PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 48-17-70

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

А	FOI LITE	e 2022 calendar year, or tax year beginning and en	iuiiig	_	
В	Check if applicabl	C Name of organization THE SHARE INSTITUTE, INC.		D Employer identific	cation number
Σ	Addre	S C/O ASHLEY SHARE			•
L	Name chang	Doing business as		**-***88	02
	nitial return Fiṇal	A1 DIDDY AVE	oom/suite 67	E Telephone number 914-688-	
	return. termin		<u> </u>		197,092.
	ated Amenoreturn	City or town, state or province, country, and ZIP or foreign postal code RYE, NY 10580		G Gross receipts \$ H(a) Is this a group re	
	Application	F Name and address of principal officer:ASHLEY SHARE		for subordinates	
	pendir	ng		H(b) Are all subordinates in	—
_	-	empt status: $X = 501(c)(3) = 501(c)($) (insert no.) $4947(a)(1)$ or	E07	1	
	Websit		<u> </u>	H(c) Group exemption	list. See instructions n number
		organization: X Corporation Trust Association Other	I Vear		1 State of legal domicile: NY
	art I	Summary	Littai	or formation. 2021 IV	Totate of legal dofficile, 14 1
		Briefly describe the organization's mission or most significant activities: WE CHO	OOSE	TO EMPOWER	TEENAGERS
Activities & Governance	'	AT THIS CRITICAL STAGE OF DEVELOPMENT WITH	H THE	TEACHINGS	OF YOGA TO
ű	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		·····	9
ο O		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
iŧie	1	Total number of volunteers (estimate if necessary)		····	0
ξį		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11		·····	0.
	 	THE UNICATED BUSINESS TAXABLE INCOME NOTITION 550 1,1 art 1, into 11		Prior Year	Current Year
-	8	Contributions and grants (Part VIII, line 1h)		382,403.	197,092.
Revenue				0.	0.
		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-15,088.	-4,000.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		367,315.	193,092.
	_			224,585.	10,475.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	Iba	Professional fundraising fees (Part IX, column (A), line 11e)	ö. H	0.	0.
Ä	1,0	Total fariationing expenses (Fart 177, column (2), into 20)	_	136,329.	195,458.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		360,914.	205,933.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,401.	-12,841.
<u>_ v</u>	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ts o		T. I. J. (D. I.V.); 40)	100	20,039.	4,448.
SSE	20	Total assets (Part X, line 16)		2,750.	0.
Net Assets or Find Balances	21	Total liabilities (Part X, line 26)		17,289.	4,448.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		17,409.	4,440.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and atatam	anta and to the heat of my	/knowledge and bolief it is
					Kilowieuge allu bellel, it is
uue	, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of which	ii preparer	Tias ally kilowieuge.	
۵.		Signature of officer		I Date	
Sig				Duto	
He	re	ASHLEY SHARE, CHIEF EXECUTIVE OFFICER Type or print name and title			
			П	Date Check	PTIN
Da!	d	Print/Type preparer's name ANNEMARIE AGUANNO, CPA ANNEMARIE AGUANNO		Ontook	
Pai			J, 40		*-***5470
	parer			Firm's EIN *	54/0
USE	Only	Firm's address 225 WEST 35TH STREET, 5TH FLOOR		DL 21	2 726 0055
_		NEW YORK, NY 10001		Phone no. 2 1	2-736-0055
Ма	y the If	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SHARELOVE.FUND IS A WOMEN'S EMPOWERMENT NONPROFIT THAT EMPOWERS YOUTH
	WITH EVIDENCE-BASED YOGA TEACHER TRAINING THAT IMPROVES PHYSICAL AND
	MENTAL HEALTH OUTCOMES, PROVIDES VOCATIONAL YOGA DEGREES AND JOB
	PLACEMENT SUPPORT TO WOMEN AGES 14-24, AND REDUCES RECIDIVISM THROUGH
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 201,033. including grants of \$ 10,475.) (Revenue \$)
	THE ORGANIZATION CREATES A SAFE SPACE FOR PREGNANT WOMEN FROM
	VULNERABLE SOCIO-ECONOMIC BACKGROUNDS TO FIND SUPPORT THROUGH
	ACTIVITIES INCLUDING YOGA CERTIFICATION AND OTHER WELLNESS WORK.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	201 022

