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JEORTH 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-1150

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year Open to Public may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

Department of the Treasury Internal Revenue Service

For the 2009 calendar year, or tax year beginning . 2009, and ending D Employer identification number Check if applicable Address change use IRS label or ASI, A SHARED INITIATIVE, INC. 20-2258602 5508 CITRUS BOULEVARD Name change Telephone number print or Initial return HARAHAN, LA 70123 504-733-1733 Termination Specific Instruc Amended return Group Exemption Number Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accounting method. Cash X Accrual Other (specify) ▶ Check ► if the organization is not Website: ► WWW.ASHAREDINITIATIVE.ORG required to attach Schedule B (Form 990. 990-EZ, or 990-PF). Tax-exempt status (check only one) - |X| 501(c) (3) ◄ (insert no) 4947(a)(1) or If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than Check ► \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received 106,055. 1 $6,\overline{631}$ 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 51. 4 4 Investment income 5a Gross amount from sale of assets other than inventory b Less, cost or other basis and sales expenses C Gain or (lpss) from sale of assets other than inventory (Subtract in 5b from in 5a) 5 c REVENUE Special events and activities Complete applicable parts of Schedule G) If any amount is from gaming, check here acGross revenue (not including \$ of contributions Freported on line 1) [S] by less. direct expenses other than fundraising expenses 6a 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6 c a Gross salestof reventory, less returns and allowances . 7a c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 70 Other revenue (describe ► SEE STATEMENT 1 1,339. 8 114,076. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 零10 Grants and similar amounts paid (attach schedule) 10 Benefits paid to or for members 11 112 19,449 Salaries, other compensation, and employee benefits 12 14 13 205 Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance 14 **1**15 15 197. Printing, publications, postage, and shipping 16 Other expenses (describe ► SEE STATEMENT 2 16 88,960. Total expenses. Add lines 10 through 16 17 108,811. 5,265. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 651,572. figure reported on prior year's return). Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3 20 -4,488. 652,349. 21 Net assets or fund balances at end of year. Combine lines 18 through 20. 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 139,260. 22 <u>52,123.</u> 888,943. 23 Land and buildings 23 24 Other assets (describe ► SEE STATEMENT 4 33,729. *745,813.* 24 885,073. 25 974,795. 25 Total assets

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Net assets or fund balances (line 27 of column (B) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Total liabilities (describe ► SEE STATEMENT 5

Form 990-EZ (2009)

322,446. 652,349.

233,501.

651,572.

26

27

<u>Form</u>	990-EZ (2009) ASI, A SHARED I	NITIATIVE, INC.		20	-225	8602 Page 2
	III Statement of Program Se		s (See the instructi	ons.)		Expenses
What is	s the organization's primary exempt purpose? SE	E STATEMENT 6			(Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Desc	ribe what was achieved in carrying out the	e organization's exempt purpo	ses. In a clear and con	cise manner,	orgai	nizations and section
progr	ibe the services provided, the number of am title.	persons benefited, or other re	elevant information for e	each	4947	(a)(1) trusts, optional thers.)
	THE ORGANIZATION HELPS LO	101 0				
	ASSETS BY PROVIDING AFFOR					
	EXPANDING ACCESS TO VITAL	72 WAD				
				00 507		
	(Grants \$) If th		28a	92,597.		
29						
	-					
						
