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OMB No 1545-0047 Form 990 2009 section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasu Internal Revenue Service Open to Public Inspection he organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning 2009, and ending D Employer Identification Number C Check if applicable Please us 37-1307778 SHARE INTERNATIONAL Address change or print or type. See 207 NORTH SERVICE RD EAST Telephone number Name change RUSTON, LA 71270 318-243-4243 Initial return specific Instruc-Termination tions. 522,923. G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? F Name and address of principal officer No Application pending Yes H(b) Are all affiliates included? Same As C Above If 'No,' attach a list (see instructions) Tax-exempt status \overline{X} 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527 Website: ► N/A H(c) Group exemption number ▶ L Year of Formation 1991 M State of legal domicile LA K X Corporation Trust Other► Form of organization Association Summary THE ORGANIZATION HAS HELPED PROVIDE Briefly describe the organization's mission or most significant activities: MEDICAL AND NUTRITIONAL NEEDS, AS WELL AS TRAIN MINISTERS AND BUILD CHURCHES IN Governance FOREIGN LANDS IN ADDITION TO PROVIDE EDUCATIONAL SUPPORT FOR POOR FAMILIES Check this hox ▶ If the organization discontinued its operations or disposed of more than 25% of its assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V. line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 7 a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 522,923. Contributions and grants (Part VIII, line-1h) Revenue Program service revenue (Part VIII, line Investment income (Part VIII, column-(A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, Total revenue – add lines 8 through 11 (Mulst equal Part VIII, 522,923. column (A), line 12) 12 437,656. Grants and similar amounts paid (Part IX, column (A) 13 Benefits paid to or for members Part (X) column (A); line (4) 20,276. Salaries, other compensation, employee benefits. Par ്ഠിumn](A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d+117-240 74,098. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 532,030. -9,107. Revenue less expenses. Subtract line 18 from line 12 **End of Year** Beginning of Year 31,533. 38,323 Total assets (Part X, line 16) Ö 5,621. Total liabilities (Part X, line 26) 21 25,912 Net assets or fund balances. Subtract line 21 from line 25,912. 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 any knowledge. OSBANNED Sign Signature of officer Here Type or print name and title Date Preparer's identifying number (see instructions) Check if self-Paid employed Preparer's signature Pre-N/A parer's

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

Wade, & Perry, CPAs APAC

Edwards,

116 N Pinecrest Dr.

Ruston, LA 71270

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name (or yours if self-

employed)

Use

Only

Yes Form 990 (2009) 6

251-2196

N/A

► (318)

12/29/09

EIN 🟲

TEEA0113L

No

(Expenses

4d Other program services. (Describe in Schedule O.)

4e Total program service expenses ►

) (Revenue

including grants of

532,030.

Form 990 (2009) SHARE INTERNATIONAL

Checklist of Required Schedules

			163	110
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> .	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes , complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	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			
	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	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? If Yes, 'complete Schedule D, Part X.			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
1ZF	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
13	Is the organization a school described in section 170/b\/1\/A\/u\2 If 'Vos ' complete Schoolule F	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part l</i>	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) SHARE INTERNATIONAL

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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		Х
ŀ	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		_ X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36_		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		X
2 A A		Earn	- 000	(2000)

12a

orm	n 990 (2009) SHARE INTERNATIONAL	37-130777	/8	P	age:
/	Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a C)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C)		
c	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c		
2 a	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1	-		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	rn. (see instructions)			
3 <i>a</i>	a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by	3a		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fir	or other authority over, a nancial account)?	4a		Х
b	o If 'Yes,' enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts.	oreign Bank and			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		Х
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent Tax Shelter Transaction?	ity Regarding Prohibited	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	nd did the organization	6a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such co deductible?	ntributions or gifts were not	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly did not be payor?	artly for goods and services	7a		X
Ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for where S282?	nich it was required to file	7c		Х
	I If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	_		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	ns on a personal	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	efit contract?	_7f		X
ç	${f g}$ For all contributions of qualified intellectual property, did the organization file Form 8899 as re	equired?	7g		
	n For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form		7h	20000	*******
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, he holdings at any time during the year?	organizations. Did the ave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
	a Did the organization make any taxable distributions under section 4966?		9 a		*******
ŀ	Did the organization make any distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
k	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:		7		
	a Gross income from other members or shareholders	11a			
k	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116			

