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Department of the Treasury Internal Revenue Service

## **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

2009 Open to Public

Form **990** (2009)

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A	For the 2009	cal <u>endar y</u>	ear, or tax year beginning , and ending			
В	Check if applicab		C Name of organization		D Emplo	yer identification number
$\neg$	Address change	use IRS label or	SHARED BLESSINGS, INC.			
$\overline{}$	Name change	print or	Doing Business As		73-	1527791
=	_	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
_	Initial return	See	PO BOX 328		918	-423-8624
	Termination	Specific Instruc-	City or town, state or country, and ZiP + 4		G Gross rece	pts\$ 180,674
	Amended return	tions.	MCALESTER OK 74502-0328			
$\exists$	Analysis on nand	F Name	e and address of principal officer		H(a) Is this a	a group return for
	Application pend	"' <sup>9</sup>			affiliate	
		ŀ			H(b) Are all include	affiliates
						attach a list (see instructions)
_	Tax-exempt s	tatus X	501(c) ( <b>3</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527		,	
i	Website: ▶		context of this context of the triangle of the		H(c) Group	exemption number
<u>-</u>	Type of organiza		poration Trust Association Other ► L Y	ear of formation		M State of legal domicile
	Part I	Summa		ear or formation		141 State of legal dofficire
÷	1		he organization's mission or most significant activities			
		=	LESSINGS PROVIDES CLOTHING, FOOD, AND OTHER BAS	STC		
Activities & Governance			IES FOR INDIGENT FAMILIES IN THE MCALESTER AREA			
ııaı	"	CEDUTI	ID ION INDIGENT PARTETED IN THE MCARETON AND	•		
Ver	0.00			.0/ -6 4 4	_4_	•
ဗိ	l .		If the organization discontinued its operations or disposed of more than 25	% of its net ass	1 1	0
త	ı	-	members of the governing body (Part VI, line 1a)		3	9
ţį	1	•	endent voting members of the governing body (Part VI, line 1b)		4	9
ξį	I		employees (Part V, line 2a)		5	3
Ac			volunteers (estimate if necessary)		6	<del>-</del>
	ł	-	ated business revenue from Part VIII, column (C), line 12		7a	
	<b>b</b> Net u	nrelated bu	siness taxable income from Form 990-T, line 34		7b	0
				Prior Yea	L,490	Current Year
e	1		d grants (Part VIII, line 1h)	10.	1,490	172,097
Revenue	_		revenue (Part VIII, line 2g)			8,577
Š			ne (Part VIII, column (A), lines 3, 4, and 7d)			
_	1		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			100 654
			add lines 8 through 11-fringst agual Pert-VIII, column (A), line 12)		L,490	180,674
	1		ar amounts paid (Part IX, column (A), lines 1 (3)	1	1,888	
			or for members (Part IX, column (A), line 4)			
es			ompensation, employ(###) éneffits](Panelity) column (A), lines 5–10)		5,919	97,296
enses			draising fees (Part X, column (A), line 11e) $\frac{C}{C}$			
Expe	<b>b</b> Total	fundraising	expenses (Part IX, @ @ DE Nde 25)			
w	17 0016	•	(Part IX, colum <del>n (A), lines 11a 11d, 11f 24f) '</del>		3,622	102,154
	18 Total	expenses.	Add lines 13–17 (must equal Part IX, column (A), line 25)		5,429	199,450
- "		nue less ex	penses Subtract line 18 from line 12		5,061	-18,776
ts of	00 7-1-1	t- (D-	4.77.1 - 2.40	Beginning of Curr		End of Year
Net Assets or Fund Balances	20 Total		t X, line 16)		3,763	388,193
₹ 2 2 2 4	21 Total	,	Part X, line 26)		L,761	1,628
			d balances Subtract line 21 from line 20	<u> </u>	7,002	386,565
	Part II		re Block	<del> </del>		<del></del>
^		and belief, it	ties of perjury, I declare that Thave examined this return, including accompanying schedules us true, correct, and complete. Declaration of preparer (other than officer) is based on all info	and statements, a rmation of which t	ind to the bes preparer has	st of my knowledge anv knowledge
Ć:.		منتث	10- H		1	5/13/10
Siç He				<del></del>	1	21.37.0
		Signatu	SCOTT WAYLER EXCC. DIRECTOR		Date	
Par Par		T		<del> </del>		
<del>/</del>		y I ype or	print name and title			Droporodo identifica a sueb
وت وو	id	Preparer's	Date Date	Check self-	ıf	Preparer's identifying number (see instructions)
	eparer's	signature	1) July M. K (10/1) 5/13	//O employ	ed ▶ 📙	P00355471
	e Only	Firm's name	(or yours Kezn & Company, P.C.		EIN ▶	
US	e Only	ıf self-emplo	yed) 300 E Choctaw Ave		Phone	
		address, and	MeAlester, OK 74501-5028		no ▶	918-426-1234
May	v the IRS dis	cuss this re	eturn with the preparer shown above? (see instructions)			Yes No

