelated business gross income of \$1,000 or more during the year? 5a In If Yaes, 1 and the during the calendary year, did the organization have an interest in, or a signature or other authority over, a francial account, recording from the properties of the organization from the organization from the properties of the organization appray to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization appray to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization appray to a prohibited tax sheller transaction at any time during the tax year? 5b If Yes, 1 did the organization from the man shell of the transaction at any time during the tax year? 5b If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or Articulation contributions? 5a In Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or than the properties of the properties of the organization review a sparent in excess of \$5 national parts as contributions of the properties of the properties of the organization selection or the value of the goods or services provided? 7b If Yes, 1 did the organization ordeved a power in excess of \$5 national parts and the properties of the proper					Yes	No					
b If a least one is reported on line 2a, did the organization file all required to e-file. See instructions. Note if the sum of lines 1 and 2a is greater than 250, you may be required to e-file. See instructions. 3 if the organization have unrelated business goes income of \$1,000 or more during the year? 3a If we're, 'has it filed a form 990° for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3b If 'Yes, 'has it filed a form 990° for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3c If 'Yes, 'has the hard and the free file year? 4a At any time during the calendary are, did the organization have an interest in, or a significant or other authority over, a financial account or 1 are free file year. 5c If 'Yes' to line the name of the free fings country. 5c Was the organization aparty to a prohibited tax schelter transaction at any time during the tax year? 5c If 'Yes' to line 5c are 5b, did the organization that it was or is a party to a prohibited tax schelter transaction? 5c If 'Yes' to line 5c are 5b, did the organization that it was or is a party to a prohibited tax schelter transaction? 5c If 'Yes' to line 5c are 5b, did the organization that it was or is a party to a prohibited tax schedule that are the schedule of the year of year of the year of yea	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
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17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	-										
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		any								
				17		<u></u>					

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

	Check if Schedule O contains a response or note to any line in this Part VI				X						
Sec	tion A. Governing Body and Management										
				Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3	3								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 3										
2											
	officer, director, trustee, or key employee?		2		Х						
3											
	of officers, directors, trustees, or key employees to a management company or other person?										
4											
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		Х						
6	Did the organization have members or stockholders?		6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a										
	more members of the governing body?		7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		<u> </u>								
-	persons other than the governing body?		7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
	The governing body?		8a	Х							
b	Each committee with authority to act on behalf of the governing body?		8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re										
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F										
				Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a	1.00	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such										
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-,g ·									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "										
Ī	on Schedule O how this was done		12c								
13	Did the organization have a written whistleblower policy?		13		Х						
14	Did the organization have a written document retention and destruction policy?		14		Х						
15	Did the process for determining compensation of the following persons include a review and approx										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision										
а	The organization's CEO, Executive Director, or top management official		15a		Х						
	Other officers or key employees of the organization		15b		Х						
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a									
	taxable entity during the year?		16a		Х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		100								
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the steps are steps to safeguard the organization of the steps are steps and take steps are steps are steps are steps and take steps are step are steps are steps are steps are steps are steps are step are step are steps are step are steps are step										
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure		100								
17	List the states with which a copy of this Form 990 is required to be filed ►MA										
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) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.	555 . (5555.511 551(6)(6	,	, 4,411							
		n on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	•	nd fina	ncial							
.5	statements available to the public during the tax year.			. ioiui							
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records									
20	COURTENAY CABOT VENTON, CEO, PRESIDENT & CHAIRPER	50N - 781 - 856 -	-003	4							
	310 DEDHAM STREET, DOVER, MA 02030										

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)			((C)			ted any current officer, of (D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	n than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer ar	nd a d	irecto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	99			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		96	nbens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		yoldr	st con	L	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme			organizations
(1) COURTENAY CABOT VENTON	30.00									
CEO, PRESIDENT & CHAIRPERS		Х		Х				183,456.	0.	0.
(2) MARCY YUKNAT	20.00									
VICE CHAIRPERSON, TREASURE		Х		Х				0.	0.	0.
(3) BROOK BAILEY	20.00								0	
SECRETARY		Х		Х		₩		0.	0.	0.
		-								
		$\frac{1}{1}$								
						-				
		-								
	_									
		$\frac{1}{1}$								
						\vdash				
		$\frac{1}{2}$								
		\vdash	_			\vdash	_			
	1	1	I	I	I	1	1	i		