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	Х	
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			77
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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		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		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, 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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	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			3,7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
	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		
ט	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		Х
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,"			
	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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	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			7.7
04 -	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
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			7.7
	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,	20		
	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	Х	37
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more than \$25,000 in non-cash contributions: in ros, complete ochecate in	23		
-	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		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	24	Х	
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	42	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	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	X	
ı a	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Confedure Coontains 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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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 contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	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?	I .	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 of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		00		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	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			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	don't a do ronning Dody and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			110
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		X
7a		-		
'a	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 a		
D		7b		Х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
а		8a	Х	
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	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.)			
	Tell 21. Charles (This coolid) 2 requests information about politics not required by the internal revenue code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	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	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 10.		
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
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, ar	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			
	ASHLEY SHARE -			

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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, box 6 of 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.

X Check this box if neither the organization r	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	osition eck more than one			Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ASHLEY SHARE	40.00									
CEO		Х		X				0.	0.	0
(2) DR. SHARONA BEN-HAIM, MD.	1.00									
BOARD MEMBER		Х						0.	0.	0
(3) CHRISTINA BERNSTEIN	1.00					T				
TREASURER		Х		Х				0.	0.	0
(4) DR. ERIKA D. BILLICK, MD, PH.D.	1.00									
SECRETARIAL OFFICER		X		Х				0.	0.	0
(5) CINDY CHEN DELANO	1.00									
BOARD MEMBER		X						0.	0.	0
(6) BOBBIE A. HECK	1.00									
BOARD MEMBER		Х						0.	0.	0
(7) JULIE NAPOLITANO	1.00									
BOARD MEMBER		Х						0.	0.	0
(8) JACQUELINE WONG	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0
(9) SUSANA XHAYET	1.00	ļ								
CFO		Х		X				0.	0.	0
		-	\vdash	\vdash		\vdash	\vdash			
		1								

C/O ASHLEY SHARE

Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable		Estim	ated
		hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation		amou	
		week (list any	_	ou all	a u		517 d uS		from	from related		oth	
		hours for	lirecto				L		the	organizations (W-2/1099-MISC		comper from	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)		organiz	
		organizations	Individual trustee or director	Institutional trustee		ee/	mper		1099-NEC)	10001120)		and re	
		below	idual	ution	 	sey employee	est co oyee	e	,		(organiz	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
						<u> </u>							
						_							
						-					+		
						<u> </u>	-				+		
											-		
						<u> </u>							
	Culphantal								0.).		0.
ID.	Subtotal Total from continuation sheets to Part VI	I Section A							0.				0.
	Total (add lines 1b and 1c)								0.		5.		0.
2	Total number of individuals (including but n												
_	compensation from the organization	ot minica to ti	1000	11000	Ju u	201	C) W	10 1	cocived more than proc	,,oco or reportable			0
												Ye	s No
3	Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									[:	3	Х
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150										L'	4	X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services			
_	rendered to the organization? If "Yes," com	plete Schedul	e J 1	or st	uch	pers	son .				<u> !</u>	5	<u> </u>
	tion B. Independent Contractors									*			
1	Complete this table for your five highest co the organization. Report compensation for										ensatio	on tron	1
	(A)	trie Caleridar y	cai	enui	ng v	VILII	OI W	101111	(B)	year.		(C)	
	Name and business	address	N	INC	E				Description of s	ervices	Con	npensa	tion
								\dashv					
								\dashv					
								_					
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to		_	stec	d above) who received n	nore than			
	\$100,000 of compensation from the organi	zation					0						
											Fo	rm 99 0	0 (2022)