BAA Form 990 (2009)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

37-1307778 Form 990 (2009) SHARE INTERNATIONAL Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Governing Body and Management Nο Yes 1a Enter the number of voting members of the governing body 6 1h **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its organizational documents 4 since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a Х governing body? 7b X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X 8ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 X 9 Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10 a 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 b 11 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Schedule O how this is done X 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 14 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? X 15 a a The organization's CEO, Executive Director, or top management official X **b** Other officers of key employees of the organization 15_b If 'Yes' to line 15a or 15b, describe the process in 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 16a Х entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt 16b

Section C. D	isc	losι	ıres
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status with respect to such arrangements?

17	List the states	with which	а сору	of this	Form 990	is required	to be filed ►	None
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Section 6104 requires an organization to make its inspection. Indicate how you make these available	Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public Check all that apply.
Own website Another's website	X Upon request

	,			111
Own website		Another's website	XΙ	Jpon requ

- Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 - ► SAMMY MURIMI 207 NORTH SERVICE ROAD EAST RUSTON LA 71270 318-243-4243

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did no	t compens	ate_ar	у с	ırre	nt o	fficer,	dıre	ctor, or trustee.		
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the organization and related organizations
EMILY HUFF								_	_	
CARL WIROW	0							0.	0.	0.
GARY KIRST Chairman	0							0.	0.	0.
REBEKAH BARTSCH	0							0.	0.	0.
GARY BOSWELL	0							0.	0.	0.
JOHN KARRICK	0							0.	0.	0.
AMY BERNARD MEMBER	0							0.	0.	0.
DAVID BUCKLEY										
MEMBER SAMMY MURIMI	0							0.	0.	0.
SAMI MORIMI	40			X	Х			20,276.	0.	0.
	_									
	-									-
	-									
							_			
						<u> </u>	<u></u>	<u> </u>	<u></u>	F 000 (0000)

Form 990 (2009) SHARE INTERNATIONAL Part III Section A. Officers, Directors, Trus	toos	Kov	En	nnl	0)//	206	an	d Highest Co	37-130777	
(A)	(B)	l l	<u> </u>) ()		.63,	, an	(D)	(E)	
	Average	Posi	han (hat ai	(vlaa			(F)
Name and Title	hours per week			Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estmated amount of other compensation from the organization and related organizations
1 b Total							\	20,276.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0	l to thos	e list	ted a	abov	ve) ¹	who	rece	eived more than \$	100,000 in reporta	ble compensation Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	ey e	mpl	oye	e, or	r hıg	hest compensate	d employee	3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	oortable an \$150	com 0,000	pen)? <i>If</i>	satı 'Ye	on a	nd o	othei elete	r compensation fr Schedule J for su	om Ich	4 X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	ompensa nedule J	ation for s	fror such	m ar	ny u rson	nrela	ated	organization for	services	5 X
Complete this table for your five highest compensate compensation from the organization.							that	received more that	an \$100,000 of	
(A) Name and business addres	s							(B Description () of Services	(C) Compensation
		-								
					-					
2 Total number of independent contractors (including the \$100,000 in compensation from the organization ▶	out not I	ımıte	ed to	tho	se	ıste	d ab	ove) who receive	d more than	

