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TIN: 45-2773364

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

2023

Department of the Treasury

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

Open to Public

	Revenue	Service						Inspection
A F	or the	2023 ca	alendar year, or tax year beginning 01-01-2023 $$, and ending 12-31 $$	-2023				
B Che	ck if app	olicable:	C Name of organization Share our Spare			D Employe	er identii	fication number
_	dress ch	-	Share our Spare			45-2773	364	
	me chan tial retur	-	Doing business as					
_		terminated						
□ Am	ended r	return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	e		E Telephone	e number	-
O Ap	plication	pending	3800 N Milwaukee Ave			(312) 65	59-8019)
			City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60641			G Gross rec	ceipts \$ 5	5,869,888
		Ī	F Name and address of principal officer:	H(a)	Is this	a group ret	urn for	
			Stefanie Hest 3800 N Milwaukee Ave		subord	inates?		☐Yes ✓No
			Chicago, IL 60641		Are all include	subordinate	es	☐ Yes ☐No
I Tax	-exemp	t status:	✓ 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527				st. See	instructions.
J W	ebsite	: www	w.shareourspare.org			exemption		
K Forn	n of orga	anization:	✓ Corporation ☐ Trust ☐ Association ☐ Other	L Year o	f format	ion: 2011	M State	of legal domicile: IL
Pa	rt I	Sumi	mary cribe the organization's mission or most significant activities:					
	TC) DÍSRUI	PT CYCLES OF GENERATIONAL POVERTY BY PROVIDING FAMILIES WITH THI	E ESSE	NTIALS	THEY NEED	D TO FL	OURISH IN THE
Ce	FII	RST YEA	RS OF A CHILD'S LIFE.					
<u>a</u>								
Je Je	_							
05			s box				1 -	1
×8			of voting members of the governing body (Part VI, line 1a)				3	16
es			of independent voting members of the governing body (Part VI, line 1b)				4	16
¥			ber of individuals employed in calendar year 2023 (Part V, line 2a)				5	14
Activities & Governance			ber of volunteers (estimate if necessary)	•		•	6	3,600
			elated business revenue from Part VIII, column (C), line 12				7a	0
	D N	iet unrei	ated business taxable income from Form 990-T, Part I, line 11		· · ·		7b	
	•		·		Prio	r Year	0.5	Current Year
9			ions and grants (Part VIII, line 1h)	-		4,472,58	_	5,441,502
Revenue		_	service revenue (Part VIII, line 2g)	-		19,20	08	25,108
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)			240.2	70	7,722
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			219,3		295,915
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			4,711,10	_	5,770,247
			d similar amounts paid (Part IX, column (A), lines 1–3)			2,761,83	32	3,716,219
			paid to or for members (Part IX, column (A), line 4)	-				0
88			other compensation, employee benefits (Part IX, column (A), lines 5–10)	-		407,7	77	519,353
Expenses			nal fundraising fees (Part IX, column (A), line 11e)					0
×			aising expenses (Part IX, column (D), line 25) 30,559					
LLI			penses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,387,50	_	1,534,160
	18 To	otal expe	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			4,557,1	18	5,769,732
- w	19 R	evenue	less expenses. Subtract line 18 from line 12	Pasi	!	154,04	_	515
Net Assets or Fund Balances				Begii	ming 0	f Current Ye	аг	End of Year
Bal	20 To	otal asse	ets (Part X, line 16)			1,737,2	49	1,647,734
ot A	21 To	otal liabi	lities (Part X, line 26)			623,2	19	533,189
zΞ	22 N	let asset	s or fund balances. Subtract line 21 from line 20			1,114,0	30	1,114,545

Part II Signature Block

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

 C! -					2024-05-07	
Sign Here	Ste	nature of officer fanie Hest Chair/President			Date	
	Тур	pe or print name and title Print/Type preparer's name	Preparer's signature	Date	O PT	IN
Paid	ł	, ,, , ,			Check if PO self-employed	1524581
	parer	Firm's name IL NFP AUDIT AND TA	AX LLP	•	Firm's EIN 47-415	2589
Use	Only	Firm's address 200 S WACKER DR SU	IITE 3100		Phone no. (312) 99	98-5500
		CHICAGO, IL 60606			, , , , ,	
May t	he IRS dis	ccuss this return with the preparer s	hown above? See Instructions			✓ Yes □ No
		k Reduction Act Notice, see the			t. No. 11282Y	Form 990 (2023
			Page 2 —			
Form	990 (2023	3)				Dogo. '
	•	tatement of Program Service	e Accomplishments			Page 2
i di		heck if Schedule O contains a respo	_	rt III		
1		escribe the organization's mission:	noe of floce to diff life in this i w			
		CLES OF GENERATIONAL POVERTY	BY PROVIDING FAMILIES WITH	THE ESSENTIALS T	HEY NEED TO FLOUF	RISH IN THE FIRST YEARS
OF A	CHILD'S L	IFE.				
2	Did the o	rganization undertake any significa	nt program services during the y	ear which were not	listed on	
	the prior	Form 990 or 990-EZ?				🗆 Yes 🗸 No
_		describe these new services on Scho				
3		rganization cease conducting, or ma	ake significant changes in how it	conducts, any prog	gram	🗆 Yes 🗸 No
	services?	describe these changes on Schedule				U Yes W No
4		the organization's program service		three largest progra	am services, as mea	sured by expenses.
	Section 5	501(c)(3) and $501(c)(4)$ organization nue, if any, for each program services	ns are required to report the am			
4a	(Code:) (Expenses \$	5,530,296 including grants of	\$ 3,716,2	219) (Revenue \$	25,108)
		ra Stuff, Time and Money - The Organizati nfant and toddler items to families that ar				
		hrough the Chicagoland. Each month the				
4b	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
	-					
	-					
4c	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
	-					
	-					
4d	Other pro	ogram services (Describe in Schedu	le O.)			
	(Expense	•	uding grants of \$) (Revenu	ie \$)
4e	Total pr	ogram service expenses	5,530,296			