1 a Federated campaigns 15 b Membership dues 16 c Federations of Control of Related organizations 15 b Membership dues 16 b Membership dues 16 c Federations of Related organizations 16 b Membership dues 16 c Federations of All other contributions, gifts, grants, and grant dues 16 b Federations of All other contributions, gifts, grants, and grants of All other contributions globels in less 13-11 b Federations of All other program service revenue 1 b Federation of Contributions and the similar amounts) 197, 092. 2 a Federated campaigns 16 b Federations of All other program service revenue 1 b Federations of All other program service revenue 2 c Federations of Federations of All other program service revenue 2 c Federations of Federa	Pai	rt VI									
Total revenue Per de de la Federate de cempaigns 1a 1b 1b 1b 1b 1b 1b 1b			Check if Schedule O	cont	ains a re	sponse	or note to any lin				
1 a Federated campaigns 1 a Federated campaigns 1 a Federated campaigns 1 b Federated campaigns								, ,			
1 a Federated campaigns 1 a b b b b b b b b b								l otal revenue			for any factor and any
Business Code Business Code									TariotionTovenae	Business revenue	sections 512 - 514
Business Code Business Code	ts ts	1 a	Federated campaigns		1	а					
Business Code Business Code	ran					_					
Business Code Business Code	۵ٌ٤					_					
Business Code Business Code	ifts r A					\rightarrow					
Business Code Business Code	اآق				⊢						
Business Code Business Code	Sin					e					
Business Code Business Code	it e	f					107 000				
Business Code Business Code	호된					_	197,092.				
Business Code Business Code	ig of	g	Noncash contributions included in	lines	1a-1f 1	g \$	14,980.	10-000			
2 a b d d d d d d d d d d d d d d d d d d	<u>a</u> 0	h	Total. Add lines 1a-1f					197,092.			
Total, Add lines 2a-27 Total, Add lines 2a-27							Business Code				
Total, Add lines 2a-27 Total, Add lines 2a-27	e l	2 a	l								
Total, Add lines 2a-27 Total, Add lines 2a-27	اه چَ	b)								
Total, Add lines 2a-27 Total, Add lines 2a-27	Se	С	`								
Total, Add lines 2a-27 Total, Add lines 2a-27	a S										
Total, Add lines 2a-27 Total, Add lines 2a-27	Pg		·								
Page 1	Pr	f	All other program service	rovo	nue						
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 (ii) Personal 6 (ii) Personal 6 (ii) Personal (ii) Personal (ii) Personal (ii) Personal (iii) Personal (iii											
other similar amounts) Income from investment of tax exempt bond proceeds Foyalties Foyalties Ga Gross rents b Less: cretal expenses c Rental income or (loss) d Net rental income or (loss) and sales expenses and sales expenses c Gain or (loss) C Gain or (loss) G Neal (ii) Personal Ga	\rightarrow										
4 Income from investment of tax-exempt bond proceeds Foyalties (i) Real (ii) Personal (ii) Personal (iii) Pers		3									
For Royalties (i) Real (ii) Personal (ii) Personal (iii) Personal											
Purpose of the contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities 9 a Gross income from gaming activities 9 a Gross sincome from gaming activities 9 a Gross sincome from gaming activities 10 a Gross samount from sales of inventory 10 b Less: cost of other basis and sales expenses 7b c Gain or (loss) 8 a Gross income from fundraising events (not including \$			·								
Barrian Barr		5	Royalties								
b Less: rental expenses 6b 6c 7 Rental income or (loss) 6c 7 a Gross amount from sales of assets other than inventory 8 Less: cost or other basis and sales expenses 7b 7c					(1) F	reai	(II) Personal				
To Rental income or (loss) Net rental income or (loss) Gc Gc Gc Gc Gc Gc Gc G		6 a	Gross rents	6a							
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b		b	Less: rental expenses	6b							
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 7c 7c 7c 7d Net junctions reported on line 1c). See Part IV, line 18 8a 8b 8b 8c Net income or (loss) from fundraising events 9a Gross income from garning activities. See Part IV, line 19 9b 1 Less: direct expenses 9b 10a Gross sales of inventory less returns and allowances 10a Gross cost of goods sold 1b 1a		С	Rental income or (loss)	6с							
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 7c 7c 7c 7d Net junctions reported on line 1c). See Part IV, line 18 8a 8b 8b 8c Net income or (loss) from fundraising events 9a Gross income from garning activities. See Part IV, line 19 9b 1 Less: direct expenses 9b 10a Gross sales of inventory less returns and allowances 10a Gross cost of goods sold 1b 1a		d	Net rental income or (loss) <u></u>							
b Less: cost or other basis and sales expenses		7 a									
and sales expenses 7b 7c			assets other than inventory	7a							
and sales expenses 7b 7c		b	Less: cost or other basis								
8 a Gross income from fundraising events (not including \$	e			7b							
8 a Gross income from fundraising events (not including \$	len	c									
8 a Gross income from fundraising events (not including \$	Ş				L						
including \$											
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a b c d All other revenue e Total. Add lines 11a-11d	チー	0 a		iig cv		.					
Part IV, line 18	١			lin n							
b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b 4,000 c Net income or (loss) from sales of inventory -4,000 c Net income or (loss) from sales of inventory -4,000 c All other revenue e Total. Add lines 11a-11d			· · · · · · · · · · · · · · · · · · ·		-						
C Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold C Net income or (loss) from sales of inventory 10a Business Code 11 a All other revenue Total. Add lines 11a-11d											
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a b c d All other revenue e Total. Add lines 11a-11d											
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a b c d All other revenue e Total. Add lines 11a-11d											
b Less: direct expenses 9b		9 a									
C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a Business Code Business Code All other revenue e Total. Add lines 11a-11d											
Total. Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d Total Add lines 11a-11d											
and allowances		С	Net income or (loss) from	gam	ing activ	ities <u></u>					
b Less: cost of goods sold c Net income or (loss) from sales of inventory -4,000 • -		10 a	Gross sales of inventory,	less	returns						
b Less: cost of goods sold c Net income or (loss) from sales of inventory -4,000 • -			and allowances			10a					
C Net income or (loss) from sales of inventory -4,000		b					4,000.				
Business Code								-4,000.	-4,000.		
e Total. Add lines 11a-11d			,					-			
e Total. Add lines 11a-11d	ous (11 a	1				2 2 3 3				
e Total. Add lines 11a-11d	ne										
e Total. Add lines 11a-11d	ella Ve										
e Total. Add lines 11a-11d	Res										
12 Total revenue See instructions 193 092 -4 000 0	Σ										
		12						193 092	-4 000	0.	n

