

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

$\overline{A}$	For the 2	010 calend	lar year, or tax	year begin	ning		, 201	0, and endir	ng				
В	Check if app			<del></del>	·		· · ·	<del></del>	<u></u>	D Employ	er Identi	fication Number	
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<del>!</del> -		npt status		501(c) (	)◀ (	insert no.)	4947(a)(1) (	or   52/	-			_	
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K		organization	X Corporation	Trust	Association	Other ►		Year of Forma	ton 199	T   M 8	tate of le	egal domicile Li	<u>A</u>
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Activities & Governance								<del></del>				. <u>-</u>	
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	8 Co	and grants (P	,	522,9	23.		3,570.						
9													<u> </u>
Revenue			ncome (Part VI			, and 7d)							
æ			e (Part VIII, co				and 11e)						
	12 Tot	tal revenue	e – add lines 8	through 11	(must equal	Part VIII,	column (A), I	ine 12)		522,9	23.	508	3,570.
	<b>13</b> Gra	ants and s	ımılar amounts	paid (Part	IX, column (/	4), lines 1-3	3)			437,6	56.		
	14 Be	nefits paid	to or for mem	pers (Part I	X, column (A	), line 4)							
	15 Sa	laries, othe	er compensation	n, employe	e benefits (F	art IX, colu	ımn (A), lines	s 5-10)		20,2	76.	47	7,040.
Expenses	16a Pro	ofessional	fundraising fee	s (Part IX.	column (A).	line 11e)				_			
ĕ			sing expenses	•									
Ä	1								74,098.			4.55 0.05	
			ses (Part IX, co				A)   OF)		-				5,996.
	1		es. Add lines 1				A), line 25)			532,0			3,036.
_	19 Re	venue less	expenses. Su	btract line	8 from line	12	<del> </del>		<b>-</b>	-9,1			1,466.
900	00 -		(D. 13/1 16	•					Beginni	ng of Curren		End of Y	
Net Assets or Fund Balancos	1		(Part X, line 16	•						31,5	64.		1,053. 2,051.
절			s (Part X, line	•					<u> </u>				·
~	*******		fund balances	. Subtract I	ine 21 from I	ine 20				26,4	68.	22	2,002.
W	HT II	<u>Signatu</u>	re Block										
Und	der penalties	of penury, I o	declare that I have of	examined this r	eturn, including a	accompanying of which prep	schedules and starer has any kno	tatements, and	to the best o	f my knowled	ge and b	elief, it is true, co	rect, and
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US	e Only	Firm's addr		Pinecr						Firm's EIN			
		<u></u>	Rusto	n, LA 7	1270					Phone no	(318		96
Ma	y the IRS	discuss th	iis return with t	he preparer	shown abov	e? (see ins	structions)					X Yes	No

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

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Form 990 (2010) SHARE INTERNATIONAL

Part Checklist of Required Schedules

	Checkist of frequired Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		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		Х
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? If 'Yes,' complete Schedule C, Part II.	4		Χ_
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 Revenue Procedure 98-19? 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or $X$ as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	<b>b</b> Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c 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	11 c		Х
	<b>d</b> 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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	b 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, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</b> 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, Parts I and IV</i>	14b	Х	
	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, Parts II and IV	15		Х
	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, Parts III and IV	16	Х	
	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		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	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
	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

SHARE INTERNATIONAL 37-1307778 Form 990 (2010) Page 4 Checklist of Required Schedules (continued) Yes No 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 X 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 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. . . . 23 Х 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, 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 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? . d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a 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 25b X Schedule L. Part I 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete 27 Х Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a X **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If 'Yes,' complete Schedule M. 30 31 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I . . . . Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, X 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? Х 35 35 a 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 . . . . . XNo Yes 36 X

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Form 990 (2010)

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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

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

Part V	Sta	tements	Regarding	Other IR	S Filing	s and	Tax	Complia	nce

	Check if Schedule O contains a response to any question in this Part V				لباب
		1 . 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .	1a	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	s and reportable gaming	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?.	. 2b		**********
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in:	structions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	•	3b		
4a	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 file	or other authority over, a nancial account)?	4a		Χ
b	If 'Yes,' enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fi				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction? .	5b		X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	•	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, as solicit any contributions that were not tax deductible $^{\rm 2}$ .	nd did the organization	6a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such conot tax deductible?. $$ .	ntributions or gifts were	6ь		**********
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and paservices provided to the payor?	artly for goods and	7a		X
b	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 with Form 8282?	nich it was required to file	7с		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	_7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l	penefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit		. 7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization as required?	on file Form 8899 · ·	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7h		
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.				
	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1 1			
	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			
	Section 501(c)(12) organizations. Enter:	امما			
	Gross income from members or shareholders	11 a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11ь			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		B3333333
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule		138		
		. 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  Did the organization receive any payments for indoor tanning services during the tax year?		14a	***********	X
	old the organization receive any payments for indoor tariffing services during the tax year?  If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in S</i>	chedule O	14a		
(C	The state of the s	0000,0	1 170		L