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Par	tiv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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 to the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional to the organization a school described in continuous 170/EV(1)/EV(1)/EV(1) If "Yes," appropriate Cathodyle T.	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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 domestic government on Part IX column (A) line 12 If "Yes " complete Schedule I. Parts I and II	21		No

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			

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

1c Yes

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Page 5 -Form 990 (2023) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 14 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . 3a Nο ${f b}$ If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . 3h At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a 4a No financial account in a foreign country (such as a bank account, securities account, or other financial account)? . If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a No No Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization No solicit any contributions that were not tax deductible as charitable contributions? . . . b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Yes If "Yes," did the organization notify the donor of the value of the goods or services provided? . 7b Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file **7**c No **d** If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f No Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g No h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h No Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . 9b 10 Section 501(c)(7) organizations. Enter: 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: Gross income from members or shareholders . 11a Gross income from other sources. (Do not net amounts due or paid to other sources b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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. 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 Enter the amount of reserves on hand . 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

		 		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.		orm 00	0 (2023)
		-	01111 99	U (2023)
	Page 6			
	rage o			
Form	990 (2023)			Page 6
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			~
Se	ction 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 16			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $. $	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

10/22	/25, 6:50 AM							profit Explorer - Pro				
	in joint venture arrangements under appir status with respect to such arrangements						•	iaru tile organizatio •	•	6b		
	ection C. Disclosure								1	וטל		
17	List the states with which a copy of this Fo	orm 990 is requi	ired to b	e file	ed							
	.,	·				IL						
18	Section 6104 requires an organization to 1501(c)(3)s only) available for public inspe	make its Form 1 ction. Indicate h	023 (10 now you	24 oı mad	r 102 e the	24-A, if ap ese availa	plic ble.	able), 990, and 99 Check all that app	0-T (section ly.			
	Own website 🗹 Another's website											
19	Describe in Schedule O whether (and if so policy, and financial statements available					governing	g do	ocuments, conflict o	of interest			
20	State the name, address, and telephone r The Organization 3800 N Milwaukee Ave						rgar	nization's books and	d records:			
										Fo	rm 99 0	0 (2023)
				Page	7 -							
Form	1 990 (2023)											Page 7
Pa	rt VII Compensation of Officers, I and Independent Contractor		stees,	Key	/ Em	ployees	s, F	lighest Compe	nsated Emplo	yees	5,	
	Check if Schedule O contains a res		any lin	ο in f	thic [Part \/II						
Se	ection A. Officers, Directors, Truste	•									<u> </u>	
	Complete this table for all persons required t									rgan	ization'	s tax
year.		·						,		_		
	List all of the organization's current officer ompensation. Enter -0- in columns (D), (E),						or c	organizations), rega	irdless of amount	:		
	List all of the organization's current key em	` '	•				efinit	tion of "key employ	ee."			
•	List the organization's five current highest	compensated er	nployees	s (oth	her t	han an of	fice	r, director, trustee o	or key employee)			
the c	received reportable compensation (box 5 of organization and any related organizations.	,				·	-		•			00 from
	List all of the organization's former officers portable compensation from the organization					ensated o	emp	oloyees who receive	ed more than \$10	0,00	0	
	List all of the organization's former directonization, more than \$10,000 of reportable of									е		
See	the instructions for the order in which to list	the persons ab	ove.	-				_				
	Check this box if neither the organization no	or any related o	rganizati	ion c	ompe	ensated a	ny d	current officer, dire	ctor, or trustee.			
	(A)	(B)			(C)			(D)	(E)	T	(F)
	Name and title	Average				check mo	ore	Reportable	Reportable	1	Estima	
		hours per week (list				k, unless an office	r	compensation from the	compensation from related		compen	of other sation
		any hours				r/trustee)		organization (W-	organizations		from	the
		for related	9 =	_	0	조 의표	ZII.	2/1099- MISC/1000	(W-2/1099-	or		ion and
		organizations below dotted	ď.	nst	Officer	무	orn	MISC/1099- NEC)	MISC/1099- NEC)	,	relat organiz	
		line)	<u> </u>	tut	Φ	est loy-	Former	1,20)	1120)	1	garnz	200110
			Individual to or director	Institutional		Highest com employee Key employ						
		1		past.	i ľ	S 3				1		

Name and title	Average hours per week (list any hours	pers	an on on is	e bo botl	t che x, u h an	eck m Inless Office Justee	er	compensation from the organization (W-	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) Alex Goodfellow	40.00			Х				120,678	0	0
Executive Dir.	0.00			^				120,070	U	U
(2) Crystal Allen	1.00									
Director	0.00	Х						0	0	0
(3) Stefanie Hest	1.00									
Chair/President	0.00	Х		Х				0	0	0
(4) Amy Rakoczy	1.00									
Vice President	0.00	Х		Х				0	0	0
(5) Amy Everard	1.00									
Director	0.00	Х						0	0	0
(6) Patrick Frailey	1.00									
Director		Х						0	0	0
	1.00									
(7) Sarah Hitchcock		Х						0	0	0
Director	0.00									
(8) Jake Hoerner	1.00	v						0	0	0

Director	0.00	^				J	v
(9) Tyeise Huntley Jones Director	1.00	Х			0	0	0
(10) Tumsheen Qureshi Treasurer	1.00	Х	х		0	0	0
(11) Eva Giglio Director	1.00	Х			0	0	0
(12) Mary Kate Mouch Director	1.00	Х			0	0	0
(13) Valerie Reich Director	0.00	Х			0	0	0
(14) Lindsay Gillette Swift Director	1.00	Х			0	0	0
(15) LaShunda Brown Director	0.00	х			0	0	0
(16) Christa Chavez Martay Director	1.00	х			0	0	0
(17) Jada Peterson Director	0.00	х			0	0	0

Form **990** (2023)

Page 8

Form 990 (2023)

Page **8**

Part VII Section A. Officers, Dire	ctors, Trustee	s, Key	Emp	loye	es,	and I	Higl	nest Compensate	d Employees (cor	ntinued)
(A) Name and title	(B) Average hours per week (list any hours		one b	ox, u ın off	t che Inles ficer	s pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	2/1099- MISC/1099-NEC)	organization and related organizations