	(Grants \$) If th	is amount includes foreign gra	ants, check here	▶	29 a	
30						
	-					
	(Grants \$) If th	is amount includes foreign gra	ants, check here		30 a	
31	Other program services (attach schedule					
	(Grants \$) If th	is amount includes foreign gra	ants, check here	▶ □	31 a	
32	Total program service expenses (add lin	es 28a through 31a)		•	32	92,597.
Par	IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each or	ne even if not con	npens	ated. (See the instrs.)
		(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plai	ns and	and other allowances
CD.	CLADIES DOUDOUR	to position		deferred compensa		
	CLARITA BOURQUE	PRESIDENT			0.	0.
	1 GALLIER STREET	2.00				
	ORLEANS, LA 70117			_		
KAR	EN_BOUDREAUX	VICE PRESIDENT	0.		0.	0.
375	MILLAUDON STREET - B	2.00				
NEW	ORLEANS, LA 70118	1				
	THA CASTILLO	SECRETARY	0.		0.	0.
	4 LENA LANE DRIVE	2.00			٠.	
	LE PLATTE, LA 70586					
	NK BEN	DIRECTOR			_	0.
	·	1			0.	٥.
	6 LAKE WILLOW DRIVE	2.00				
_	ORLEANS, LA 70126				_	
	N BAILEY-FLETCHER	DIRECTOR	l I		0.	0.
	5 STARR COURT	2.00	•			
	DELL, LA 70461					
NOR	WOOD DAVIS	DIRECTOR	0.		0.	0.
	8 CHANTILLY DRIVE	2.00				
NEW	ORLEANS, LA 70126					
	ON HEMEL	DIRECTOR	0.		0.	0.
124	S. SCOTT ST	2.00				
NEW	ORLEANS, LA 70119					
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Form **990-EZ** (2009)

BAA

Form	990-EZ (2009) ASI, A SHARED INITIATIVE, INC. 20-225860	2	Р	age 3
Par	tV Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEM	ENT	7
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X_
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on line 9			
Ŀ	Gross receipts, included on line 9, for public use of club facilities. 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
	section 4911 ► 0., section 4912 ► 0.	F		
Ŀ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
_	transaction during the year or is it 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	40 b		Х
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed NONE			
40	The same A. J.			
428	a The organization's books are in care of ► WILL BIENVENU Telephone no ► 504-8	18-3	011	
	Located at ► 5508 CITRUS BOULEVARD HARAHAN LA ZIP + 4 ► 70123			
		(V	N -
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	If 'Yes,' enter the name of the foreign country:	420		
	The first the hame of the following.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Χ
	If 'Yes,' enter the name of the foreign country:			
40	Cooking 4047(a)(1) and an arrival about the first (1) Fig. 200 F7 (1) (7)			NT / 2
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.			N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year .			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	AE		v

	orm 990-EZ (2009)	ASI,	Α	SHARED	INITIATIVE,	INC
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20-2258602

Page 4

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	s and section 4947 ction 4947(a)(1) no s for lines 50 and 5	7(a)(1) nonexen onexempt charit 51.	npt charitable trusts onleads answer answer	y. All s questi	ectio ons	n
46 Did t	he organization engage in direct or indirec	t political campaign act	ivities on behalf of o	or in opposition to candidates		Yes	No
for p	ublic office? If 'Yes,' complete Schedule C	C, Part I	•	·	46		X
	he organization engage in lobbying activiti	•			47		X
	e organization a school as described in se		•		48		X
	the organization make any transfers to an	•	elated organization	•	49a		X
	es,' was the related organization a section	•			[49 Ь		
50 Com empl	plete this table for the organization's five to loyees) who each received more than \$10 per than	nighest compensated er 0,000 of compensation t	nployees (other that from the organization	n officers, directors, trustees a n. If there is none, enter 'None	nd key e.'		
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	pense nt and owance:	5
NONE _							
					•		
f Total	I number of other employees paid over \$1	00,000				•	
51 Com com	plete this table for the organization's five to pensation from the organization. If there is (a) Name and address of each independent cont		<u> </u>	ors who each received more the (b) Type of service	(c) Comp		
NONE	(a) Hains and address of each independent sont	actor para more than \$100,000	,	(b) Type of Service	(6) 00111		
				-			
		- -					
		 -					
d lota	I number of other independent contractors	each receiving over \$1	00,000				
	Under penalties of perjury, I declare that I have exan true, correct, and complete Declaration of preparer	nined this return, including according that officer) is based on	ompanying schedules and all information of which p	statements, and to the best of my know reparer has any knowledge	vledge and	belief, it	IS
Sign	Ind Tenne	\sim		15/17/10			
Here	Signature of officer			Date			
	Type or print name and title	Ju, TV	2asurer				
Paid	Preparer's Signature FIRSTIF A DEAD	411 D	Date / 2/		rer's Identi instructions	(yıng Nu	mber
Pre-	CHARD C COMPANY	, CPAS APAC	1911	employed ► N/P	7		
parer's Use	Firm's name (or yours if self employed), > 401 WHITNEY AVE			EIN ► N	/A		
Only	address, and ZIP + 4 GRETNA, LA 7005		·	Phone no ► (504)	362-	5340	
May the IF	RS discuss this return with the preparer sh		ctions .	· · · · · · · · · · · · · · · · · · ·	X Yes		No
BAA					Form 99	0-EZ	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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. ► See separate instructions.