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-				
	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	10,475.	10,475.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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):				
a	Management	40 512	40 E12		
b	Legal	40,513.	40,513. 16,568.		
C	Accounting	10,300.	10,300.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4,900.		4,900.	
40	column (A), amount, list line 11g expenses on Sch 0.)	12,152.	12,152.	4,900.	
12	Advertising and promotion	14,569.	14,569.		
13	Office expenses	14,309.	14,509.		
14	Information technology				
15	Royalties				
16 17	Occupancy	10.	10.		
17	Travel	10.	10.		
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
23 24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAMMING, PROFESSION	99,624.	99,624.		
b	OUTREACH DONATIONS	3,040.	3,040.		
c	BANK CHARGES & FEES	2,441.	2,441.		
d	PRINTING, PHOTOGRAPHY,	1,500.	1,500.		
e		141.	141.		
25	Total functional expenses. Add lines 1 through 24e	205,933.	201,033.	4,900.	0
26	Joint costs. Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2022)

Part X | Balance Sheet

tΧ	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	20,039.	1	4,448
2			2	
3			3	
4			4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7			7	
8			8	
9			9	
10a	1 1			
b			10c	
			11	
			12	
13			13	
			14	
		1 20 020		4,448
		2	-	. 0
			18	
			19	
			- 	
				
			22	
23				
20				
	• • • • • • • • • • • • • • • • • • • •		25	
26				0
20			20	•
27		17.289.	27	4,448
20			20	
20			20	
				4,448
32	rotal het assets of fund dalances	20,039.	32	4,448
	1 2 3 4 5 6 7 8 9 10a b 11 12	Check if Schedule O contains a response or note to any line in this Part X 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 12 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 13 Secured mortgages and notes payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 16 Total liabilities. Add lines 17 through 25 17 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 18 Net assets with donor restrictions 18 Net assets with donor restrictions 19 Capital stock or trust principal, or current funds 20 Capital stock or trust pri	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing 20 , 0 39 . 1

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		3,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	7,2	89.
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		4,4	48.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
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	<u></u>	3b		
			Form	990 ((2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. THE SHARE INSTITUTE, INC.