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to līne 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.  $\mathbf{X}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 8 1a Enter the number of voting members of the governing body at the end of the tax year 1 b 6 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee or key employee? 2 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 X X Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed?. 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X 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 governing body? . X 7b **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: 8a Х a The governing body? ... X b Each committee with authority to act on behalf of the governing body? 8b 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 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10 a 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? 10b 11 a X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Х 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 ... 12a 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 Schedule O how this is done 12 c X 13 Does the organization have a written whistleblower policy?. 13 X 14 Does the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official 15 a Х **b** Other officers of key employees of the organization 15<sub>b</sub> 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 entity during the year? Х 16a **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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website |X| Upon request Own website 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. See Schedule O

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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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

(A)								(D)	(E)	(F)	
Name and title	Average	ge Position (check all that apply) Reportable Rep								Estimated	
	hours per week (describe hours for related organiza- tons in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
(1) EMILY HUFF	0							0.	0.	0.	
(2) GARY KIRST Chairman	0							0.	0.:	0.	
(3) REBEKAH BARTSCH	0	:						0.	0.	0.	
(4) GARY BOSWELL											
(5) JOHN KARRICK	0							0.	0.	0.	
(6) AMY BERNARD	0							0.	0.	0.	
MEMBER  (7) DAVID BUCKLEY	0							0.	0.	0.	
MEMBER (8) SAMMY MURIMI	0	<u> </u>						0.	0.	0.	
Executive Direc (9)	40			X	Х			47,040.	0.	0.	
<u>(10)</u>											
(11)											
(12)											
(13)							-				
(14)											
(15)											
(16)											
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(A)	(B)	\ey			c)	:05	, ai	(D)	(E)	(F)
Name and title	Average	Posi	tion (		•	hat a	pply)	1 ' '	Reportable	Estimated
	hours per week (describe hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(18)										
(19)										
(20)	<del> </del>									
(21)										
(22)										
(23)									_	-
(24)										
(25)			-							
(26)					-					
(27)										
(28)										
(29)						-				
1 b Sub-total	1			L		l	<b>&gt;</b>	47,040.	0.	0.
c Total from continuation sheets to Part VII, Section A							<b>&gt;</b>	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited from the organization   □ 0	l to thos	e list	ted :	abo	ve) v	who	rece	47,040. eived more than \$	0. 100,000 in reportab	0. le compensation
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual</li> <li>5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' c</li> </ul>	ortable nan \$150 nanpensa	com 0,000	pen )? <i>II</i>	isatii f <i>'Ye</i> m ai	on a s'c	ind ( omp	othe plete	r compensation from Schedule J for	om	Yes No.  3 X  4 X  5 X
Section B. Independent Contractors							٠ - ملة		\$100.000 - £	
1 Complete this table for your five highest compensate compensation from the organization.	ға іпаер	ende	ent (		act	urs ——	uiat	<u> </u>	· - <del></del>	
(A) Name and business addres	s							Description of		(C) Compensation
2 Total number of independent contractors (including t \$100,000 in compensation from the organization ▶	out not I	ımıte	ed to	tho	se	ıste	d ab	ove) who receive	d more than	

P#	# VIII] Statement of Revenue			40.	(B)	100	(5)
				<b>(A)</b> Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	<b>(D)</b> Revenue
					exempt function	business revenue	excluded from tax under sections
		· · · · · · ·			revenue	70701140	512, 513, or 514
NTS TS	1a Federated campaigns	1 a					
SE S	<b>b</b> Membership dues .	1b	<del></del>				
TS, (	c Fundraising events .	1c	···				
<u>₽</u>	<ul><li>d Related organizations</li><li>e Government grants (contributions)</li></ul>	1 d					
SIS	• • • •	1					
ĔĦ	f All other contributions, gifts, grants, and similar amounts not included above	1 1 1	508,570.				
	g Noncash contributions included in Ins 1		300,370.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	· ···· <b>-</b>	<b>•</b>	508,570.			
			Business Code				
VEN	2a	_					
Æ	b						
Ϋ́CE	c	<b>_</b> [					
SER	d						
3AM	e						ļ
PROGRAM SERVICE REVENUE	f All other program service reven	ue					
<u> </u>	g Total. Add lines 2a-2f		•				
	3 Investment income (including di other similar amounts)	vidends,	interest and				
	4 Income from investment of tax-	exempt h	ond proceeds				
	5 Royalties	, , , , , , , , , , , , , , , , , , ,					
	-	Real	(II) Personal				
	6a Gross Rents						
	<b>b</b> Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)		<u> </u>				
	7a Gross amount from sales of (i) Secu		(II) Other				
	assets other than inventory						
	<b>b</b> Less cost or other basis						
	and sales expenses .  c Gain or (loss)						
	d Net gain or (loss)		<b>_</b>				
뵘	8a Gross income from fundraising (not including \$	events					
Z.	of contributions reported on line	1c).					
R.	See Part IV, line 18	a					
OTHER REVENU	<b>b</b> Less: direct expenses	b					
0	c Net income or (loss) from fundr	aising ev	ents >				
	9a Gross income from gaming activities See Part IV, line 19	vities.					
	<b>b</b> Less: direct expenses.	b					
	c Net income or (loss) from gamir	-	les				
	10a Gross sales of inventory, less reand allowances	turns <b>a</b>					
	<b>b</b> Less. cost of goods sold	b					
	c Net income or (loss) from sales		L				
	Miscellaneous Revenue		Business Code				
	11a	[					
	b						
	c						
	<b>d</b> All other revenue .	L		_			
	e Total. Add lines 11a-11d		<b>•</b>				
	12 Total revenue. See instructions			508,570.	0.	0.	0.