10/22/25, 6:50 AM		Share Out	r Spare - Full Filing -	Nonprofit Explorer -	ProPublica			
1b Sub-Total						$ \!$		
d Total (add lines 1b and 1c) .	•			120,678		+		
Total number of individuals (in of reportable compensation from the compensation fr	cluding but no	ot limited to those li	isted above) who re	ceived more than \$1	00,000			
							Yes	No
3 Did the organization list any fo line 1a? <i>If "Yes," complete Sch</i>					employee on	3		No
For any individual listed on line organization and related organization individual					n the	4		No
5 Did any person listed on line 1 services rendered to the organ		•	•	-		5		No
Section B. Independent Cor	ntractors							
Complete this table for your five from the organization. Report						mpens	ation	
	(A))		T T	(B)		(Compos	
	Name and busi	ness address		Desi	cription of services		Comper	nsation
						\equiv		
2 Total number of independent cor	itractors (incl	ıdına but not limite	d to those listed abo	ive) who received m	ore than \$100 00	00 of		
compensation from the organization		during but not immed	a to those listed abo	we) who received in	ore than \$100,00			- /
						١	Form 99	0 (2023
			Page 9 ———					
Farm 000 (2022)			_					_
Form 990 (2023) Part VIII Statement of Rev	venue							Page
Check if Schedule O c		oonse or note to an	y line in this Part VII					
			(A)	(B)	(C) Unrelated		(D) Rever	
			Total revenue	Related or exempt	business		excluded	d from
				function revenue	revenue	ta	ax under 512 -	
Federated campaigns	1a							
Contributions, Sifts, Grants,	1							
Sifts Grants, and Membership dues DtherAmt Similar	1b							
Amoប៊ីអុស្ទៅraising events	1c							
d Related organizations	1d							
e Government grants (contributions)	1e							
f All other contributions, gifts, grants, and similar amounts not included above	1f							
5,441,502	•							
g Noncash contributions included in lines 1a - 1f:\$	1g							
3,778,318 h Total. Add lines 1a-1f		• 5,441,502						
		Business Code						
2a Program Fees		624410	25,108	25,108				
Service Revenue								
ice R								
Serv								

0/22/25, 6:50 AM			Share Our	Spare - Full Filing - I	Nonprofit Explorer - I	ProPublica	
Program							
f All other program	ı servi	ice revenue.					
9 Total. Add lines	2a-21	f	25,108				
3 Investment incom similar amounts)	e (inc	luding dividends, i	nterest, and other	7,722			7,722
4 Income from inves			ond proceeds	0			
5 Royalties			⁻	0			
		(i) Real	(ii) Personal				
6a Gross rents	6a						
b Less: rental	6b						
expenses c Rental income or	6c		 				
(loss)							
d Net rental incom	e or (I		0			
	ļ_	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other thar inventory	7 a						
Φ.	7b						
other basis and							
sales expenses • Gain or (loss)	7c		 				
d Net gain or (loss				0			
Gross income from to (not including \$	runarai	of					
contributions report See Part IV , line 18		ine 1c).					
		8a	395,556				
b Less: direct expe			99,641	205.045			
c Net income or (Id	oss) fr	om fundraising ev	ents	295,915			
9a Gross income from See Part IV, line 1	n gami 9 .	ng activities.					
b Less: direct expe	nses						
c Net income or (lo			ies	0			
	,	gammig acaini					
10a Gross sales of inverturns and allow							
b Less: cost of goo	ds sol	d 10b					
c Net income or (lo	ss) fr	om sales of invent	ory .	0			
			Business Code				
11a							
b							
Other Revenue Misc Amt							
d All other revenue							
e Total. Add lines	11a-1	.1d	\cdot \cdot	0			
12 Total revenue.	See in	structions		5,770,247	25,108		7,722
							Form 990 (2023)
				Page 10 ———			
Form 990 (2023)							Page 10
Part IX Statemer	nt of	Functional Exp	enses				
Section 501	(c)(3)) and 501(c)(4) or	ganizations must com	plete all columns. Al	l other organization	s must complete	column (A).
Check if Sch	nedule	O contains a resr	onse or note to any li	ne 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	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,716,219	3,716,219		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	120,678	96,542	20,516	3,620
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	329,348	263,479	46,988	18,881
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	34,455	27,564	5,168	1,723
10	Payroll taxes	34,872	27,897	5,231	1,744
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
c	: Accounting	5,700	750	4,950	
c	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,070	975	9,095	
12	Advertising and promotion	4,224		4,224	
13	Office expenses	9,375	856	8,317	202
14	Information technology	0			
	Royalties	0			
16	Occupancy	164,400	121,656	39,456	3,288
	Travel	39,249	18,711	20,514	24
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	6,749	6,749		
23	Insurance	13,736	2,355	11,087	294
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a SUPPLIES AND MATERIALS	1,252,163	1,239,372	12,641	150
	b Dues & Subscriptions	14,063	5,648	8,415	
	c Licenses & Fees	7,311		6,678	633
	d Payroll Processing Fees	4,118		4,118	
	e All other expenses	3,002	1,523	1,479	
25	Total functional expenses. Add lines 1 through 24e	5,769,732	5,530,296	208,877	30,559
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).				