C/O ASHLEY SHARE

Employer identification number

-*8802 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. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			54,685.	382,403.	197,092.	634,180.
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			F 4 60F	202 402	107 000	624 100
	Total. Add lines 1 through 3			54,685.	382,403.	197,092.	634,180.
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,						200 602
	column (f)						388,623.
	Public support. Subtract line 5 from line 4.						245,557.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 54,685.	(d) 2021 382,403.	(e) 2022 197,092.	(f) Total 634,180.
	Amounts from line 4			54,005.	302,403.	131,032.	034,100.
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.)						634,180.
	Total support. Add lines 7 through 10					40	034,100.
	Gross receipts from related activities,	,	,	f		12	
13	First 5 years. If the Form 990 is for the	-			•		X
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (column (f))		14	%
	Public support percentage from 2021					15	/ 0
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
_	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to					vi new and organiz	
b	10% -facts-and-circumstances tes	-	•		-		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization		-				s
	<u> </u>		,	, , ,			(Form 990) 2022

232022 12-09-22

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

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

Section A. Public Sup		elow, please com	plete Part II.)				
Calendar year (or fiscal year b		(a) 2018	(b) 2019	(6) 2020	(4) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributi	• • •	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
membership fees recei	,						
include any "unusual g	•						
2 Gross receipts from ad merchandise sold or se							
formed, or facilities furr							
any activity that is relat							
organization's tax-exem							
3 Gross receipts from act							
are not an unrelated tra	,						
iness under section 513							
4 Tax revenues levied for	ŭ						
ization's benefit and eit	•						
or expended on its beh							
5 The value of services o							
furnished by a governm the organization withou							
6 Total. Add lines 1 throu	-						
7a Amounts included on li 3 received from disqua							
b Amounts included on lines 2 ar							
from other than disqualified per							
exceed the greater of \$5,000 or							
amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract) Section B. Total Supp							
		(a) 2019	(h) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
Calendar year (or fiscal year b		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6 10a Gross income from inte							
dividends, payments re	,						
securities loans, rents,	royalties,						
and income from simila	ľ						
b Unrelated business taxable (less section 511 taxes) from							
acquired after June 30, 19	75						
c Add lines 10a and 10b 11 Net income from unrela							
activities not included							
whether or not the bus							
regularly carried on 12 Other income. Do not in							
or loss from the sale of							
assets (Explain in Part '			 		+	 	
13 Total support. (Add lines 9,			ivet engaged that I	founds and the t	Lucar de la catala	[F01(a)(0) ===================================	l
14 First 5 years. If the For		· ·		•	•	. , . ,	ion,
Section C. Computat							
				I (f)		145	0/
15 Public support percent						15	<u>%</u>
16 Public support percent Section D. Computat						16	<u>%</u>
						121	0/
17 Investment income per						17	<u>%</u>
18 Investment income per						18	<u>%</u>
19a 33 1/3% support tests							
more than 33 1/3%, ch							
b 33 1/3% support tests							
line 18 is not more than							
20 Private foundation. If t	ine organizatio	n did not check a	box on line 14, 19	a, or 190, check t	nis box and see in	SITUCTIONS	📖

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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
		169	140
	1		
	2		
	3a		
	Ja		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	461		
ule	10b	n 990	2022

	adule A (Form 990) 2022 C7 O TIBITED I BITITED		<u> </u>	19e 3
Pa	rt IV Supporting Organizations (continued)		1	T
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	detail in Part VI. Ition B. Type I Supporting Organizations	11c		
000	tion B. Type i dupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	!-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
ม	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	

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

Schedule A (Form 990) 2022

-*8802 Page 6 C/O ASHLEY SHARE Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3