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

		HARED BLESSINGS		1527791	Page 2
1	Briefly describe	e the organization's mission LESSINGS PROVID	vice Accomplishments  ES CLOTHING, FOOD, AND C T FAMILIES IN THE MCALES		
2	the prior Form	990 or 990-EZ?	t program services during the year which were no	ot listed on	Yes X No
3	Did the organiz	be these new services on Scho zation cease conducting, or ma be these changes on Schedule	ake significant changes in how it conducts, any pr	ogram	Yes X No
4	Describe the e Section 501(c)	xempt purpose achievements f (3) and 501(c)(4) organizations	for each of the organization's three largest prograss and section 4947(a)(1) trusts are required to represented in the reported revenue, if any, for each program service reported	ort the amount of grants and	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	. )
			•		
	• •				-
			·	•	
	•				
		•		-	
	•				
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
				•	
			·		
	•				
			•		
			·	•	
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
				·	
			·		
4d	Other program	services. (Describe in Schedu	ile O.)	····	

) (Revenue \$

Form **990** (2009)

199,450 including grants of \$ expenses ▶ 199,450

(Expenses \$

4e Total program service expenses ▶

Pa	art IV Checklist of Required 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?	2	Х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		x
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? If "Yes," complete Schedule D, Part II	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,			
	VII, VIII, IX, or X as applicable	11	x	
•	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 related 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.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No.			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? If "Yes," complete Schedule F, Part I	14b		X
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	į		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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		<u>x</u>
19	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		X

Form 990 (2009) SHARED BLESSINGS, INC. 73-1527791 Page 4 **Checklist of Required Schedules (continued)** No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 X in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 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, that was issued after December 31, 2002? If "Yes," answer lines X 24b through 24d and complete Schedule K. If "No," go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Schedule L, Part I 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 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? 27 X If "Yes," complete 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 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 Х X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X Schedule R, Part V, line 2 35 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 Х 36 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,

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

X Form 990 (2009)

37

38

X

38

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance						
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1					
	U.S. Information Returns. Enter -0- if not applicable	_1a	1		_		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			╛		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	е			1 1	
	gaming (gambling) winnings to prize winners?				1c		X
2a	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	3		_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ns?			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see						
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by					
	this return?				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 or other		ty				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir	ancial					
	account)?	•	•		4a		X
b	If "Yes," enter the name of the foreign country:	D1	•				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	вапк					l
F-	and Financial Accounts.						x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	tion?			5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg.				90		┢┸
·	Prohibited Tax Shelter Transaction?	arung			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> </u>	•	•	"		<del></del>
- Cu	organization solicit any contributions that were not tax deductible?				6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			-		
_	gifts were not tax deductible?				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 partly for	noods					
	and services provided to the payor?	•			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs		•			
	required to file Form 8282?				7c		l
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	ıl				l
	benefit contract?				7e		L
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as					ĺ
	required?				7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						1
_	organization, have excess business holdings at any time during the year?				8_		⊢—
9	Sponsoring organizations maintaining donor advised funds.						1
a	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	ا ءمہ ا					İ
a b	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b			-		ĺ
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	[ מטו			1		ĺ
'' a	Gross income from members or shareholders	11a					ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against	114		· · · · · · · · · · · · · · · · · · ·	1		ĺ
-	amounts due or received from them.)	11b					ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form				12a		ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					

Part VI 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.