Form 990 (2021)

Pai	T VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C				1		
	(A)	(B)			•	C) ition	,		(D)		(E)		(F)	
	Name and title	Average hours per	Position (do not check more that box, unless person is b						Reportable compensation	Reportable compensation			stimate nount (
		week			officer and a dire				from	from related		aı	other	וכ
		(list any	ector						the	organization		com	pensa	tion
		hours for related	or dir	98			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)		I	om the	
		organizations	trustee	al trust		ee/	mpen		1099-NEC)	1099-11EC)	'	ı ~	anizati d relate	
		below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner	,			I	anizatio	
		line)	Indi	Insti	Officer	Key	High	Form						
			-											
-														
1b	Subtotal								183,456.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								183,456.	000 of war and a				0.
2	Total number of individuals (including but no compensation from the organization	iot iimited to tr	iose	IISTE	eu a	DOV	e) wi	io r	eceived more than \$100	,000 of reportab	ne			1
													Yes	No
3	Did the organization list any former officer,	•		•		•		_		•				77
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	-		-					•	tne organization		4	х	
5	Did any person listed on line 1a receive or a									dual for services	·····	•		
	rendered to the organization? If "Yes," com	plete Schedul	e J t	for s	uch	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	sation	rom	
	(A)		(B)			((
	Name and business	address	N	ІИС	<u> </u>			_	Description of s	ervices		compe	nsatio	<u> </u>
-														
								_						
2	Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >					0					Form	990 c	2021)

					HARE TR	US'	T, INC.			85-0488	931 Page 9
Pai	וו	7 111						5			
			Check if Schedule O o	cont	ains a respons	e or	note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ibuti grant abov	1b 1c 1d 1d 1e 1s, and 1a-1f 1g \$		50,510.	1,150,510.			
							usiness Code				
Program Service Revenue	2	a b c d e f	All other program service Total. Add lines 2a-2f	reve	nue						
\dashv	3	9	Investment income (include								
	4 5		other similar amounts) Income from investment of Royalties	of tax	k-exempt bond	pro	ceeds				
	6	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	6a 6b 6c	(4)						
enne/	7	a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 7b	(i) Securities	-	(ii) Other				
Other Revenue	8	d a	Net gain or (loss) Gross income from fundraisir including \$ contributions reported on Part IV, line 18 Less: direct expenses	ig ev	rents (not of 1c). See	а	>				
		С	Net income or (loss) from	fund	Iraising events		>				
	9		Gross income from gamin Part IV, line 19 Less: direct expenses		<u>g</u>	_					
		С	Net income or (loss) from	gam	ing activities_	<u>.</u>	>				
	10	b	Gross sales of inventory, I and allowances		10)b					
_		C	Net income or (loss) from	sale	s or inventory		usiness Code				
laneous enue	11	a b				\vdash					

132009 12-09-21

Form **990** (2021)

1,150,510.

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						
	not include amounts reported on lines 6b, 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		•	j		
	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	172,948.	172,948.			
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees					
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					
8	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (nonemployees):					
а	Management					
b	Legal					
С	Accounting					
d	Lobbying					
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other. (If line 11g amount exceeds 10% of line 25,					
	column (A), amount, list line 11g expenses on Sch O.)					
12	Advertising and promotion					
13	Office expenses	671.	474.	138.	59.	
14	Information technology					
15	Royalties					
16	Occupancy					
17	Travel	76.	76.			
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings					
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23	Insurance					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If					
	line 24e amount exceeds 10% of line 25, column (A),					
	amount, list line 24e expenses on Schedule 0.)	440 120	250 510	4.4.01.4	44 014	
а	CONTRACT LABOR	448,138.	358,510.	44,814.	44,814.	
b	ONLINE PROCESSING FEES LEGAL & PROFESSIONAL SE	4,573. 4,168.		4,573. 4,168.		
C	PROFESSIONAL DEVELOPMEN			4,168. 3,578.		
d		3,578. 2,125.		2,125.		
	All other expenses	636,277.	532,008.	59,396.	44,873.	
25	Total functional expenses. Add lines 1 through 24e	030,411•	334,000.	33,330•	44,013.	
26	Joint costs . Complete this line only if the organization reported in column (B) joint costs from a combined					
	educational campaign and fundraising solicitation.					
	Check here if following SOP 98-2 (ASC 958-720)					
	(A30 330-720)					