Form **990** (2023)

Form 990 (2023) Page **11**

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			752,861	1	537,845
	2	Savings and temporary cash investments .				2	300,000
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			142,391	4	0
	5	Loans and other receivables from any current or	,	_			
	6	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under				5	0
	ľ	section 4958(f)(1)), and persons described in so		6	0		
ts	7	Notes and loans receivable, net				7	0
ssets	8	Inventories for sale or use			286,411	8	348,510
As	9	Prepaid expenses and deferred charges				9	0
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	37,435			
	b	Less: accumulated depreciation	10b	29,125	15,059	10 c	8,310
	11	Investments—publicly traded securities .			11	0	
	12	Investments—other securities. See Part IV, line	11 .			12	0
	13	Investments—program-related. See Part IV, line	11 .			13	0
	14	Intangible assets			532,827	14	445,369
	15	Other assets. See Part IV, line 11	7,700	15	7,700		
	16	Total assets. Add lines 1 through 15 (must equ	ual line	33)	1,737,249	16	1,647,734
	17	Accounts payable and accrued expenses			34,194	17	34,181
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
(0)	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
ï	23	Secured mortgages and notes payable to unrela	ited thir	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		· · —		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	<u> </u>	589,025	25	499,008	
	26	Total liabilities. Add lines 17 through 25			623,219	26	533,189
es		Organizations that follow FASB ASC 958, ch		ere 🗸 and complete	·		· .
and	27	lines 27, 28, 32, and 33. Net assets without donor restrictions		ł	1,101,530	27	1,114,545
Sal	28		•		12,500	28	1,114,040
pd	20	Net assets with donor restrictions			12,300	28	<u> </u>
-ur		Organizations that do not follow FASB ASC	958, c	heck here 🕨 🗌 and			
Net Assets or Fund Balances	29	complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building or eq	Juipmer	nt fund		30	
ISS	31	Retained earnings, endowment, accumulated in	come, c	or other funds		31	_
it h	32	Total net assets or fund balances		[1,114,030	32	1,114,545
ž	33	Total liabilities and net assets/fund balances .			1,737,249	33	1,647,734 Form 990 (2023)
							101111 330 (2023)
				— Page 12 ————			
		(2023)					Page 12
Pa	art XI	Reconcilliation of Net Assets	ote to -	any lina in this Dart VI			
		Check if Schedule O contains a response or no	ore to g	шу ше ш tms Рап XI . .		•	<u> </u>

5,770,247

Ac	ditional Data		Retur	1 to Fo	rm		
	990 (2023)						
			F	orm 99	0 (2023		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	iired	3b				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the U Guidance, 2 C.F.R. Part 200, Subpart F?		За		No		
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 in School or the compilation of the selection process during the tax year, explain in School or the compilation of the selection process during the tax year, explain in School or the compilation of the selection process during the tax year, explain in School or the compilation of the selection process during the tax year, explain in School or the compilation of the selection process during the tax year, explain in School or the compilation of the selection process during the tax year, explain in School or the compilation of the selection process during the tax year, explain in School or the compilation of the selection process during the tax year, explain in School or the compilation of the selection process during the tax year, explain in School or the compilation of the selection process during the tax year, explain in School or the compilation of the	edule O.	2c	Yes			
_	Separate basis						
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
	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:	on a					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
				Yes	No		
Га	Check if Schedule O contains a response or note to any line in this Part XII						
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) t XII Financial Statements and Reporting	10		1	,114,54		
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
8	Prior period adjustments	8					
7	Investment expenses	7					
5 6	Net unrealized gains (losses) on investments	6			-		
	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 Net unrealized gains (losses) on investments						
3	Revenue less expenses. Subtract line 2 from line 1	3			5: ,114,03		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	,769,73		

Form 990 Special Condition Description

efile Public Visual Render

ObjectId: 202441289349301899 - Submission: 2024-05-07

TIN: 45-2773364

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2023

Inspection

		ne organization					Employer identific	ation number
Share	our Spa	are					45-2773364	
	rt I	Reason for Public	Charity Stat	us (All organization	s must comp	lete this part.) S	See instructions.	
The o	rganiz	ration is not a private fou	ndation because	e it is: (For lines 1 thro	ough 12, check	only one box.)		
1		A church, convention of	f churches, or as	ssociation of churches	described in se	ection 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a coopera	tive hospital ser	vice organization desc	ribed in sectio i	n 170(b)(1)(A)(iii).	
4		A medical research organisme, city, and state:	anization operat	ed in conjunction with	a hospital desc	cribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit descril	oed in section
6		A federal, state, or loca	ıl government oı	governmental unit de	scribed in sect	ion 170(b)(1)(A	\)(v).	
7	~	An organization that no section 170(b)(1)(A)			s support from	a governmental u	init or from the genera	al public described in
8		A community trust desc	cribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See section	to its exempt fur unrelated busin	nctions—subject to cer ness taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	zed and operate	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	d organizations	described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(a	
а		Type I. A supporting o organization(s) the pow complete Part IV, See	rganization oper ver to regularly	rated, supervised, or coappoint or elect a majo	ontrolled by its	supported organiz	zation(s), typically by	
b		Type II. A supporting management of the sup must complete Part 1	organization sup oporting organiz	pervised or controlled i ation vested in the sar				
c		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organing generally must satis	ization operated fy a distribution	d in connection win requirement and	th its supported orgar	
е		Check this box if the or integrated, or Type III	ganization recei	ved a written determir	nation from the		pe I, Type II, Type III	functionally
f	Enter	the number of supporte	d organizations				<u> </u>	
g		de the following informat		upported organization(
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			· -					
Tota	1							
	aperv	work Reduction Act No or 990-EZ.	tice, see the I	l nstructions for	Cat. No. 1128	 85F	Schedule	A (Form 990) 2023
				Pa	ge 2 ———			
Scheo	dule A	(Form 990) 2023			J -			Page 2
Pa	rt II			zations Described ne box on line 5, 7,				

Section A. Public Support

If the organization failed to qualify under the tests listed below, please complete Part III.)

v ravanua laviad for tha

	25, 6:50 AM Share Our Spare - Full Filing - Nonprofit Explorer - ProPublica			
C	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	3с		
∓ a	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	4c		
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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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,"	Ì		
	provide detail in Part VI .	9a		
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.	9b		
С	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.	9c		
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	10a		
	the organization had excess business holdings).	10b		
	Schedule A		990)	2023
	Page 5			
Sched	lule A (Form 990) 2023		F	Page 5
Par	Supporting Organizations (continued)		1	1
	the the consciention counted a life or early that or form and of the fallowing areas		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			-
d	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
So	VI. ction B. Type I Supporting Organizations			
<u> </u>	Ction B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		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		

Section C. Type II Supporting Organizations

	Aggregate fair market value of all non-exempt-use assets (see instructions for short						
	Section B - Minimum Asset Amount		(ry) not real		onal)		
_		0	(A) Prior Year	(B) Cur	ent Yea	r	
		8					
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					
	Depreciation and depletion	5					
4	Add lines 1 through 3	4					
3	Other gross income (see instructions)	3					
2	Recoveries of prior-year distributions	2					
1	Net short-term capital gain	1		(301			
	instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	ations	· · · · · · · · · · · · · · · · · · ·	(B) Curi	ent Yea	r	
Pa 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying tru	ıst on l	Nov. 20, 1970 (explain in Part V		e		
	edule A (Form 990) 2023				F	Page 6	
	Page 6 ————						
			Schedule A		1 990)	2023	
t	Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? If "Yes," describe in Part VI. the role played by the organizations.			3b			
ā	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations? If "Yes" or "No", provide details in Part VI.	icers,	directors, or trustees of each of	3a			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.						
ŀ	Did the activities described on line 2a, above constitute activities that, but for the org of the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in to organization's involvement.	" expla	in in Part VI the reasons for	2b			
ā	a Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th substantially all of its activities.	Part \	/I identify those supported how the organization was	2a			
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
•		να sup)	onteu a government entity (see	шъсги	cuons)		
				inctru	ctions)		
_	The organization is the parent of each of its supported organizations. Complete	e line	3 helow.				
1 a	Check the box next to the method that the organization used to satisfy the Integral Parameters The organization satisfied the Activities Test. Complete line 2 below.	art res	c during the year (see instruct	10115):			
	ection E. Type III Functionally-Integrated Supporting Organizations	ort To -	t during the year (see instance)	ions):			
3	By reason of the relationship described in 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.						
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).						
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?						
Se	ection D. All Type III Supporting Organizations				Yes	No	
	each of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed to	v contr	ol or management of the	1			
1	were a majority of the organization's directors or trustees during the tax year also a r	maiorii	v of the directors or trustees of	Ī	ı	ı	

1a

1b

1c

1d

a Average monthly value of securities

 $\boldsymbol{c}\ \ \mbox{Fair market value of other non-exempt-use assets}$

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
			0 11/	
	Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year	
1 2		1 2	Current Year	
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)		Current Year	
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	Current Year	
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	Current Year	
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4	Current Year	
3 4 5	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	2 3 4 5 6		

— Page 7 —

Schedule A (Form 990) 2023

Page **7**

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2023 from Section C, line 6		
10 Line 8 amount divided by Line 9 amount	10	
(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			

0/22/25, 6:50 AM	Share Our Spare - Full Filing	- Nonprofit Explorer - ProPublic	ca
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part V.</i> See instructions.	I.		
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			
Part VI Supplemental Information. Provide the expectation A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section S, 10 part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and Part V, Section S, 20 part IV, Section D, lines S, 6, and 8; and Part V, Section D, lines S, 6, and 8; and B, batter D, lines S, 6, and 8; and B, batter D, lines S, 6,	a, 9b, 9c, 11a, 11b, and 11c; F ction E, lines 1c, 2a, 2b, 3a and	Part IV, Section B, lines 1 and 2 d 3b; Part V, line 1; Part V, Sect	2; Part IV, Section C, line 1; tion B, line 1e; Part V
	Facts And Circumstances Te	est	
Return Reference		Explanation	
•		s	Schedule A (Form 990) 2023
Additional Data			Return to Form

efile Public Visual Render	ObjectId: 202441289349301899 - Submission: 2024-05-07		TIN: 45-2773364
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.		2023
Name of the organization Share our Spare		Employer	identification number
Organization type (check of	one):	45-277336	1
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation	
	☐ 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion	
	☐ 501(c)(3) taxable private foundation		
under sections 509(received from any o 990, Part VIII, line 1 For an organization during the year, tota purposes, or for the For an organization during the year, con If this box is checke purpose. Don't com religious, charitable, Caution: An organization th 990-EZ, or 990-PF), but it n	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ ne contributor, during the year, total contributions of the greater of (1) \$5, in, or (ii) Form 990-EZ, line 1. Complete Parts I and II. described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that I contributions of more than \$1,000 exclusively for religious, charitable, s prevention of cruelty to children or animals. Complete Parts I, II, and III. described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that tributions exclusively for religious, charitable, etc., purposes, but no such d, enter here the total contributions that were received during the year for oldete any of the parts unless the General Rule applies to this organization etc., contributions totaling \$5,000 or more during the year	Z), Part II, line 13, 000 or (2) 2% of treceived from a cientific, literary, treceived from a contributions to an exclusively ran exclusively ran because it received from the cause it received.	, 16a, or 16b, and that the amount on (i) Form ny one contributor, or educational ny one contributor, aled more than \$1,000. eligious, charitable, etc., eived nonexclusively
or on its Form 990PF, Part I 990-EZ, or 990-PF).		D (1 01111 330,	
990-EZ, or 990-PF). For Paperwork Reduction Act N		,	1 990-EZ
990-EZ, or 990-PF).		,	1 990-EZ
990-EZ, or 990-PF). For Paperwork Reduction Act N		,	
990-EZ, or 990-PF). For Paperwork Reduction Act N	. Page 2	,	1 990-EZ

art I tributors	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
STRICTED		\$ RESTRICTED	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
(a)	(b)	(c) Total contributions	(Complete Part II for noncash contributions.) (d)
Ñó.	Name, address, and ZIP + 4	Total contributions	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.)
		1	Schedule B (Form 990) (2

Schedule B (Form 99)
Name of organization
Share our Spare **Employer identification number** 45-2773364 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. from (c) FMV (or estimate) (b)
Description of noncash property given (d) Date received Part I (See instructions)

-					\$_	
(a) No. from Part I	(b) Description of noncash	(b) Description of noncash property given			(c) or estimate) instructions)	(d) Date received
-					\$	
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) instructions)	(d) Date received
-					\$_	
(a) No. from Part I					(c) or estimate) instructions)	(d) Date received
-					\$_	
(a) No. from Part I	from Description of paneach property given		n	(c) FMV (or estimate) (See instructions)		(d) Date received
-					\$_	
(a) No. from Part I	om Description of pancash property given			(c) FMV (or estimate) (See instructions)		(d) Date received
-					\$_	
0.1.1.1	D (F	——— Р	age 4 —————			Schedule B (Form 990) (2023)
	B (Form 990) (2023) rganization Spare				Employer ider	Page 4
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the the year. (Enter this information once. See Use duplicate copies of Part III if additional specific part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III in the copies of Part III is additional specific part III is additional speci	tributor. Compl e total of <i>exclus</i> e instructions.)	ete columns (a) th sively religious, ch	rough (e)	and the follow	ing line entry. For
(a) No. from Part I	(b) Purpose of gift	((c) Use of gift		(d) Descri	ption of how gift is held
		(0) Transfer of gift			
,	Transferee's name, address, and			elationshi	ip of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift			(d) Descri	ption of how gift is held
	Transferee's name, address, and	(e ZIP 4) Transfer of gift R	elationshi	ip of transferor to	o transferee
(a)		<u>_</u>				

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ιο. τrom Part Ι	(α) Purpose of giπ		(c) Use of gift	(a) Description of now gift is neig
		_		_
	Transferee's name, address,	and ZIP 4	(e) Transfer of gift Relation	onship of transferor to transferee
(a) lo. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	and ZIP 4	(e) Transfer of gift	onship of transferor to transferee
	, ,			
				Schedule B (Form 990) (202
Additiona	ıl Data			Return to Form

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efile Public Visual Render

ObjectId: 202441289349301899 - Submission: 2024-05-07

TIN: 45-2773364

SCHEDULE D

(Form 990)

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.

Cat. No. 52283D

OMB No. 1545-0047

Open to Public

	ent of the Treasury		Attach to Form 9					_	n to Public
	Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructio	ns a	nd the latest info			In: entification	spection
	e of the organ our Spare	nzacion					-	EIILIIICALIUN	HUMBER
					<u> </u>		2773364		
Part		izations Maintaining Donor Advisete if the organization answered "Yes				or Acc	ounts.		
	Сотпріс	te ii the organization answered Tes	(a) Donor				(b) Fund	ls and other	accounts
1 T	otal number at	end of year							
2 A	aggregate value	of contributions to (during year)							
3 A	aggregate value	of grants from (during year)							
4 A	ggregate value	at end of year							
		ation inform all donors and donor advisor property, subject to the organization's exc					^f unds are		Yes 🗌 No
(charitable purpo	ation inform all grantees, donors, and donoses and not for the benefit of the donored in the don	or donor advisor, or	for	any other purpose o	be use conferr	d only fo	r missible	Yes 🗆 No
Part		rvation Easements. ete if the organization answered "Yes	s" on Form 990, F	art	IV, line 7.				
1	Purpose(s) of co	onservation easements held by the organ	ization (check all th	at a	oply).				
	Preservation	on of land for public use (e.g., recreation	or education)		Preservation of an	histor	ically imp	ortant land	area
	Protection	of natural habitat			Preservation of a	certifie	d historic	structure	
	Preservation	on of open space							
	Complete lines	 2a through 2d if the organization held a c ne last day of the tax year.	qualified conservation	on co	entribution in the for	rm of a		ation	of the Year
a T	Total number of	conservation easements				2a			
ьΤ	Total acreage re	estricted by conservation easements				2b			
c N	Number of cons	ervation easements on a certified historic	structure included	in (a)	2c			
		ervation easements included in (c) acquir e listed in the National Register	red after July 25, 20	06,	and not on a	2d			
	Number of cons tax year 🕨	servation easements modified, transferred	d, released, extingu	ished	d, or terminated by	the or	ganization	n during the	
4	Number of state	es where property subject to conservation	n easement is locate	ed 🕨					
		ization have a written policy regarding the				of viola	itions,	☐ Yes	□ No
_ (Staff and volunt	teer hours devoted to monitoring, inspect	ting handling of vio	latio	ns and enforcing of	nnserv	ation eas		
6		teer flour's devoted to morntornig, inspect	ing, nanamig or vio	iacio	ns, and emoreing e	JIIJCI VI	acion casc	ciricino darii	ig the year
/	Amount of expe	enses incurred in monitoring, inspecting, i	handling of violatior	ns, a	nd enforcing conser	vation	easemen	ts during the	e year
		servation easement reported on line $2(d)$ $0(h)(4)(B)(ii)$?				70(h)(4)(B)(i)	☐ Yes	□ No
- 1	balance sheet, a	scribe how the organization reports conse and include, if applicable, the text of the n's accounting for conservation easement	footnote to the orga						
Part	III Organi	izations Maintaining Collections	of Art, Historica			er Si	milar As	ssets.	
1a ¹		ete if the organization answered "Yes ion elected, as permitted under FASB ASC			•	nt and	halance s	heet works (of art
1	historical treasu	ures, or other similar assets held for publicated of the footnote to its financial statement	ic exhibition, educat	ion,	or research in furth				
	historical treasu	ion elected, as permitted under FASB ASC ures, or other similar assets held for publi nts relating to these items:							
	-	ded on Form 990, Part VIII, line 1					> \$		
		in Form 990, Part X							
2	If the organizati	ion received or held works of art, historic nts required to be reported under FASB A	al treasures, or oth	er si	milar assets for fina			ide the	
	-	ed on Form 990, Part VIII, line 1	-				. ▶\$		
		in Form 990, Part X · · · · · · · ·							

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

Schedule D (Form 990) 2022

---- Page 2 -----

Sche	edule D (Form 990) 2022		Page 2
Par	rt III Organizations Maintaining	Collections of Art, Historical Treasures, or G	Other Similar Assets (continued)
3	Using the organization's acquisition, according the organization's acquisition, according to the organization of the organizat	ssion, and other records, check any of the following tha	at are a significant use of its collection
а	Public exhibition	d Loan or exchan	ge programs
b	Scholarly research	e Other	
С	Preservation for future generation		
4	Provide a description of the organization Part XIII.	s collections and explain how they further the organizat	ion's exempt purpose in
5		cit or receive donations of art, historical treasures or ot an to be maintained as part of the organization's collect	
Par	rt IV Escrow and Custodial Arra Complete if the organization line 21.	ngements. Inswered "Yes" on Form 990, Part IV, line 9, or re	eported an amount on Form 990, Part X,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	todian or other intermediary for contributions or other	assets not Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the following table:	Amount
c	Beginning balance		1c
d	Additions during the year		1d
е	Distributions during the year		1e
f	Ending balance		1f
2a	Did the organization include an amount	n Form 990, Part X, line 21, for escrow or custodial acc	count liability? 🗌 Yes 🔲 No
b	If "Yes," explain the arrangement in Part	XIII. Check here if the explanation has been provided in	n Part XIII
Pa	art V Endowment Funds.		
	Complete if the organization	nswered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two yea	rs back (d) Three years back (e) Four years back
1a	Beginning of year balance		
b	Contributions		
С	Net investment earnings, gains, and losse		
d	Grants or scholarships		
	Other expenditures for facilities and programs		
f	Administrative expenses		
g	End of year balance		
2 a	Provide the estimated percentage of the Board designated or quasi-endowment	current year end balance (line 1g, column (a)) held as:	
b	Permanent endowment		
С	Term endowment 🕨		
	The percentages on lines 2a, 2b, and 2c	•	
3a	Are there endowment funds not in the porganization by:	ssession of the organization that are held and administ	ered for the Yes No
	(i) Unrelated organizations		3a(i)
	(ii) Related organizations		3a(ii)
b		•	3b
4	Describe in Part XIII the intended uses of		
Par	Land, Buildings, and Equip	ment. Inswered "Yes" on Form 990, Part IV, line 11a. S	ee Form 990 Part X line 10
	Description of property (a) Cost	, , , ,	nulated depreciation (d) Book value
1a	Land		
b	Buildings		
С	Leasehold improvements		
d	Equipment	35,695	28,497 7,198
	Other	1,740	628 1,112
Tota	al. Add lines 1a through 1e. (Column (d) n	ust equal Form 990, Part X, column (B), line 10(c).) .	. 8,310

hedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990) Part IV	line 11h See For	rm 000 Part V line 12
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation: t or end-of-year market value
(1) Financial derivatives	value		
(2) Closely-held equity interests	_		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990), Part IV,	line 11c. See Fo	rm 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.	٠		
Complete if the organization answered 'Yes' on Form 990,	, Part IV, I	ine 11d. See For	
(a) Description			(b) Book value
(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, I	ine 11e or 11f.S	
1. (a) Description of liability (1) Federal income taxes			(b) Book value

(-)	1
Operating Lease Liability	499,008
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	499,008
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state	ments that reports the

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page 4 -

Schedule D (Form 990) 2022

Pa	art XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Return.	Page 4
	Complete if the organization answered 'Yes' on Form 990, Part				
1	Total revenue, gains, and other support per audited financial statements			1	5,770,247
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	d Other (Describe in Part XIII.)	2d			
е	e Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	5,770,247
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
c	. Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,770,247
Pai	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			er Return.	
1	Total expenses and losses per audited financial statements			1	5,769,732
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	d Other (Describe in Part XIII.)	2d			
е	e Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	5,769,732
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				_
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			5	5,769,732

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI,

Return Reference

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X : FIN48 Footnote

The Organization is exempt from Federal and State income taxes under Section 501(c)(3) of the Internal Revenue Code, therefore, the financial statements do not include a provision for income taxes. The Organization reviews income tax positions taken or expected to be taken in income tax returns to determine if there are any income tax uncertainties. This includes positions that the entity is exempt from income taxes or not subject to income taxes on unrelated business income. The Organization recognizes tax benefits from uncertain tax positions only if it is more likely than not that the tax positions will be sustained on examination by taxing authorities, based on the technical merits of the positions. The Organization has identified no significant income tax

Explanation

uncertainties. The Organization files information returns as a tax-exempt organization. Should that status be challenged in the future, all years since inception could be subject to review by the IRS.

Schedule D (Form 990) 2022

Additional Data

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Software ID: 23017517 **Software Version:** 2023v5.0

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ObjectId: 202441289349301899 - Submission: 2024-05-07

TIN: 45-2773364

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2023

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection
Name of the organization Share our Spare						Employer ide	ntification number
· 						45-2773364	
	_	-	_	n answered "Yes" on F	orm 990,	, Part IV, line 1	7.
	Z filers are not re	•	•	•			_
1 Indicate whether the	e organization raised	d funds throug	h any of the f	following activities. Chec			
a Mail solicitations				Solicitation of nor	n-governm	ent grants	
b Internet and email	ail solicitations			f Solicitation of go	vernment (grants	
c Phone solicitation	าร		,	g 🗸 Special fundraisir	ng events		
d In-person solicita	ations						
2a Did the organization or key employees lis	have a written or o sted in Form 990, Pa	oral agreement art VII) or entit	with any indity in connection	ividual (including officers on with professional fund	, directors Iraising sei		es 🗸 No
b If "Yes," list the 10 h to be compensated				pursuant to agreements	under wh	ich the fundraise	ris
(i) Name and address of i or entity (fundraise			(iii) Did ndraiser have custody or control of ontributions?	(iv) Gross receipts from activity	(or refundra	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			es No				
Total			▶				
3 List all states in which licensing.	the organization is	registered or I	icensed to so	licit contributions or has	been notif	ied it is exempt f	rom registration or
IL							
For Paperwork Reduction A	ct Notice, see the In	structions for F	orm 990 or 99	PO-EZ. Cat. No	. 50083H	So	chedule G (Form 990) 2023
			Pa	age 2 ————			

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

Schedule G (Form 990) 2023

Page 2

gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		Gala (event type)	(event type)	(total number)	col. (c))
lue					
Revenue					
R					
	1 Gross receipts	395,556			395,556
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	395,556			395,556
	4 Cash prizes				
Se	5 Noncash prizes				
ense	6 Rent/facility costs				
Εğ	7 Food and beverages				
Direct Expenses	8 Entertainment				
Ö	9 Other direct expenses	99,641			99,641
	11 Net income summary. Subtract line 10				99,641
Par	t III Gaming. Complete if the orga		s" on Form 990, Part I	IV, line 19, or reported	
es.	on Form 990-EZ, line 6a.			Ι	1
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Revi					
	1 Gross revenue				
enses	2 Cash prizes				
Exp	3 Noncash prizes				
Direct	4 Rent/facility costs				
ā	5 Other direct expenses				
		☐ Yes%_	☐ Yes%_	☐ Yes%_	
	6 Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		•	
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati	on conducts gaming activ	ities:		
a	Is the organization licensed to conduct go If "No," explain:				☐ Yes ☐ No
b	ii No, explain:				
102	Were any of the organization's gaming lic				
b	If "Yes," explain:				

Schedule G (Form 990) 2023

- Page 3

	e G (Form 990) 2023	ming activities with nonmembers?					O		Page
	-	eficiary or trustee of a trust or a r					☐ Yes	∪No	
		aming?					☐ Yes	□ No	
3 In	dicate the percentage of gamin	g activity conducted in:					U TES	□ 140	
a Th	ne organization's facility .					13a			9
b Ar	outside facility					13b			9,
4 En	nter the name and address of th	e person who prepares the organi	zation's gaming/specia	al events boo	ks and r	ecords:			
Na	ame 🕨								
	luress								
		tract with a third party from whon					☐ Yes	□No	
b If	"Yes," enter the amount of gam	ing revenue received by the orga	nization 🕨 \$						
an	nount of gaming revenue retain	ed by the third party $ hildsymbol{\blacktriangleright}$ \$	·						
c If	"Yes," enter name and address	of the third party:							
Na	ame 🕨								
Ac	ddress								
6 Ga	aming manager information:								
Na	ame 🕨								
Gā	aming manager compensation	* \$	-						
De	escription of services provided								
	Director/officer	Employee	☐ Independ	dent contract	or				
7 Ma	andatory distributions:								
	•	r state law to make charitable dist	ributions from the gan	ning proceed	s to				
re	tain the state gaming license?						☐ Yes	□No	
		required under state law distribut		ganizations o	r spent				
		activities during the tax year		T line Oh		- (:::) -		d Dt	
Part I		nation. Provide the explanation is the contraction of the contraction is the contraction of the contractio				` '	` ,,		s.
	Return Reference		Expl	lanation					
		1			Sched	ule G (F	orm 990) 2	023	
ibb∆	tional Data						Return	to Form	

Software ID: 23017517 **Software Version:** 2023v5 0 10/22/25. 6:50 AM Share Our Spare - Full Filing - Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202441289349301899 - Submission: 2024-05-07 TIN: 45-2773364 Note: To capture the full content of this document, please select landscape mode $(11" \times 8.5")$ when printing. OMB No. 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) **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. Open to Public Department of the Inspection Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information. Employer identification number Share our Spare 45-2773364 General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☐ No Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (c) IRC section (if applicable) (a) Name and address of (b) EIN (d) Amount of cash (f) Method of valuation (h) Purpose of grant (e) Amount of non-(g) Description of noncash assistance grant organization (book, FMV, appraisal, or assistance or government other) assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)(12)2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0 Enter total number of other organizations listed in the line 1 table 0 Cat. No. 50055P Schedule I (Form 990) 2023 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Page 2 — Schedule I (Form 990) 2023 Page 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 (d) Amount of (e) Method of valuation (book (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) (1) Clothing, Toys and Supplies 3,716,219 Clothing, Toys & Supplies Yrs 0-5

(1) (2) (3) (4) (5) (6) (7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grantmaker's Description of How The organization receives in-kind donations of clothing, toys and supplies for children ages five and under from various individuals and organizations. The organization then Grants are Used distributes theses items through a network of social service agencies thougout the Chicagoland area

Schedule I (Form 990) 2023

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SCHEDULE M

Department of the Treasury

Internal Revenue Service

(Form 990)

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ObjectId: 202441289349301899 - Submission: 2024-05-07

TIN: 45-2773364

OMB No. 1545-0047

2022

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization **Employer identification number** Share our Spare 45-2773364 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1g Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household aoods Cars and other vehicles . . 6 Boats and planes Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . 12 Securities-Miscellaneous . . Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . 15 Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . Collectibles 18 19 Food inventory . . . Drugs and medical supplies . 20 Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► (__ 26 Other ► (-27 Other ▶ (_ 28 Other ► (. Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a No **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 No 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Cat. No. 51227J Schedule M (Form 990) (2023) For Paperwork Reduction Act Notice, see the Instructions for Form 990.

– Page 2 *–*

Page **2**

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2023)

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Software ID: 23017517

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TIN: 45-2773364

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

2023

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organiza

Go to $\underline{\textit{www.irs.gov/Form990}}$ for the latest information.

Name of the organization
Share our Spare
45-2773364

Return Reference	Explanation
Form 990, Part VI, Section A, Line 8b	The Organization did not have any committees with the authority to act on behalf of the governing body during the year.
Form 990, Part VI, Section B, Line 11b	A copy of the Form 990 is first reviewed by the organization's executive director and board president. It is then circulated to the rest of the board directors for their review and feedback prior to filing.
Form 990, Part VI, Section B, Line 12c	The Organization is not aware of any relationships that could potentially cause a conflict of interest to occur and any new relationships are reviewed by management as to whether or not they require additional disclosures.
Form 990, Part VI, Section B, Line 15a	The organization reviews executive salaries that are approved by board oversight with the assistance of industry standards of similar organizations.
Form 990, Part VI, Section C, Line 18	The 990 can be acquired via the guidestar.org website or the IL Attorney General website. The 1023 can be made available upon request.
Form 990, Part VI, Section C, Line 19	All governing documents are available to the public upon request.

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

Cat. No. 51056K

Schedule O (Form 990) 2023

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