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	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
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		х
6	Does the organization have members or stockholders?	6		x
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, 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
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal	1 + -		
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1.00		
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1.02		
• •	form?	11		x
11a		<u> </u>		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	120		
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		_
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		x
14	· · · ·			X
15	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	14	-	
13	The state of the s			
•	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		v
a	The organization's CEO, Executive Director, or top management official	15a	-	x
ь	Other officers or key employees of the organization	15b		
46-	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	ا مدا		•
L	with a taxable entity during the year?  If "Ves " here the agreement of a decided a winter relief to the agree of the agre	16a	_	<u> </u>
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			
<del></del>	the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>OK</b>			
18	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.			
	Own website Another's website Upon request			
19	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.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► KERN SHORES & COMPANY, PC 300 E CHOCTAW			
M	CALESTER OK 74501	918-42	6 - 1	234

# Part VII 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 organization'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 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 Title Average Position (check all that apply)							(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		Officer	a Key employee		Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
VICKI THOMAS									•	
SECRETARY BOB WALLACE		X		X		╁		0	0	C
TRUSTEE		x						o	0	d
STEVE OTIS	•	+								<del></del>
VICE PRES		$\mathbf{x}$		x				0	0	C
LARRY CASE	•									
TRUSTEE		X		<u> </u>		$\sqcup$		0	0	0
RUYANA FUGITT										_
TRUSTEE		X	<u> </u>	<u> </u>	ļ			0	0	
ALAN MARTIN TRUSTEE		$ \mathbf{x} $	l					o	0	,
ROGER OTIS		┼≏		┢		$\vdash$			<u>_</u>	
TRUSTEE		x			ŀ			o	0	d
GENE WALKER	<del></del>	İ								
TRUSTEE		x						0	0	C
		<b></b>	_		_	╀╌┤			-	
		╁╌	<del></del> -							
		+		_		H				
		<b> </b>				H				
		ļ								
<del>-,</del>		+-				1 1			· · ·	

Pa	rt VII Section	n A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, an	d Highest Compensated	Employees (continued)			_	
	(A) (B) Name and Title Average hours per week									(D) Reportable compensation	(E) Reportable compensation		(F) stimate mount		
			week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	cor f org ar	other npensa from the ganizati nd relati anizati	tion e on ed	
		•													
								_							
	<del></del>														
		•													
	•														
·		•													
	···														
	<del></del>														
					_										
1b	Total	<u>.</u>	<u> </u>												
2						thos	e list	ed a	bove	e) who received more than	\$100,000 in				
3	-					uste	e. kı	ev er	nolo	yee, or highest compensat	ted	Γ	Y	es No	
4	employee on line For any individual	1a? If "Yes," listed on line	complete Schede 1a, is the sum	dule of re	J for porta	such able	n ind com	ıvıdu pens	al atio	n and other compensation	from		3	x	
5	ındıvıdual									s," complete Schedule J for y unrelated organization for		-	4	x	
	services rendered	to the organ	nization? If "Yes,"								·		5	<u> x</u>	
1		le for your fiv	ve highest compe zation.	ensa	ted II	ndep	end	ent c	ontr	actors that received more t	than \$100,000 of				
		Name and	(A) business address		_					Descript	(B) tion of services		Comp	C) ensation	
	<del></del>														
											<del> </del>				
		<del></del>													
2								d to	thos	e listed above) who receiv	ed	+	_		
DAA	more than \$100,0	oo in compe	nsation from the	orga	ınıza	tion	<u> </u>						o Form 9	90 (2009)	