Form 990 (2021) Part X Balance Sheet

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		354,397.	1	1,742,795.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		60,000.	3	180,000.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any currer				
		trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
		controlled entity or family member of any of	these persons		5	
	6	Loans and other receivables from other disq				
		under section 4958(f)(1)), and persons descr	ibed in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	•		11	
	12	Investments - other securities. See Part IV, li			12	
	13	Investments - program-related. See Part IV, I			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e		414,397.	16	1,922,795.
	17	Accounts payable and accrued expenses		5,835.	17	0.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
S	22	Loans and other payables to any current or				
Liabilities		trustee, key employee, creator or founder, so				
abi		controlled entity or family member of any of			22	
Ë	23	Secured mortgages and notes payable to ur			23	
	24	Unsecured notes and loans payable to unrel			24	
	25	Other liabilities (including federal income tax				
		parties, and other liabilities not included on I				
		of Schedule D	, .	0.	25	1,000,000.
	26	Total liabilities. Add lines 17 through 25		5,835.	26	1,000,000.
		Organizations that follow FASB ASC 958,				
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		61,918.	27	29,224.
Ва	28	Net assets with donor restrictions		346,644.	28	893,571.
ınd		Organizations that do not follow FASB AS				
·Fu		and complete lines 29 through 33.	,			
s or	29	Capital stock or trust principal, or current fur	nds		29	
set	30	Paid-in or capital surplus, or land, building, o			30	
As	31	Retained earnings, endowment, accumulate			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		408,562.	32	922,795.
_	33	Total liabilities and net assets/fund balances		414,397.	33	1,922,795.
						Form 990 (2021)

Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8 8	L,15 63 51		77. 33. 62.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	92	2,7	95.
Par	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 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 separate basis, consolidated basis, or both:		2a	Yes	X
b	Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?		3a		Х
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b Form	990	(2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE SHARE TRUST, INC. 85-0488931 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). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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). (Complete Part II.) 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 (see instructions). Enter the name, city, and state of the college or university: 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, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

Sec	ction A. Public Support	o noted bolow, plot	acc complete r are	,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(,	(3) 23 13	(5) = 5 : 5	(,	(0) = 0 = 1	(1)
	membership fees received. (Do not						
	include any "unusual grants.")				455,000.	1,150,510.	1,605,510.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				455,000.	1,150,510.	1,605,510.
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)						
	Public support. Subtract line 5 from line 4.						1,605,510.
	ction B. Total Support			1	1		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020 455,000.	(e) 2021	(f) Total
	Amounts from line 4				455,000.	1,150,510.	1,605,510.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,605,510.
12	Gross receipts from related activities	. etc. (see instruct	ions)			12	
	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and sto	•		•		. , , ,	X
Sec	ction C. Computation of Pub		rcentage				·
14	Public support percentage for 2021 (line 6, column (f),	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Parl	: II, line 14			15	%
16a	33 1/3% support test - 2021. If the	organization did n	ot check the box o	n line 13, and line	e 14 is 33 1/3% or n	nore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	oorted organization	າ			▶□
b	33 1/3% support test - 2020. If the	organization did n	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	st - 2021. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b, a	and line 14 is 10% o	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 to	est. The organizat	on qualifies as a p	ublicly supported	l organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is 1	10% or
	more, and if the organization meets t						. —
	organization meets the facts-and-circ		-	· ·			▶∐.
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						

Schedule A (Form 990) 2021

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.)