Form 990 (2010) 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)

Do 1	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	<b>(D)</b> 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	47,040.	47,040.	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):				
ε	Management				
Ł	Legal .				
•	: Accounting	4,765.		4,765.	
c	Lobbying				
•	Professional fundraising services See Part IV, line 17				
	Investment management fees .				
•	Other				
	Advertising and promotion				
13	Office expenses	-			
14	Information technology				
15	Royalties			<del></del>	
16	Occupancy .	400.	400.		
17	Travel	400.	400.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings				
20	Interest		-		· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates	1,338.		1,338.	
	Depreciation, depletion, and amortization Insurance.	1,330.		1,330.	
24					
8	LODWAR	226,441.	226,441.		
	MISSIONS	206, 993.	206, 993.		
	RUSTON OFFICE	26,059.	-	26,059.	
c					
e					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	513,036.	480,874.	32,162.	0.
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA	, 9		<u>.</u>	•	Form <b>990</b> (2010)

,,,,,,,,,		Balance Sheet			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing			30,195.	1	44,052.
	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, director and highest compensated employees. Complete Part		5			
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	er section 4958(f)(1)), employers and		6		
A S S E T	7	Notes and loans receivable, net .				7	
Ē	8	Inventories for sale or use				8	
S	9	Prepaid expenses and deferred charges		,		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	40,582.			
	l	Less: accumulated depreciation.	10 b	40,582.	1,337.	10 c	
	11	Investments – publicly traded securities			······································	11	
		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	1.
		Total assets Add lines 1 through 15 (must equal line	34)	· · · · · · · · · · · · · · · · · · ·	31,532.	16	44,053.
	17	Accounts payable and accrued expenses			3,620.	17	20,711.
	18	Grants payable .		· ·		18	
	19	Deferred revenue.			2,000.	19	1,340.
Ļ	20	Tax-exempt bond liabilities .			<del></del>	20	
Å	21	Escrow or custodial account liability. Complete Part I'	V of So	chedule D		21	
BILIT	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per of Schedule L	key employees,		22		
Ė	23	Secured mortgages and notes payable to unrelated th	urd par	ties	-556.	23	
-	I	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities. Complete Part X of Schedule D	,		<del></del>	25	· · · · · · · · · · · · · · · · · · ·
	26	Total liabilities. Add lines 17 through 25			5,064.	26	22,051.
N		Organizations that follow SFAS 117, check here ▶	X ar	nd complete lines			
Ĕ		27 through 29 and lines 33 and 34.					
Ą	27	Unrestricted net assets .			26,080.	27	22,002.
ASSETS	28	Temporarily restricted net assets.			388.	28	
Ī	29	Permanently restricted net assets				29	·
R		Organizations that do not follow SFAS 117, check her	 •e ►	and complete	•		
		lines 30 through 34.					
FUZD	30	Capital stock or trust principal, or current funds .		30			
	31	Paid-in or capital surplus, or land, building, or equipm	nd		31		
BALARCES	32	Retained earnings, endowment, accumulated income,				32	<del></del>
a	33	Total net assets or fund balances.		26,468.	33	22,002.	
ö							

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Form 990 (2010)

Form 990 (2010) SHARE INTERNATIONAL	37-1307778	Page 12
Part XI Reconciliation of Net Assets	<u> </u>	
Check if Schedule O contains a response to any question in this Part XI		
	1 - 1	F00 F70
1 Total revenue (must equal Part VIII, column (A), line 12)		508,570.
2 Total expenses (must equal Part IX, column (A), line 25)	. 2	513,036.
3 Revenue less expenses. Subtract line 2 from line 1	3	-4,466.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,468.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22,002.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response to any question in this Part XII		
1 Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		Yes No.
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
<b>b</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 oversi review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2c X
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	ın	
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both:	re issued on a	
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 Audit Act and OMB Circular A-133?	in the Single	3a X
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	the required audit	3b
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