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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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)
 ▶ 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 may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SHEILD INC	D Employer identification number 58-1898777
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P O BOX 4728	E Telephone number
		City or town, state or country, and ZIP + 4 MARIETTA, GA 30061	F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
 Other (specify) _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: NA

J Tax-Exempt status (check only one) — 501(c)(5) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$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.

L 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. **\$** 913

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21									
Revenue	1 Contributions, gifts, grants, and similar amounts received															889																					
	2 Program service revenue including government fees and contracts																																				
	3 Membership dues and assessments																																				
	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 (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																																				
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>																																				
	a Gross revenue (not including \$ of contributions reported on line 1)																																				
	b Less direct expenses other than fundraising expenses																																				
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																																					
7a Gross sales of inventory, less returns and allowances																																					
b Less cost of goods sold																																					
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																					
8 Other revenue (describe _____)																24																					
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																913																					
Expenses	10 Grants and similar amounts paid (attach schedule)																																				
	11 Benefits paid to or for members																																				
	12 Salaries, other compensation, and employee benefits																																				
	13 Professional fees and other payments to independent contractors																2,144																				
	14 Occupancy, rent, utilities, and maintenance																363																				
	15 Printing, publications, postage, and shipping																																				
	16 Other expenses (describe _____)																247																				
17 Total expenses. Add lines 10 through 16																2,754																					
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)															-1,841																					
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															54,026																					
	20 Other changes in net assets or fund balances (attach explanation)																																				
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																52,185																				

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		54,026	52,185
23 Land and buildings			
24 Other assets (describe _____)			
25 Total assets		54,026	52,185
26 Total liabilities (describe _____)			
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		54,026	52,185

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Yes No

<p>33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity</p>	<p>33</p>		<p>No</p>
<p>34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes</p>	<p>34</p>		<p>No</p>
<p>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</p>			
<p>a 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?</p>	<p>35a</p>		<p>No</p>
<p>b If "Yes," has it filed a tax return on Form 990-T for this year?</p>	<p>35b</p>		
<p>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</p>	<p>36</p>		<p>No</p>
<p>37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____</p>			
<p>b Did the organization file Form 1120-POL for this year?</p>	<p>37b</p>		<p>No</p>
<p>38a 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?</p>	<p>38a</p>		<p>No</p>
<p>b If "Yes," complete Schedule L, Part II and enter the total amount involved</p>	<p>38b</p>		
<p>39 <i>Section 501(c)(7) organizations</i> Enter</p>			
<p>a Initiation fees and capital contributions included on line 9</p>	<p>39a</p>		
<p>b Gross receipts, included on line 9, for public use of club facilities</p>	<p>39b</p>		
<p>40a <i>Section 501(c)(3) organizations</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____</p>			
<p>b <i>Section 501(c)(3) and 501(c)(4) organizations</i> 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</p>	<p>40b</p>		
<p>c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____</p>			
<p>d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____</p>			
<p>e <i>All organizations</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T</p>	<p>40e</p>		<p>No</p>
<p>41 List the states with which a copy of this return is filed ▶ _____</p>			
<p>42a The organization's books are in care of ▶ <u>TL WARDLAW</u> Telephone no ▶ <u>(770) 337-7019</u> 250 JOHNSTONS WAY Located at ▶ <u>DALLAS, GA</u> ZIP + 4 ▶ <u>30132</u></p>			
<p>b 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)?</p>	<p>42b</p>	<p>Yes No</p>	<p>No</p>
<p>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 Foreign Bank and Financial Accounts.</p>			
<p>c At any time during the calendar year, did the organization maintain an office outside of the U S ?</p>	<p>42c</p>		<p>No</p>
<p>If "Yes," enter the name of the foreign country ▶ _____</p>			
<p>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____</p>	<p>43</p>		
<p>44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ</p>	<p>44</p>	<p>Yes No</p>	<p>No</p>
<p>45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ</p>	<p>45</p>	<p>Yes No</p>	<p>No</p>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

Table with 3 columns: Question (46-49b), Yes, No. Questions cover political campaign activities, lobbying, school status, and transfers to related organizations.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (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 & deferred compensation; (e) Expense account and other allowances.

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here: Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: ***** Date: 2010-09-16. Type or print name and title: T L WARDLAW TREASURER

Paid Preparer's Use Only: Preparer's signature: FAYE P WATKINS Date: 2010-09-20 Check if self-employed: [checked] Preparer's identifying number: EIN: Phone no: (770) 919-0205 Firm's name (or yours if self-employed), address, and ZIP + 4: FAYE P WATKINS AND ASSOCIATES 2774 SOUTH MAIN STREET N W KENNESAW, GA 30144

May the IRS discuss this return with the preparer shown above? See instructions [] Yes [x] No

TY 2009 Other Expenses Schedule

Name: SHEILD INC

EIN: 58-1898777

Description	Amount
FLOWERS	199
SAFE DEPOSIT BOX	48

TY 2009 Other Revenues Schedule

Name: SHEILD INC

EIN: 58-1898777

Description	Amount
UNITED COMMUNITY BANK	24

Additional Data

Software ID:
Software Version:
EIN: 58-1898777
Name: SHEILD INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ED STEPHENS P O BOX 4728 MARIETTA, GA 30061	PRESIDENT 1	0	0	0
CARL ELY P O BOX 4728 MARIETTA, GA 30061	VICE PRESIDENT 1	0	0	0
CLAYTON LITTLE P O BOX 4728 MARIETTA, GA 30061	SEC 1	0	0	0
TL WARDLAW 250 JOHNSTONS WAY DALLAS, GA 30132	TREASURER 1	0	0	0
CHARLES WILLIAMS P O BOX 4728 MARIETTA, GA 30061	PUBLIC RELATION 1	0	0	0