Sec	ction A. Public Support	now, piease com	ipiete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2017	(6) 2010	(6) 2013	(4) 2020	(6) 2021	(i) rotar
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				1		
7 <i>a</i>	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.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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						
13	assets (Explain in Part VI.)					1	
	First 5 years. If the Form 990 is for the	 organization's f	iret second third	fourth or fifth tax	Vear as a section		tion
•		· ·		•	•	()()	.ion,
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (lii			column (f))		15	%
	Public support percentage from 2020					16	%
	etion D. Computation of Inves					<u>, </u>	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
.56	more than 33 1/3%, check this box an	-					▶
	33 1/3% support tests - 2020. If the						and
٨.	line 18 is not more than 33 1/3%, chec	•			•	·	
20	Private foundation. If the organization						
	are rearranted in the organization		. ~ > / >	-, J. 100, U1100K L	201 4114 000 1		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10h		
10b		

Par	Part IV Supporting Organizations (continued)			
	, (continue)		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 person			
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
	c A 35% controlled entity of a person described on line 11a or 11b above?If "Ye			
	detail in Part VI .	11c		
Sec	Section B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in the	eir official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at			
	directors, or trustees at all times during the tax year? If "No," describe in Part			
	effectively operated, supervised, or controlled the organization's activities. If the organization, describe how the powers to appoint and/or remove officers, directively			
	supported organizations and what conditions or restrictions, if any, applied to	,		
2				
_	organization(s) that operated, supervised, or controlled the supporting organization			
	Part VI how providing such benefit carried out the purposes of the supported			
	supervised, or controlled the supporting organization.	2		
Sec	Section C. Type II Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax year	also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," de			
	or management of the supporting organization was vested in the same person			
	the supported organization(s).	1		
Sec	Section D. All Type III Supporting Organizations			
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by the las	t 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	-		
	organization's governing documents in effect on the date of notification, to the			
2		-		
	organization(s) or (ii) serving on the governing body of a supported organization			
	the organization maintained a close and continuous working relationship with t	he supported organization(s).		
3	3 By reason of the relationship described on line 2, above, did the organization'	s supported organizations have a		
	significant voice in the organization's investment policies and in directing the	use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI	the role the organization's		
	supported organizations played in this regard.	3		
Sec	Section E. Type III Functionally Integrated Supporting Organiza	tions		
1	1 Check the box next to the method that the organization used to satisfy the Inte	egral Part Test during the yea(see instructions).		
а	a The organization satisfied the Activities Test. Complete line 2 below.			
b	b The organization is the parent of each of its supported organizations. Co	omplete line 3 below.		
С	c The organization supported a governmental entity. Describe in Part VI h	ow you supported a governmental entity (see instruction	ons).	
2	2 Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly	further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Y	es," then in Part VI identify		
	those supported organizations and explain how these activities directly furt	nered their exempt purposes,		
	how the organization was responsive to those supported organizations, and ho	w the organization determined		
	that these activities constituted substantially all of its activities.			
b	b Did the activities described on line 2a, above, constitute activities that, but for	the organization's involvement,		
	one or more of the organization's supported organization(s) would have been	engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization	on(s) would have engaged in		
	these activities but for the organization's involvement.	2b		
3	3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide deta	ils in Part VI. 3a		
b	b Did the organization exercise a substantial degree of direction over the policie	s, programs, and activities of each		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

3chedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	nizations	t t t t t t t t t t t t t t t t t t t
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

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

SCHEDULE 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

Inspection

Name of the organization

THE SHARE TRUST, INC.

Employer identification number 85-0488931

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		or Accounts. Complete if the
	organization answered Tes off offinisse, Fartiv, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	· —	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	, , , , , , , , , , , , , , , , , , , ,		
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		I I
2	listed in the National Register		
3	year	eleased, extinguished, or terminated by the o	rganization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
_	>	,	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easements during the year
	▶ \$,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statemen	ts that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections o	-	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul	•	•
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ain, provide
_	the following amounts required to be reported under FASB A		• •
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

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0 1	THE CUAN	OF MOTION THO				95_	048893	1 5	0
_	dule D (Form 990) 2021 THE SHA TIII Organizations Maintaining C	RE TRUST, INC		easures.	or Other				age ∠
3	Using the organization's acquisition, accession						-	raca,	
	collection items (check all that apply):	,,							
а	Public exhibition	d 🗆	Loan or exc	hange progr	am				
b	Scholarly research	e							
c	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain how	thev further t	he organizat	ion's exem	ot purpose in	Part XIII.		
5	During the year, did the organization solicit o								
-	to be sold to raise funds rather than to be ma	•		,			Yes		No
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Par		no organizatio	on anoworda	100 0111	51111 000, 1 a.c.			
1a	Is the organization an agent, trustee, custodi		or contribution	ns or other a	ssets not in	cluded			
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII								
-	ree, explain the arrangement in a crimin		9				Amoun	t	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.					•			j
Pai									
			Prior year			Three years b	ack (e) Four	years	back
1a	Beginning of year balance		· · · ·						
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent vear end balance (line	1a. column (a)) held as:	 				
a	Board designated or quasi-endowment	%		۵,, ۱۱۵۱۵ ۵۵۱					
b	Permanent endowment	%							
		<u></u>							
_	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse		that are held a	and administ	ered for the	organization			
	by:					g		Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		IV, line 11a.	See Form 99	0, Part X, lir	ne 10.			
	Description of property	(a) Cost or other	(b) Cost	t or other	(c) Acc	umulated	(d) Boo	k valu	e
		basis (investment)	1 ' '	(other)	. ,	eciation	, ,		
1a	Land								

Schedule D (Form 990) 2021

e Other.

b Buildingsc Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11 b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end of year market value (d) Honoralid derivatives (d) Closely held equity interests (e) Closely held equity interests (d) Closely held equity interests (e) Closely held equity interes	Part VII Investments - Other Securities.			
(1) Financial derivatives (2) Closely neid equity interests (3) Other (A) (3) Other (A) (4) (4) (5) (6) (6) (7) (7) (7) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				-f
		(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(8) Other				
(B) (C) (C) (D) (E) (E) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	T			
(B)				
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(E) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(E) (F) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(6) (+) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.				
(1) (1)				
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 (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (10) (10) (10) (10) (10) (10) (10) (10				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See 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) DEFERRED GRANT REVENUE (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (9) (9) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ (9) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ (9) (9) (9) (1) Federal income taxes (9) (1) Federal income taxes (9) (1) Foderal income taxes (1) Foderal income taxes (2) DEFERRED GRANT REVENUE (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (9) (9) (1) Foderal income taxes (1) Foderal income taxes (2) DEFERRED GRANT REVENUE (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (9) (1) Foderal income taxes (1) Foderal income taxes (2) Liability for uncertain tax positions. In Part XII, provide the text of the footnote to the organization's financial statements that reports the				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Omplete 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. Omplete 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) DEFERRED GRANT REVENUE (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (9) (7) (8) (9) (9) (9) (1) Junual equal Form 990, Part X, col. (B) line 25.) ▶ 1,000,000.	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See 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) DEFERRED GRANT REVENUE (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Foderal income taxes (2) DEFERRED GRANT REVENUE (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (c) Book value (b) Book value (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (c) Book value (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1. (a) Description of liability (c) Book value (d) Description of liability (c) Description of liability (c) Description of liability (c) Description of liability (c) Descrip	i i			
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)			
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Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

2021
Open to Public Inspection

Name of the organization

THE SHARE TRUST, INC.