☐ 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) 2022

5

4 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Pa	rt V Type III Non-Functionally Integrated 509		anizations (continu	iod)	OOOZ Fage					
	ion D - Distributions	(/(-/ -	COntine	<u> </u>	Current Year					
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1						
2	Amounts paid to perform activity that directly furthers exem									
	organizations, in excess of income from activity			2						
3	Administrative expenses paid to accomplish exempt purpos	s	3							
4	Amounts paid to acquire exempt-use assets									
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 t	he organization is responsive)							
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2022 from Section C, line 6			9						
10	Line 8 amount divided by line 9 amount			10						
Sect	tion E - Distribution Allocations (see instructions)	าร	(iii) Distributable Amount for 2022							
1	Distributable amount for 2022 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2022 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2022									
а	From 2017									
b	From 2018									
С	From 2019									
d	From 2020									
е	From 2021									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
	Applied to 2022 distributable amount									
i	Carryover from 2017 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2022 from Section D,									
	line 7: \$									
а	Applied to underdistributions of prior years									
b	Applied to 2022 distributable amount									
С	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2023. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
а	Excess from 2018									
b	Excess from 2019									
С	Excess from 2020									
d	Excess from 2021									

Schedule A (Form 990) 2022

e Excess from 2022

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

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ASHLEY SHARE AND GREG JAKUBOWSKY	401,307.	388,623.
otal Excess Contributions to Schedule A, Part II, Line 5		388,623.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

C/O ASH	LEY SHARE						**-***880	2
Part I General Information on Gran	ts and Assistance							_
Does the organization maintain recor	ds to substantiate th	e amount of the grants	s or assistance, the	e grantees' eligibilit	ty for the grants or ass	sistance, and the selecti	on	
criteria used to award the grants or a	ssistance?						Yes X	No
2 Describe in Part IV the organization's	procedures for mon	itoring the use of grant	t funds in the Unite	ed States.				
Part II Grants and Other Assistance					anization answered "\	es" on Form 990, Part I	V, line 21, for any	
recipient that received more th	an \$5,000. Part II ca	n be duplicated if addi	tional space is nee	ded.				
(a) Name and address of organizatio or government	n (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Enter total number of section 501(c)(3 Enter total number of other organizat								_

THE SHARE INSTITUTE, INC.

Page 2

Schedule I (Form 990) 2022 C/O ASHLEY SH		**-***8802	Page 2			
Schedule (Iform 980) 2022 C/O ASHLEY SHARE **-***880.2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of non- (cash grant cash assistance (cook, FMV, appraisal, other) (f) Description of non- (cash grant or assistance (cook, FMV, appraisal, other) CASH GRANT TO TEACHERS AND SCHOOLS 1 5,000. 0. FMV CASH GRANT TO TEACHERS AND SCHOOLS 1 5,000. 0. FMV Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						· ·
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	n assistance
CASH GRANT TO TEACHERS AND SCHOOLS	1	5,000.	. 0.	.FMV		
CASH GRANT TO TEACHERS AND SCHOOLS	1	5,000.	. 0.	.FMV		
Part IV Supplemental Information. Provide the information	required in Part I, lir	<u>I</u> ne 2; Part III, columr	<u>I</u> า (b); and any other a	<u>l</u> additional information.		

SCHEDULE L

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

THE SHARE INSTITUTE, INC.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

-*8802 C/O ASHLEY SHARE Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to or (a) Name of (e) Original (f) Balance due (**g**) In

Total	person	with organization	of loan	organi	ization?	principal amount	deta	ault?	cómm	ittee?	agreer	ment
				То	From		Yes	No	Yes	No	Yes	No
Total						\$						
David III O	A -	-: D	f :1: 1-		-I D -							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
		•	· ·	