<u> Pa</u>	<u>irt V</u>	III Statement of Reve	nue						
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	4-	Foderated compares	1a				Tevende		312, 313, 01 314
ant	1a	Federated campaigns	-						
Program Service Revenue   Contributions, gifts, grants and other similar amounts	ם	Membership dues	1b						
fts,	°.	Fundraising events	1c	<del></del>			İ		
يخق	d	Related organizations	1d						
Sir	e	Government grants (contributions)	1e						
ξĕ	f	All other contributions, gifts, grants,	l i						
5		and similar amounts not included above	1f	17	2,097				
gg	g	Noncash contributions included in lines 1a-	1f \$		ŀ				
م م	h	Total. Add lines 1a-1f			▶	172,097			
<u>se</u>				Bu	sn. Code				
Ver	2a	RENT				8,577	8,577		
æ	b						· <del>-</del>		
je Je	c	•							
ě	d	•							
Ē	e								
ğa	f	All other program service reve	nue						
2	۾ ا	Total. Add lines 2a–2f		<u> </u>	▶	8,577			
_	3	Investment income (including	dividen	de interest :					
	ľ	other similar amounts)	divident	23, III(CICS), I	_				
		Income from investment of tax		t hand area					
	4		-exemp	it bonu proce	eus 🗾				·····
	5	Royalties (i) Real	<del></del>	(u) Borns	and a				
			-+	(II) Perso	mai				
	6a	Gross Rents							
	b	Less rental exps	-						
	С	Rental inc or (loss)	l						
	d   7a	Net rental income or (loss) Gross amount from (1) Securities			•				
	, a	sales of assets (i) Securities	·	(II) Oth	er				
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (loss)	_		<b>&gt;</b>				
٥	8a	Gross income from fundraising ever	nts						
nue		(not including \$	- 1						
e e		of contributions reported on line 1c)	1						
2		See Part IV, line 18	a						
Other Reve	ь	Less direct expenses	ь						
0		Net income or (loss) from fund	raising	events	<b>→</b>				
		Gross income from gaming activitie							
		See Part IV, line 19	a						
	b	Less: direct expenses	ь						
		Net income or (loss) from gam		vities	•				
		Gross sales of inventory, less	g	1100					· · · · · · · · · · · · · · · · · · ·
		returns and allowances	a						
	ь	Less: cost of goods sold	БÌ						
		Net income or (loss) from sale		onton:					
		Miscellaneous Revenue			sn. Code				
	44-	- wiscendieous revenue		Bu	511. COGE				
	11a			<u> </u>					<del></del>
	b			<u> </u>					
	C	<b>4.1</b>		<u> </u>					
	d	All other revenue		L					
	8	Total. Add lines 11a-11d			<b>&gt;</b>				_ <del> </del>
1	12	Total Revenue. See instruction	ns		•	180,674	8,577	Ol	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 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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				
6					<del>                                     </del>
6	Compensation not included above, to disqualified		!		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	01 524	01 524		<del></del>
7	Other salaries and wages	91,524	91,524		<del>                                     </del>
8	Pension plan contributions (include section 401(k)	ŀ			
	and section 403(b) employer contributions)				<u></u>
9	Other employee benefits				<u> </u>
10	Payroll taxes	5,772	5,772		<u> </u>
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,649	1,649		
d	Lobbying				
0	Professional fundraising services See Part IV, line 17			•	
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,553	1,553		
13	Office expenses	3,558	3,558		
14	Information technology				
15	Royalties				
16	Occupancy	8,021	8,021		
17	Travel	1,605	1,605		<u> </u>
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				<del></del>
22	Depreciation, depletion, and amortization	9,475	9,475		
23	Insurance	6,162	6,162		<del>                                     </del>
	modiano	0,102	0,102		
24	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 )				
_	HOUSING ALLOWANCE	18,000	18,000		
a b	REPAIRS & MAINTENANCE	9,738	9,738		+
	NUTRITION CLUB	9,064	9,064	<del></del>	<del> </del>
d	BACK TO SCHOOL BASH	6,974	6,974		<del> </del>
e	OTHER EXPENSE	6,958	6,958		<del> </del>
_	All other expenses	19,397	19,397	<del></del>	<del>                                     </del>
25	Total functional expenses. Add lines 1 through 24f		199,450		<del> </del>
26		100,400	200, 200		<del></del>
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs		]		
	from a combined educational campaign and fundraising solicitation				
244	Tarrestating demonstration				- 000