Employer identification number

ASI, A SHARED INIT								<u> 258602</u>				
Part I Reason for Pub	lic Charity Statu	ıs (All organizations	must	compl	<u>ete thi</u>	s part.	<u>.) See</u>	instruc	tions			
The organization is not a priva	ite foundation becaus	se it is: (For lines 1 throu	gh 11, cl	heck on	ly one b	ox.)						
1 A church, convention	n of churches or asso	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).						
2 A school described i	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3 A hospital or cooper	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's												
name, city, and state	•	•	•			·		•	•			
5 An organization ope	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 A federal, state, or I	ocal government or g	governmental unit describ	ed in se	ction 17	' <mark>0(b)(</mark> 1)(A)(v).						
	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🔛 A community trust d	escribed in section 1	70(b)(1)(A)(vi). (Complete	Part II)								
from activities relate investment income a	d to its exempt functi	more than 33-1/3 % of lons — subject to certain ss taxable income (less somplete Part III.)	exception	ns, and	(2) no r	nore tha	an 33-1/	3 % of its	s support fr	om gr	oss	
10 An organization orga	anized and operated	exclusively to test for put	olic safet	ty. See	section	509(a)(4)).					
more publicly suppo	rted organizations de	exclusively for the benefi escribed in section 509(a ation and complete lines)(1) or s	ection 5	09(a)(2)	tions of . See s e	, or carr ection 5	y out the 09(a)(3).	purposes Check the	of one box th	or hat	
а Птуре I	b Type II	c Type III	l – Fund	tionally	integrat	ed		d 🗌	Type III-	Other		
e By checking this boy than foundation mar 509(a)(2).	c, I certify that the org	ganization is not controllent one or more publicly su	ed direct pported	ly or ind organiz	rectly b ations d	y one o escribed	r more o d in sect	lisqualificion 509(a	ed persons a)(1) or sec	s other ction	r	
	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization,											
g Since August 17, 20	06, has the organizat	tion accepted any gift or	contribu	ition froi	m any o	f the fol	lowing p	ersons?				
-										Yes	No	
(i) a person who below, the gov	directly or indirectly overning body of the si	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)			
(ii) a famıly memb	er of a person desc	ribed in (i) above?							11 g (ii)			
(iii) a 35% controll	ed entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)			
h Provide the following	g information about th	he supported organizatioi	ns.									
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat	ls the ion in col i in your irning ment?	the organ	ou notify ization in (i) of ipport?	organizat	s the ion in col zed in the S ?	(vii) Amount of Support			
			Yes	No	Yes	No	Yes	No				
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Total	d Dadustian Ast Nation	see the Instructions for Form	000 000	E7	<u> </u>	<u></u>	Schodul	. A Œ o s	m 990 or 9	00 F 7	2000	