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

Schedule L (Form 990) 2022

C/O ASHLEY SHARE

	Complete if	the organi	ization ans	wered	"Yes" on Form 990, Pa	rt IV, line 28a, 2	8b, or 28c.	1		
(a	(a) Name of interested person			(b) Relationship betw person and the or		(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?		
A CIIT INV	CIIXDE	AND (מחדת ד	-	DOADDMEMBED	AND CDO	14 000	TN KIND DON	Yes	No
ASHLEY	SHARE	AND C	JREG U	AKU	BOARDMEMBER	AND SPO	14,980.	IN-KIND DON	<u> </u>	Х
									<u> </u>	
									<u> </u>	
Part V	Supplemondary Provide add				onses to questions on S	Schedule I (see	instructions).			
SCH L.					RANSACTIONS			ED PERSONS:		
(A) NA	ME OF I	PERSON	N: ASH	ILEY	SHARE AND	GREG JAK	UBOWSKY			
(B) RE	LATIONS	SHIP E	BETWEE	I N	NTERESTED P	ERSON AN	D ORGANIZAT	'ION:		
D01DD16	EMDED :	ai	201101	0.11						
BOARDM	EMBER A	AND SE	POUSE	OF.	BOARDMEMBER					
(D) DE	SCRIPTI	ION OF	TRAN	ISAC	TION: IN-KI	ND DONAT	IONS			
,										

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

THE SHARE INSTITUTE, INC. C/O ASHLEY SHARE

Employer identification number **-***8802

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HELP THEM BETTER MANAGE STRESS, DEVELOP HEALTHY MOVEMENT HABITS, AND
BETTER COPE UNDER STRESSFUL SOCIAL AND ACADEMIC CIRCUMSTANCES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE PRINCIPLES AND TEACHINGS OF YOGA TO INCARCERATED WOMEN.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM IS SUBMITTED TO BOARD FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS, OFFICERS, AND KEY PERSONS MUST SIGN AND FILE A
CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION C, LINE 18:
DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

THE SHARE INSTITUTE, INC. C/O ASHLEY SHARE

Employer identification number **-***8802

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.							
(a)	(b)	(c)	(d)	(e)		(f)				
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-year		controlling entity	9			
	_									
	_									
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizatio	n answered "Yes" on Form 990	D, Part IV, line 34,	because it had one	or more related tax-e	kempt				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr ent	g) 512(b)(13) rolled tity?			
				501(c)(3))		Yes	No			
THE SHARE FUND, INC 86-2277348	_									
41 PURDY AVENUE, STE 567 RYE, NY 10580	CHARITABLE	NEW YORK	501(C)(3)	LINE 7			X			
KIE, NI 10300	CHARTIABLE	NEW TORK	501(0)(5)	DINE /		+	<u> </u>			
	-									

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Organization distribution and participation and													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	((k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Perce	centage	
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partr	er?	iersnip	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No		
										\Box	+-		
											——		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t contr enti	i) etion b)(13) rolled ity?
		country)						Yes	No
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	I.	32	<u> </u>	<u> </u>		0-1	dula D (Fam	000	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2022 C/O ASHLEY SHARE

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or m	more rela	ated organizations listed	in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
b	Gift, grant, or capital contribution to related organization(s)				1b		Х			
	Gift, grant, or capital contribution from related organization(s)				1c	Х				
d	Loans or loan guarantees to or for related organization(s)				1d		Х			
е	Loans or loan guarantees by related organization(s)				1e		Х			
f	Dividends from related organization(s)				1f		Х			
g	Sale of assets to related organization(s)				1g		Х			
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)										
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х			
	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
	Sharing of paid employees with related organization(s)				10		Х			
р	Reimbursement paid to related organization(s) for expenses				1p		Х			
q	Reimbursement paid by related organization(s) for expenses				1q		Х			
-										
r	Other transfer of cash or property to related organization(s)				1r		Х			
	Other transfer of cash or property from related organization(s)				1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp									
	(a) (b) Name of related organization Transaction type (a·s)		(c) Amount involved	(d) Method of determining amount inv	olved					
1) 🛚	THE SHARE FUND, INC C		0.	FMV						
2)										
3)										
4)										
-,										
5)										
6)										
	2.2)								

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners se	Share of	Share of	Dispr	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	r? ownersnip
		Country)	Sections 5 (2-5 (4)	Yes No) IIICOITIE	assets	Yes	No	(F01111 1065)	Yes N	10
					-						
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