P	art X	Balance Sheet				
				<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest bearing		50,552	1	47,704
	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				
		employees, and highest compensated employees. Complete Part II of				
		Schedule L			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_	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use		6,586	8_	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or		****		
		other basis Complete Part VI of Schedule D 10a 383	3,311			
	Ь	Less. accumulated depreciation 10b 42	2,822	41,625	10c	340,489
	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)		98,763	16	388,193
	17	Accounts payable and accrued expenses		1,761	17	1,628
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	<u>-</u>
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key				
豆		employees, highest compensated employees, and disqualified				
Ë		persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
		Total liabilities. Add lines 17 through 25		1,761	26	1,628
es		Organizations that follow SFAS 117, check here ▶ X and				
2		complete lines 27 through 29, and lines 33 and 34.				
ョョ	27	Unrestricted net assets		97,002	27	386, <u>565</u>
<b>Fund Balances</b>	28	Temporarily restricted net assets			28	
힏	29	Permanently restricted net assets			29	
교		Organizations that do not follow SFAS 117, check here ▶				
ō		and complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds			30	
ŝe	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
As	32	Retained earnings, endowment, accumulated income, or other funds		· · · · · · · · · · · · · · · · · · ·	32	
Net Assets or	33	Total net assets or fund balances		97,002		386,565
Z	34	Total liabilities and net assets/fund balances		98,763	34	388,193

Form **990** (2009)

OHI	1 990 (2009) DIMMED DEEDDINGD, THE:		· u	90.
Pa	nrt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual 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
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	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.			
	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		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

