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eturn of Organization Exempt From Propr Under section 501(c), 527, or 4947(a)(1) of the Interval Revenue (except black lung benefit trust or private found in

OMB No 1545-0047 2007

Open to Public

No STATUTE ISSUE Kathy M Gallegos

		nal Revenue Service(f/i) ► The organization may have to use a copy of this return to satisfy:	state reporting red	quirements.	spection	
	Α	For the 2007 calendar year, or tax year beginning , 2007, and e	•			
SE	В	Check if applicable C		D Employer Identification Number		
UTE ISSUE Gallegos 58083		Address change Please user SHARE INTERNATIONAL Or print 20.7 NORTH SERVICE DD FAST	37-1307778			
<u>⊒</u> ≓8		Name change or type. 207 NOVE TO EAST		E Telephone number		
50%		Initial return specific	1_	318-243-4243	3	
		Termination tions.	[1	F Accounting X Ca	ish Accrual	
2 ×£		Amended return		Other (specify)	·	
Kathy N 0436		Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt	H and I are not applica	ble to section 527 organization		
ZIZ		charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H (a) Is this a group		Yes X No	
		Web site: ► N/A	H (b) If 'Yes,' enter no	F	J., CJ.,	
			H (c) Are all affiliate	es included? a list. See instructions.)	Yes No	
		Organization type (check only one) ► X 501(c) 3 ◄ (insert no) 4947(a)(1) or 527	H (d) Is this a separa	· ·		
ê		Check here Inf the organization is not a 509(a)(3) supporting organization and its		overed by a group ruling?	Yes X No	
S:3		gross receipts are normally not more than \$25,000. A return is not required, but if the	I Group Exer	mption Number	1.00 [22] 1.00	
\$\tilde{\chi}\$		proprietion changes to file a return, he cure to file a complete return		X if the organization is not	required	
	L	Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 406, 312.		dule B (Form 990, 990-EZ, o		
		Revenue, Expenses, and Changes in Net Assets or Fund Bala	nces (See the	: instructions)	·	
	*******	1 Contributions, gifts, grants, and similar amounts received:	(000 0.10	''		
		a Contributions to donor advised funds	1		-	
		b Direct public support (not included on line 1a)		312.		
		c Indirect public support (not included on line 1a) . 1c				
		d Government contributions (grants) (not included on line 1a)				
		e Total (add lines \$ 406, 312. noncash \$)	·	1 e	406,312.	
		2 Program service revenue including government fees and contracts (from Part VII, I	ine 93)	2	<u> </u>	
		3 Membership dues and assessments REVENO		3		
		4 Interest on savings and temporary and temporary		4		
		5 Dividends and interest from securities AUG 2 9 2013		5	· · ·	
		5 Dividends and interest from securities AUG 2 9 2013 6a Gross rents 6 AUG 2 9 2013				
		c Net rental income or (loss). Subtract line (b) (rental line ba)		6c		
	R	7 Other investment income (describe) 7		
	R E V	8a Gross amount from sales of assets other (A) Securities	(B) Other			
	E N	than inventory				
	Ē	b Less: cost or other basis and sales expenses 8b)			
<u> </u>		c Gain or (loss) (attach schedule)	:			
2013		d Net gain or (loss). Combine line 8c, columns (A) and (B)		8d		
~		9 Special events and activities (attach schedule). If any amount is from gaming, ched	ck here			
~ ─-••		a Gross revenue (not including \$ of contributions	.1			
SEP		reported on line 1b). b Less: direct expenses other than fundraising expenses 9a 9b				
S		c Net income or (loss) from special events. Subtract line 9b from line 9a.	4	9c		
		10a Gross sales of inventory, less returns and allowances		30		
빌		b Less: cost of goods sold	 			
É		c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line-10b from line 10a	.1	. 10c		
×		11 Other revenue (from Part VII, line 103)		11		
		12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	406,312.	
=		13 Program services (from line 44, column (B)).		13	367,233.	
\sim	E X	14 Management and general (from line 44, column (C))		14	50,467.	
~	P	15 Fundraising (from line 44, column (D))		15	30, 1011	
97/018CANNED	. N S	16 Payments to affiliates (attach schedule)		16		
	E S	17 Total expenses. Add lines 16 and 44, column (A)		17	417,700.	
		18 Excess or (deficit) for the year. Subtract line 17 from line 12		18	-11,388.	
	N S	19 Net assets or fund balances at beginning of year (from line 73, column (A)).		19	22,542.	
	N S E	20 Other changes in net assets or fund balances (attach explanation)	•	. 20	22,042.	
	' T S	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	••	. 21	11,154.	
		i Er Trockassocis or raina saramous actiona or year. Combille III les 10, 15, and 20	•	· [•]	_ + , J	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007) [1