Employer identification number

85-0488931

	Form 990, Part IV	/, line 14b.										
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other assistance,							
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes No						
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the						
	United States.											
3												
	(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total						
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures						
		in the region	independent	gram services, investments, grants to	. ,,	for and investments						
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region						
					SUPPORTING AND							
					STRENGTHENING SELF HELP							
SUB	-SAHARAN AFRICA	0	4	PROGRAM SERVICES	GROUPS	125,948.						
					SUPPORTING AND							
					STRENGTHENING SELF HELP							
SUB	-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	GROUPS	172,948.						
					SUPPORTING AND							
					STRENGTHENING SELF HELP							
SUB	-SAHARAN AFRICA	0	1	PROFESSIONAL DEVELOPMENT	GROUPS	3,578.						
						<u> </u>						

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

Schedule F (Form 990) 2021

and 3b)

3 a Subtotal

b Total from continuation sheets to Part Ic Totals (add lines 3a 302,474.

302,474.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SUPPORTING A JOINT					
			IMPLEMENTATION PLAN					
		SUB-SAHARAN	TO ADDRESS THE					
		AFRICA	IMPACTS OF COVID	33,424.	WIRE TRANSFER	0.		
			SUPPORTING A JOINT					
			IMPLEMENTATION PLAN					
		SUB-SAHARAN	TO ADDRESS THE					
		AFRICA	IMPACTS OF COVID	15,057.	WIRE TRANSFER	0.		
			SUPPORTING A JOINT					
			IMPLEMENTATION PLAN					
		SUB-SAHARAN	TO ADDRESS THE					
		AFRICA	IMPACTS OF COVID	14,873.	WIRE TRANSFER	0.		
			SUPPORTING A JOINT	,				
			IMPLEMENTATION PLAN					
		SUB-SAHARAN	TO ADDRESS THE					
		AFRICA	IMPACTS OF COVID	28,879.	WIRE TRANSFER	0.		
			SUPPORTING A JOINT					
		SUB-SAHARAN	IMPLEMENTATION PLAN					
		AFRICA	TO ADDRESS THE	25,798.	WIRE TRANSFER	0.		
			SUPPORTING A JOINT					
			IMPLEMENTATION PLAN					
		SUB-SAHARAN	TO ADDRESS THE					
		AFRICA	IMPACTS OF COVID	31,042.	WIRE TRANSFER	0.		
			SUPPORTING A JOINT					
			IMPLEMENTATION PLAN					
		SUB-SAHARAN	TO ADDRESS THE					
		AFRICA	IMPACTS OF COVID	8,957.	WIRE TRANSFER	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

>_____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.												
Part III can be duplicated if a	dditional space is neede	d. (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)					
					assistance		appraisal, other)					

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING A JOINT IMPLEMENTATION PLAN TO ADDRESS

IMPACTS OF COVID LOCKDOWNS ON HEALTH, EDUCATION AND LIVELIHOODS IN THE

THE GREATER KAMPALA AREA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING A JOINT IMPLEMENTATION PLAN TO ADDRESS

IMPACTS OF COVID LOCKDOWNS ON HEALTH, EDUCATION AND LIVELIHOODS IN

THE GREATER KAMPALA AREA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING A JOINT IMPLEMENTATION PLAN TO ADDRESS

THE IMPACTS OF COVID LOCKDOWNS ON HEALTH, EDUCATION AND LIVELIHOODS IN

THE GREATER KAMPALA AREA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING A JOINT IMPLEMENTATION PLAN TO ADDRESS

THE IMPACTS OF COVID LOCKDOWNS ON HEALTH, EDUCATION AND LIVELIHOODS IN

THE GREATER KAMPALA AREA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT:

SUPPORTING A JOINT IMPLEMENTATION PLAN TO ADDRESS THE IMPACTS OF COVID

LOCKDOWNS ON HEALTH, EDUCATION AND LIVELIHOODS IN THE GREATER KAMPALA

AREA

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE SHARE TRUST, INC. **Employer identification number** 85-0488931

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			Х
	The organization?	5a		X
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the net earnings of:			
а		6a		Х
h	The organization? Any related organization?	6b		X
J	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	J-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) COURTENAY CABOT VENTON (i)		0.	0.	183,456.	0.	0.	183,456.	0.
CEO, PRESIDENT & CHAIRPERS	(ii)	0.	0.	0.	0.	0.	0.	0.
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	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information. INC THE SHARE TRUST

Employer identification number 85-0488931

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