SHARED BLESSINGS. INC

Employer identification number 73-1527791

				THOD, THO.							<u> </u>		
P	art l	Reas	on for Public Charity	Status (All organizations	s must (	complet	te this	part.)	See ir	nstruct	tions.		
Γhe	orga	nization is not	a private foundation because	se it is: (For lines 1 through 11, o	check only	one box	i.)						
1	Ň			sociation of churches described									
2	H		cribed in section 170(b)(1)(				~ ~ ,						
3	H			ce organization described in sec	ction 170	(b)(1)( <b>A</b> )(	iii)						
	$\vdash$	•	•	d in conjunction with a hospital of			•	\/4\/A\/i	ii) Ento	r the he	enital'e name		
4			•	d in conjunction with a nospital of	uescribeu	III Sectio	מוטינו ווי	,,,,,,,,,,,	ii). ⊏iite	er the no	spitai s Haine	<b>'</b> 1	
_		city, and stat											
5		=		of a college or university owned	or operat	ed by a g	overnme	ental uni	t descri	bed in			
	_	•	b)(1)(A)(iv). (Complete Part	•									
6	$\sqcup$	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organizat	on that normally receives a	substantial part of its support from	om a gove	ernmental	l unit or t	from the	genera	al public			
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	$\Box$	A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	:11.)								
9	H	•		1) more than 33 1/3 % of its sup		contribut	ions. me	mbersh	ıp fees.	and are	oss		
Ī	ш	-	-	npt functions—subject to certain									
				nd unrelated business taxable in									
			-					() IIOIII L	rusines.	303			
40				0, 1975 See section 509(a)(2)			-						
10	H	•	•	exclusively to test for public safe	-				41.	_			
11	Ш			exclusively for the benefit of, to									
				ted organizations described in s					•	section	l		
			_	the type of supporting organizati	ion and co	omplete li	nes 11e	through	11h.				
	_	a Type		c Type III–Function	, ,		d		e III–Ot				
8		By checking	this box, I certify that the org	ganization is not controlled direc	tly or ındıı	ectly by o	one or m	ore disc	<sub>l</sub> ualified	l			
		persons othe	r than foundation managers	and other than one or more put	blicly supp	orted org	janizatio	ns desc	nbed in	section	l		
		509(a)(1) or s	section 509(a)(2)										
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting				
		organization,	check this box										
g		Since Augus	t 17, 2006, has the organiza	ition accepted any gift or contrib	ution from	any of th	ne						
9		following per		o., decepted any give a comme									
		• .		ontrols, either alone or together	with nore	nne daecr	ihed in (	u)				Yes	No
			•	•	with perso	JIIS 06301	in bed iii (	")			11.00	+ 103	110
		, ,		of the supported organization?		•		-	-		11g(i)	+	
		• • •	member of a person descri	• •							11g(ii)		├
		(iii) A 35% c	controlled entity of a person	described in (i) or (ii) above?							[11g(iii	)	
h		Provide the	following information about t	the supported organization(s).									
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization		ou notity		ls the	(viı) Am		
	org	anization		(described on lines 1–9		sted in your		nization in of your	organizat	zed in the	sup	ort	
				above or IRC section (see instructions))	governing	document?	sup	port?		S?			
				(000,,,	Yes	No	Yes	No	Yes	No			
		<del>-</del>											
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								l					
			<u> </u>		<u> </u>				ļ				
					<del> </del>				<del> </del>	<del>  </del>			
Fota	.1												
				•	•								

Schedule A (Form 990 or 990-EZ) 2009 SHARED BLESSINGS, INC. 73-1527791 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 107,964 143,304 95,652 161,490 172,097 680,507 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 143,304 107,964 95,652 161,490 172,097 680,507 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 680,507 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 107,964 Amounts from line 4 143,304 95,652 161,490 172,097 680,507 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 680,507 12 12 8,577 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ | Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) <u>100</u>.00% 14 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 100.00% 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Sche	edule A (Form 990 or 990-EZ) 2009 SHA	RED BLES	SINGS, IN	c.	73	-1527791	Page 3
	art III Support Schedule for O	rganizations l	Described in S	Section 509(a)	(2)	=	
	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)			<u>.                                    </u>
	tion A. Public Support	-		,	<del> </del>	<del></del>	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	· · · · · · · · · · · · · · · · · · ·					
5	The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5						
6					-		
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received					1	
	from other than disqualified persons that			İ			
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year Add lines 7a and 7b			1-		† †	
8 8	Public support (Subtract line 7c from line 6.)						•
Sec	tion B. Total Support		<u> </u>		<u>.</u> .	IL	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(a) 2003	(5) 2000	(6) 2007	(u) 2000	(0, 2000	(1) 10141
9 10a	Gross income from interest, dividends.				<del>                                     </del>	<del>  </del>	
IVa	payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						<u> </u>
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u></u>				
14	First five years. If the Form 990 is for the organization, check this box and stop here	-	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	<b>.</b> [
Sec	tion C. Computation of Public S	upport Percer	ntage				
15	Public support percentage for 2009 (line 8	, column (f) dıvıde	d by line 13, colun	nn (f))		15	%
16	Public support percentage from 2008 Sch					16	%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage		<del></del>		
17	Investment income percentage for 2009 (I	ine 10c, column (f	) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2008	Schedule A, Part	III, line 17			18	%
19a	33 1/3 % support tests—2009. If the orga						
	17 is not more than 33 1/3 %, check this b	=	=	•			▶ ∟
b	33 1/3 % support tests—2008. If the orga	nızatıon did not ch	neck a box on line	14 or line 19a, and	line 16 is more th	nan 33 1/3 %, and	