TEEA0109L 12/27/07

Form 990 (2007) Statement of Functional Expenses Ali organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

C	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised					
	funds (attach sch) (cash \$					
	(cash \$)					
	If this amount includes	1 1				
	foreign grants, check here	22 a				
22 b	Other grants and allocations (att sch)					
	(cash \$)					
	If this amount includes foreign grants, check here. ▶	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers,					
	directors, key employees, etc. listed in Part V-A	25 a	43,796.	43,796.	0.	0.
b	Compensation of former officers, directors, key employees, etc. listed					
	ın Part V-B	25 b	0.	0.	0.	0.
C	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f(X1)) and persons					
	described in section 4958(c)(3)(B)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30			0.504	
31	Accounting fees	31	3,531.		3,531.	
32	3	32				
33 34	Supplies Telephone	33				
35	Postage and shipping	35				
	Occupancy	36				
37	Equipment rental and maintenance .	37				
38	Printing and publications	38				
39	Travel .	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41	423.		423.	
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (stemize)	42	8,110.		8,110.	
	FOREIGN MISSION COSTS	43a	202,117.	202,117.		
	LODWAR OFFICE	43b	121,320.	121,320.		
	RUSTON OFFICE	43c	38,403.		38,403.	
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	417,700.	367,233.	50,467.	0.
	Costs. Check ► I if you are following					
	iny joint costs from a combined educational s,' enter (i) the aggregate amount of these				Program services? mount allocated to Progi	Yes X No ram services
\$_ to Fu	; (iii) the amount al	located	to Management and ger	neral \$; and (iv) th	e amount allocated

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Statement of Program Service Accomplishments (See the Instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's prim All organizations must describe clients served, publications issi zations and 4947(a)(1) nonexe		e Statement 1 nents in a clear and concise manner. State the number of that are not measurable. (Section 501(c)(3) and (4) organenter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a DURING THE YEAR	THE ORGANIZATION CO	NTINUED TO TRAIN MINISTERS, HELP NAL AND MEDICAL SUPPORT FOR THE	
(Grants and allocations	\$) If this amount includes foreign grants, check here ▶	367,233.
b		·	
(Grants and allocations	\$) If this amount includes foreign grants, check here	
c			
(Grants and allocations	\$) If this amount includes foreign grants, check here	
d		- 	
		·	
(Grants and allocations	\$) If this amount includes foreign grants, check here ▶	
e Other program services	•		
(Grants and allocations) If this amount includes foreign grants, check here	
f Total of Program Service	Expenses (should equal line 44	, column (B), Program services)	367,233.

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Form **990** (2007)

Form **990** (2007)

Part IV Balance Sheets (See the instructions) **(B)** End of year (A) Beginning of year Where required, attached schedules and amounts within the description column should be for end-of-year amounts only 13,033 45 17.161. Cash - non-interest-bearing 46 Savings and temporary cash investments 47 a 47a Accounts receivable **b** Less: allowance for doubtful accounts 47 b 47 c 48 a 48a Pledges receivable 48b 48c b Less: allowance for doubtful accounts 49 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and key 50 a employees (attach schedule) . . **b** Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) 50 b 51 a Other notes and loans receivable (attach schedule). 51 a 51 b 51 c **b** Less: allowance for doubtful accounts 52 Inventories for sale or use 52 53 53 Prepaid expenses and deferred charges **FMV** 54 a 54a Investments - publicly-traded securities **b** Investments – other securities (attach sch) **FMV** 54 b 55 a Investments - land, buildings, & equipment: basis. 55 a **b** Less: accumulated depreciation (attach schedule) . 55 b 55 c 56 Investments - other (attach schedule) 57 a Land, buildings, and equipment: basis 57 a 39,635 b Less: accumulated depreciation
Statement 2 17,505. 22,130 29.147. 57 b 57 c 58 Other assets, including program-related investments 58 (describe ▶ 42,180 59 34,666 59 Total assets (must equal line 74). Add lines 45 through 58 571 60 Accounts payable and accrued expenses 60 10,263 61 61 Grants payable Deferred revenue 62 62 Loans from officers, directors, trustees, and key 63 employees (attach schedule) 64a Tax-exempt bond liabilities (attach schedule) 64 a 19,066 13,249. **b** Mortgages and other notes payable (attach schedule) 64 b Other liabilities (describe 65 19,638. 23,512. Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. 22,542. Unrestricted 67 11,154. 68 68 Temporarily restricted 69 Permanently restricted Organizations that do not follow SFAS 117, check here and complete lines 70 through 74. 70 Capital stock, trust principal, or current funds . . Paid-in or capital surplus, or land, building, and equipment fund 71 72 72 Retained earnings, endowment, accumulated income, or other funds. 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 22,542 11,154 72. (Column (A) must equal line 19 and column (B) must equal line 21) 73 42,180. 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 74 34,666.

	rm 990 (2007) SHARE INTERNATIO				<u> </u>	
	Reconciliation of Revenu Instructions)	ue per Audited Financia	al Statemei	nts with	Revenue per Retu	rn (See the
а	Total revenue, gains, and other support	per audited financial statemer	nts		a	406,312
b	Amounts included on line a but not on P					
	1 Net unrealized gains on investments			b1		
	2Donated services and use of facilities			b2		
	3Recoveries of prior year grants			b3		
	4Other (specify):			b4		
	Add lines b1 through b4			. 04	. b	
C	Subtract line b from line a .				. с	406,312
d	Amounts included on Part I, line 12, but					
	1 Investment expenses not included on Pa	art I, line 6b .		d1		
	2Other (specify):			1		
	Add lines d1 and d2			d2		
е	Total revenue (Part I, line 12). Add lines	c and d			► e	406,312
	art IV & Reconciliation of Expens	ses per Audited Financi	al Stateme	ents with	Expenses per Re	
а	Total expenses and losses per audited fi		•		. a	417,700
b	Amounts included on line a but not on P	art I, line 17:		1 1		
	1Donated services and use of facilities		•	b1		
	2Prior year adjustments reported on Part	I, line 20.		b2		
	3Losses reported on Part I, line 20			b3		
	4Other (specify):			b4		
	Add lines b1 through b4			D4		
С	Subtract line b from line a					417,700
ď	Amounts included on Part I, line 17, but	not on line a:				411,100
~	1 Investment expenses not included on Pa			d1		
	004		•	-		
				d2		
	Add lines d1 and d2				d	
e	Total expenses (Part I, line 17). Add line				► e	417,700
	Current Officers, Directo or key employee at any time dui	rs, Trustees, and Key E ring the year even if they were	imployees not compen	(List each sated.) (Se	n person who was an of see the instructions)	ficer, director, trustee
		(B) Title and average hours per week devoted	(C) Compe		(D) Contributions to employee benefit	(E) Expense account and other
	(A) Name and address	to position	enter	-0-)	plans and deferred	allowances
_					compensation plans	
						
Se	ee Statement 3	•	4	3,796.	0.	0
<u> </u>	e beacement 5		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		1				
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Form 990 (2007) SHARE INTERNATIONAL			37-1307	778 Page 6
Part V A Current Officers, Directors, Tru	stees, and Key Er	mployees (continue	ed)	Yes No
75a Enter the total number of officers, directors, and trustees pe	rmitted to vote on organizati	on business at board meetings	▶ 7	
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other throu- identifies the individuals and explains the relati	sated professional and gh family or business r	l other independent conf	tractors listed in Schedu	ees lle 75b X
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest compen A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	sated professional and any other organization e definition of 'related o	l other independent cont ns, whether tax exempt organization'	ractors listed in Schedu	ıle l‱≇‱≣
If 'Yes,' attach a statement that includes the in		the instructions.		
d Does the organization have a written conflict of				75d X
Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	or, trustee, or kev empl	ovee received compens	ation or other benefits (described below)
(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans and deferred compensation plans	account and other allowances
None				
				
Fart VI Other Information (See the Inst	ructions)	l		Yes No
				Tes No
76 Did the organization make a change in its active If 'Yes,' attach a detailed statement of each change in the statement of e	ange ,	•		76 X
77 Were any changes made in the organizing or g	=	ut not reported to the IR	5?	. 77 X
If 'Yes,' attach a conformed copy of the change				70.
78a Did the organization have unrelated business g		or more during the year	r covered by this return:	
b If 'Yes,' has it filed a tax return on Form 990-T	•		•	78b N/A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	i, or substantial contra-	ction during the		79 X
80a is the organization related (other than by associated membership, governing bodies, trustees, office	liation with a statewide	or nationwide organiza	tion) through common	80a X

TEEA0106L 12/27/07

__ exempt **or**

81 a

nonexempt.

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Form 990 (2007)

b If 'Yes,' enter the name of the organization ► N/A _____ and check whether it is [

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year?