Par	t II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
	(Complete only if you checke	-		-			, (/
Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')		333,640.	485,658.	155,392.	106,055.	1,080,745.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		_				0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	0.	333,640.	485,658.	155,392.	106,055.	1,080,745.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
	Public support. Subtract line 5 from line 4						1,080,745.
Sec	tion B. Total Support						
	dar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009						(f) Total
7	Amounts from line 4	0.	333,640.	485,658.	155,392.	106,055.	1,080,745.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		19.	1,567.	1,143.	51.	2,780.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						1,083,525.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		, third, fourth, or	fifth tax year as a	a section 501(c)(3)	► [X]
	tion C. Computation of Pu						
	Public support percentage for 20	•	•	11, column (f)		14	
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14	•		<u> 15 </u>	%
16	a 33-1/3 support test — 2009. If the and stop here. The organization				ne line 14 is 33-1/	3 % or more, che	ck this box
ı	33-1/3 support test — 2008. If the and stop here. The organization				and line 15 is 33-1	/3% or more, che	eck this box
17 6	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-ai	nd-circumstances'	test, check this bo	ox and stop here.	Explain in Part IV	/ how
1	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ai	nd-circumstances'	test, check this be	ox and stop here.	Explain in Part IV	5 is 10% / how the ► □
18	Private foundation. If the organiz		•	•		•	ructions ►

ASI, A SHARED INITIATIVE, INC. 20-2258602 Schedule A (Form 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (e) 2009 (a) 2005 (d) 2008 (f) Total Calendar year (or fiscal yr beginning in)▶ **(b)** 2006 (c) 2007 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 **(e)** 2009 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15

%

Section D. Computation of Investment Income Percentage

17	investment income percentage for 2009 (line 10c, column (i) divided by line 1	3, column (i))
18	Investment income percentage from 2008 Schedule A, Part III, line 17	

	70
18	%

%

19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

| 17 |

Schedule /	A (Form	990 or	990-E	Z) 2009	9 <i>P</i>	ASI,	_A_	SHA	<u>RED</u>	IN	ITL	ATIV	Ε,	INC.				<u> 20-2</u>	<u> 2586</u>	02		Page 4
Schedule / Part IV	Supp Part	oleme II, line	ntal l e 17a	nform or 17	natio b; a	n. C nd P	omp art	olete III, li	this	s pa 12. l	rt to ⊃rov	provide a	ide ny	the exother a	oplana additi	ation: onal	s requinforr	uired natio	by P า. Se	art II e ins	, line struct	10; ions.
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2009	FEDERAL STATEMENT	ΓS	PAGE 1
	ASI, A SHARED INITIATIVE, IN	c.	20-2258602
STATEMENT 1 FORM 990-EZ, PART I, LINE 8 OTHER REVENUE OTHER INCOME		TOTAL \$	1,339. 1,339.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES ADVERTISING AND PROMOTION CONFERENCES, CONVENTIONS, A CONTRACT EXPENSE DEPRECIATION INSURANCE INTEREST LEGAL AND PROFESSIONAL FEES MISCELLANEOUS OFFICE EXPENSES PROPERTY MAINTENANCE SMALL CASH DONATIONS TELEPHONE TRAVEL UTILITIES		\$ TOTAL \$	567. 150. 3,306. 16,807. 6,479. 13,641. 10,804. 3,652. 14,733. 6,623. 290. 624. 3,483. 7,801. 88,960.
STATEMENT 3 FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSET BOOK DEPRECIATION IN EXCESS		TOTAL \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-4,488. -4,488.
STATEMENT 4 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS CONSTRUCTION IN PROGRESS FURNITURE AND FIXTURES NOTES AND LOANS RECEIVABLE		BEGINNING F \$ 745,813. \$ 0. 0. TOTAL \$ 745,813. \$	0. 13,399. 20,330. 33,729.

2009

FEDERAL STATEMENTS

PAGE 2

ASI, A SHARED INITIATIVE, INC.

20-2258602

STATEMENT 5 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	_ <u>B</u>	<u>EGINNING</u> _	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$	30,516. \$	119,679.
BUILDING DEPOSIT		0.	1,672.
DEFERRED RENTAL INCOME		0.	600.
PAYROLL LIABILITIES		O.	3,956.
SECURED MORTGAGES AND NOTES PAYABLE		202,985.	196,539.
	TOTAL \$	233,501. \$	322,446.

STATEMENT 6 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ASSIST LOWER INCOME FAMILIES WITH FINANCIAL NEEDS AND EDUCATION.

STATEMENT 7 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO