

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



Page 11

Part XV Supplementary Information (conti	inued)			
3 Grants and Contributions Paid During	If recipient is an individual	vea for F	uture Payment	1
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year See attacked schedule	or substantial contributor	recipient		
Total		• • • •	▶ 3a	56,629
b Approved for future payment				
	<u> </u>		▶ 3b	-0-

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Employer identification number

Foundation Organization type (check one). Section: Filers of: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more

990-EZ, or 990-PF).

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,

	Schedule B	(Form 990,	990-EZ, or	990-PF)	(2008)
--	------------	------------	------------	---------	--------

Page of of Part I
Employer identification number

Name of	Vallace Foundation		Employer identification number 42 60 48465
Part !	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
.1	Seven Wheels, Inc. P.O. Box 231 Morristown, TN31815-0231	\$ 21,050.00	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
2	Wallace Properties, LLC P.O. Box 6004 Morristown, TN 37814	\$ 4,472.00	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name	Ωf	organization	

Employer identification number

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	/
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	/

	Form 990, 990-EZ, or 990-PF) (2008)		Page of of Part III				
Name of or	rganization			Employer identification number			
Part III Exclusively religious, charitable, etc., individual aggregating more than \$1,000 for the year.			columns (a) through	n (e) and the following line entry.			
	For organizations completing Part III, contributions of \$1,000 or less for the	enter the total one year. (Enter the	of exclusively religions information once	us, charitable, etc., . See instructions.) ► \$			
(a) No. from Part i	(b) Purpose of gift	(c) U	se of gift	(d) Description of how gift is held			
		(e) Tran	sfer of gift				
-	Transferee's name, address, and ZI	P + 4	Relations	nip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) U:	se of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
ĺ	Transferee's name, address, and ZI	P + 4	Relationsh	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZI	ip of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-	(e) Transfer of gift						
}	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-	mansieree's manie, address, and Zi		neiatiorish	inp or transferor to transferee			
				•			
			•••••	•••••••••••••••••			

0425867131 Dec. 09, 2009 LTR 2697C 0 R 62-6048465 200906 44 00020627

WALLACE FOUNDATION PO BOX 6004 MORRISTOWN TN 37815



327614

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

EIN: 62-6048465

Wallace Foundation June 30, 2009

Supporting Schedules

Part I, line 1 Contributions, gifts, grants, etc received Contributions over \$5,000 per contributor Other	25,522 3,087
Total	28,609
Part I, line 11 Other Income [.] Income (Loss) on Partnership Wall-Ram & Miscellaneous	(8,844)
Part I, line 16c Other professional legal fees Miscellaneous	20
Part I, line 18 Taxes Miscellaneous	665
Part I, line 23 Other expenses Miscellaneous	242
Part II, Line 10b Investments in Corporate Stock Stocks at Edward Jones Citigroup (at market) St Paul Travelers (at market) Regions (at market) Lakeway Publishers (at cost)	218,421 14,612 11,450 15,760 900
Total Total	261,143
Part II, Line 11 & 13 Investments, other: Land Hamblen County Wal-Ram Partnership	46,992 (11,064)
Total	35,928

Part XV, 3 Grants and Contributions Paid during the year.

Total

	Relation to	Found		
Name of Recipient	Found Man	Status	Purpose of Grant	Amount
United Way of Hamblen County	None	Exempt	General Fund	17,400
Cornerstone Academy	None	Exempt	Building Fund	5,000
NOBTS Foundation	None	Exempt	General Fund	5,000
Fellowship of Christian Athletes	None	Exempt	Scholarship Fund	4,200
Prayer Breakfast	None	Exempt	General Fund	4,033
Mercy Health Partners Foundation	None	Exempt	General Fund	3,600
Carson Newman Athletic Dept	None	Exempt	Scholarship Fund	3,500
New Hope Recovery	None	Exempt	General Fund	1,500
Carson Newman Eagle Club	None	Exempt	Scholarship Fund	1,000
Morristown Area Chamber of Commerce	None	Exempt	General Fund	1,000
First Baptist Church	None	Exempt	General Fund	1,000
Campus Outreach	None	Exempt	Scholarship Fund	1,000
Lakeway Area Habitat for Humanity	None	Exempt	General Fund	1,000
The Lord's Child	None	Exempt	General Fund	750
Other	None	Exempt	Building/Scholar/General	6,647

Building Fund Contributions are made to support the erection of buildings, and purchase of furniture and fixtures Scholarship Fund Contributions are made to support the education needs of students

General Fund Contributions are made to support the annual operating expenses of the beneficiary

56,629

EIN: 62-6048465

Wallace Foundation June 30, 2009

Supporting Schedules

Part XVIII Public Inspection

, ------

Public Notice as appeared in Citizen-Tribune on

July 26, 2009

PUBLIC NOTICE

The annual return of the Wallace Foundation for the year ended June 30, 2009, is now available for public inspection at the offices of Wallace Hardware Co., Inc. 5050 S. Davy Crockett Parkway, Morristown, TN 37813 during regular business hours. Anyone wishing to inspect this return must do so within 180 days from this date by contacting Doyle Wallace, President of Wallace Foundation at the above address dated this 26th day of July, 2009.

12.3