Page 9

1 41	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contribus included in lns 1a-1f \$	522,923.				
PROGRAM SERVICE REVENUE	b c d All other program service revenue	Business Code	522,923.			
PR	 g Total. Add lines 2a-2f 3 Investment income (including dividends, other similar amounts) 4 Income from investment of tax-exempt to Royalties 	oond proceeds				
	(i) Real 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)	(ii) Personal				
OTHER REVENUE	d Net gain or (loss) 8a Gross income from fundraising events (not including \$	vents . •				
	Miscellaneous Revenue 11 a b c d All other revenue. e Total. Add lines 11a-11d 12. Total revenue. See instructions	Business Code	522 923	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b, 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 governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	437,656.	437,656.		
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	20,276.	20,276.	0.	0.
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.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ē	a Management				
ŀ	Legal				·-··-
(Accounting .				
•	Lobbying				
•	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				
ç	g Other	2,408.	2,408.		
12	Advertising and promotion				
13	Office expenses	19,478.	19,478.		
14	Information technology				-
15	Royalties				
16	Occupancy .				
	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				- ·
19	Conferences, conventions, and meetings				
20	Interest				
21	_	9,454.	9,454.		
	Depreciation, depletion, and amortization				<u>-</u> .
	Insurance. Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	a PARSONAGE	25,000.	25,000.		
	Printing and Publications	9,520.	9,520.		
•	DEPRECIATION	8,238.	8,238.		
•	d				
•	⁰				
1	All other expenses				
	Total functional expenses Add lines 1 through 24f	532,030.	532,030.	0.	0.
	Joint costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
RΔΔ					Form 990 (2009)

		(A) Beginning of year	(B) End of year
1	Cash – non-interest-bearing	29,696.	1 30,196.
2	Savings and temporary cash investments .		2
3	Pledges and grants receivable, net .		3
4	Accounts receivable, net .		4
5	Receivables from current and former officers, directors, trustees, key employee and highest compensated employees. Complete Part II of Schedule L	es,	5
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))))	
	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
\$ 7	Notes and loans receivable, net		7
7 S 8 T 9	Inventories for sale or use .		8
5 9	Prepaid expenses and deferred charges		9
10.	a Land, buildings, and equipment: cost or other basis. 10a 40,58	32.	
	Complete Part VI of Schedule D		
	b Less, accumulated depreciation. 10b 39, 24	15. 8,627.	10c 1,337
11	Investments – publicly-traded securities .		11
12	Investments – other securities. See Part IV, line 11	·	12
13	Investments – program-related. See Part IV, line 11		13
14	Intangible assets .		14
15	Other assets. See Part IV, line 11	` 	15
16	Total assets Add lines 1 through 15 (must equal line 34)		16 31,533
17			17 3,620
18	Grants payable		18
19	Deferred revenue		19 2,000
- 20	Tax-exempt bond liabilities		20
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
22	·		
Ţ	of Schedule L		22
E 23	Secured mortgages and notes payable to unrelated third parties .		23
24			24
25	Other Irabilities. Complete Part X of Schedule D		25 1
26	Total liabilities. Add lines 17 through 25	0.	26 5,621
N	Organizations that follow SFAS 117, check here ► X and complete lines		
F	27 through 29 and lines 33 and 34.		
å 27	Unrestricted net assets .	25,912.	25,524
Š 28	Temporarily restricted net assets.		28 388
s 29	Permanently restricted net assets		29
R	Organizations that do not follow SFAS 117, check here ▶ □ and complete		
	lines 30 through 34.		
F 30	Capital stock or trust principal, or current funds		30
1 -	Paid-in or capital surplus, or land, building, and equipment fund		31
å 32	Retained earnings, endowment, accumulated income, or other funds		32
31 32 33 34 34	Total net assets or fund balances.		33 25,912
5 34	Total liabilities and net assets/fund balances.		34 31,533
AA		20,022.	Form 990 (200

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Form 990 (2009) SHARE INTERNATIONAL 37-130	7778	Pa	ige 1 2
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: \overline{X} Cash $\overline{}$ Accrual $\overline{}$ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b Were the organization's financial statements audited by an independent accountant?	. 2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	lit,		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:	а		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	udit 3b		

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