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Form 990 (2007)

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Part	Other Information (continu	ed)						Yes	+
c A	it any time during the calendar year, did	I the organizat	tion mainta	in an office	outside of the U	nited States?	91 c		<u> </u>
	'Yes,' enter the name of the foreign co				- 	 _			· – <u>–</u> –
92 S	Section 4947(a)(1) nonexempt charitable	trusts filing F	orm 990 ın	lieu of Forn	1041 - Check		N/	Ά	▶ [_]
	nd enter the amount of tax-exempt inte					▶ 92			N/A
Part	Analysis of Income-Producing	g Activities (See the l	<u>nstruction:</u>			·		
		Unrelated	d business	income	Excluded by s	ection 512, 513, or 514	,	E)	
Note: E	Enter gross amounts unless ise indicated	(A)		(B)	_ (C)	(D)	Related	or exe	
		Business code	Am	iount	Exclusion code	Amount	function	n incor	ne
93	Program service revenue:								
a									
b									
С.							-		
a			-						
e									
	Medicare/Medicaid payments								
	Fees & contracts from government agencies								
	Membership dues and assessments						· -		
95 96	Interest on savings & temporary cash invents				1				
	Dividends & interest from securities Net rental income or (loss) from real estate								
	debt-financed property								····
	not debt-financed property								
	Net rental income or (loss) from pers prop								
99	Other investment income			<u>.</u>					
	Gain or (loss) from sales of assets other than inventory								
	Net income or (loss) from special events								
	Gross profit or (loss) from sales of inventory								
	Other revenue: a								
b									
d								· · ·	
u									
104	Subtotal (add columns (B), (D), and (E))								
	Total (add line 104, columns (B), (D), a	and (E))		-		8 ▶			0.
	ine 105 plus line 1e, Part I, should equ		on line 12	Part I					
	Relationship of Activities				empt Purpo	ses (See the instru	ictions)		
Line I								ment	
•	of the organization's exempt purpo	ses (other tha	an by provi	ding funds fo	or such purpose	s).	accomplish	mone	
N/A		<u>-</u>		•	,				
Part	🔣 Information Regarding Tax	<u>rable Subsi</u>	<u>idiaries a</u>	and Disre	garded Enti <u>t</u>	ies (See the ınstru	ctions)		
	(A)	(B)		(0	;)	(D)	((E)	
Na	me, address, and EIN of corporation,	Percentage	e of	Nature of	activities	Total	End-	of-yea	r
	partnership, or disregarded entity	ownership in	terest			income	as	sets	
N/A	· · · · · · · · · · · · · · · · · · ·		<u> </u>				_		
			용						
			용		<u> </u>				
3000°°°1833300°	3001		용	· –			<u> </u>	,	
	Information Regarding Tra								
	td the organization, during the year, receive any fu	•	•	•	•		Yes		No
	old the organization, during the year, pa	•	-		a personal ben	etit contract? .	∐ Yes	X	No
No	te: If 'Yes' to (b), file Form 8870 and Fo	m 4/20 (see	instructions	<i>)</i>				_	

Form 990 (2007) SHARE INTERNATIONAL

37-1307778 Page 8

	4.27.43.55 	Intormatio organizatio	n Regarding Transfers To ai on is a controlling organization	nd From Controlled on as defined in secti	Entities . Com ion 512(b)(13)	plete only if t	he		
								Yes	No
106	Dıd 'Ye:	the reporting o	rganization make any transfers to a e schedule below for each controlled	controlled entity as define	d in section 512(t	o)(13) of the Code	e? If		Х
	(A) Name, address, of each controlled entity			(B) Employer Identification Number	Descri trai	C) ption of isfer	of (D) Amount of		
а	 -								
b			· 						
С			·						
			Totals						
								Yes	No
107	Dıd 'Ye:	the reporting o	rganization receive any transfers fro	om a controlled entity as di	efined in section	512(b)(13) of the	Code? If	,,,,	X
	(A) Name, address, of each controlled entity			(B) Employer identification Number	Descri trai	C) ption of nsfer	(D) Amount of transfer		
а		· – – – – – · – – – – –							
b			·						
С		· -	·						
			Totals						
108	Did	the organization	on have a binding written contract in	effect on August 17, 2006	covering the inte	erest rents royal	ties and	Yes	No
	ann		n have a binding written contract in din question 107 above?						X
Plea	se	Under penalties of true, correct, and o	религу. I declare that I have examined this ret complete Declaration of preparer (other than of	trn, including accompanying sched flicer) is based on all information o	dules and statements, of which preparer has a	and to the best of my ny knowledge	knowledge and	belief, it	15
Sign Here	1	Signature of o	MURIMI, Executive Direc	ctor		Date			
Paid Pre-		Preparer's signature		Da	ite	Check if self-employed		or PTIN (See
pare Use Only	er's	Firm's name (or yours if self- employed), address, and	206 Reynolds Dr., Ste	ry, CPAs APAC . G-2		EIN N/A			
		ZIP + 4	Ruston, LA 71270			Phone no ► (31		2196	
BAA							Forn	n 990 ((2007)