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 **2009** 

Open to Public Inspection

Name of the organization **Employer identification number** SHARED BLESSINGS, INC. 73-1527791 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa	rt III Örganizations Maintaining	Collections of Art	t, Historical Trea	sures,	or Other	Similar A	Assets	(continued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records, ch	eck any of the following	ng that ar	re a significa	ant use of its			
а	Public exhibition	<b>d</b> Loar	or exchange progran	ns					
b	Scholarly research	e 🗌 Othe	er						
С	Preservation for future generations								
4	Provide a description of the organization's colle Part XIV	ections and explain hov	v they further the orga	ınızatıon's	s exempt pu	irpose in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to l	pe maintained as part o	f the organization's co	ollection?	) 				No
Pa	rt IV Escrow and Custodial Arra		_	zation a	inswered	"Yes" to I	Form 9	990, Part	
	IV, line 9, or reported an am	ount on Form 990	, Part X, line 21.						
1a	Is the organization an agent, trustee, custodiar	or other intermediary	for contributions or otl	her asset	s not				
	ıncluded on Form 990, Part X?							Yes I	No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the followi	ng table						_
								Amount	_
C	Beginning balance					1c			_
d	Additions during the year .					1d			_
е	Distributions during the year					1e			_
f	Ending balance .					1f			_
2a	Did the organization include an amount on For	m 990, Part X, line 21?						Yes I	No
<u> </u>	If "Yes," explain the arrangement in Part XIV	. <u>.</u>							
Pa	rt V Endowment Funds. Comple	ete if organization	answered "Yes"	to Forn	n 990, Pa	rt IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three yea	ars back	(e) Four years ba	ck
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	end balance held as:							
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶ %								
С	Term endowment ▶%								
3a	Are there endowment funds not in the possess	sion of the organization	that are held and adm	ninistered	I for the				
	organization by:							Yes N	lo
	(i) unrelated organizations							3a(i)	
	(ii) related organizations	•						3a(ii)	
ь	If "Yes" to 3a(II), are the related organizations	isted as required on So	hedule R?			·		3b	
4	Describe in Part XIV the intended uses of the	organization's endowme	ent funds						
Pa	rt VI Investments—Land, Buildi			0, Part	X, line 1	0.			
	Description of investment	(a) Cost or other basis				umulated		(d) Book value	
		(investment)	basis (other	)	depr	eciation			
1a	Land		30	,000				30,00	<u> </u>
	Buildings								
	Leasehold improvements								_
d	Equipment								
	Other		353	,311		42,82	2	310,48	39
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, c						340,48	

Part VII Investments—Other Securities. See Form 99	0, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<del> </del>		
<del> </del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments—Program Related. See Form 99	00, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	<u></u>	
Part IX Other Assets. See Form 990, Part X, line 15.		
(a) Description		(b) Book value
		<del></del>
	<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)		<u> </u>
Part X Other Liabilities. See Form 990, Part X, line 2	T	
1 (a) Description of liability	(b) Amount	
Federal income taxes		
	···	
	ļ	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		
2 FIN 48 Footpote In Part XIV provide the text of the footpote to the organ	uzation's financial statemen	to that remarks the

organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 SHARED BLESSINGS, INC.	73-1527		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 9	00 to Audited Financial Sta	itements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10	
	rt XII Reconciliation of Revenue per Audited Financial State		Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d	<del></del>	
e	Add lines 2a through 2d	-24		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
-		40		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	4b	<b>⊢</b> ,.	
C	Add lines 4a and 4b	•	4c	
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) int XIII Reconciliation of Expenses per Audited Financial Sta	stamonto With Expanses n	<del> </del>	
	· · · · · · · · · · · · · · · · · · ·	itements with Expenses p	er Keturii	
1	Total expenses and losses per audited financial statements		<del>                                     </del>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	اما		
a	Donated services and use of facilities	2a	$\dashv$ $\parallel$	
b	Prior year adjustments	2b	<b></b>	
C	Other losses	2c	<b></b>	
d	Other (Describe in Part XIV.)	2d	<b>-</b> -  .	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1 .	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
þ	Other (Describe in Part XIV )	4b		
С	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		. 5	
Pa	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III, lines 1a and 4; Part IV, lines 1b	)	
and 2	b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part ك	(III, lines 2d and 4b Also complete		
his p	art to provide any additional information.			
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Sched Par	t XI	V	Ŝui	ple	mer	ntal	Info	rma	tion	(co	ntinu	ed)			-															
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### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

SHARED BLESSINGS, INC.

Employer identification number 73-1527791

Form 990, Part III, Line 4d - All Other Achievements
SHARED BLESSINGS PROVIDED CLOTHING AND FOOD TO OVER
10,000 PEOPLE. SHARED BLESSINGS PAID FOR UTILITY BILLS
AND LODGING FOR FAMILIES IN NEED. AREA CHILDREN WERE
PROVIDED SCHOOL SUPPLIES, BIBLES, AND BACKPACKS. KITCHEN
KITS (DISHES, POTS, PANS, ETC) WERE DISTRIBUTED TO
FAMILIES IN NEED. CLOTHING WAS SHIPPED OVERSEAS TO NEEDY
FAMILIES.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 MEETING

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation AVAILABLE UPON REQUEST

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

Name(s) shown on return

► See separate instructions.

Identifying number

	SHARED	BLESSINGS	, INC.					73-	<u> 152</u>	7791				
	ess or activity to which this form relates													
	ndirect Depreciat art I Election To Expe		norty Under Se	otion	170					<del></del>				
Г	Note: If you have a					LCOR	nnlete P	art I						
1	Maximum amount See the instru				beiore you	<u> </u>	ipiete i	ait i.	1	250,000				
2	Total cost of section 179 property			55565	• •	•			2					
3	Threshold cost of section 179 pro			instructi	one)				3	800,000				
4	Reduction in limitation. Subtract li				01107				4	333,333				
5	Dollar limitation for tax year Subtract lii				n senarately, s	see inst	ructions		5					
6	(a) Descriptio		<del></del>		(business use			lected cost	<del></del>					
							,,,							
			_											
7	Listed property Enter the amount	from line 29	,L			7								
8	· · ·		ts in column (c), line	es 6 and	d 7		<u> </u>		8					
9	(-)													
10	Carryover of disallowed deduction						•		10					
11	Business income limitation. Enter	•		s than z	ero) or line	5 (see	Instruction	ns)	11					
12	Section 179 expense deduction A					- (		,	12					
13	Carryover of disallowed deduction	to 2010 Add lines 9	and 10, less line 1	2	•	13				-				
Note	: Do not use Part II or Part III belov					•								
Pa	rt II Special Depreciat	ion Allowance a	and Other Dep	reciati	ion (Do n	ot in	clude lis	ted prop	erty.	) (See instr.)				
14	Special depreciation allowance for	r qualified property (c	other than listed pro	perty) p	laced in ser	vice								
	during the tax year (see instruction	ns)	•						14					
15	Property subject to section 168(f)(	1) election							15					
16	Other depreciation (including ACF	RS)							16	9,475				
Pa	rt III MACRS Deprecia	tion (Do not incl	ude listed prop	erty.)	(See instr	uctic	ns.)							
	· · · · · · · · · · · · · · · · · · ·		Section	on A										
17	MACRS deductions for assets pla	ced in service in tax	years beginning bet	fore 200	)9				17	0				
18	If you are electing to group any assets	blaced in service during	the tax year into one or	r more ge	eneral asset a	ccounts	, check her	e <b>▶</b> ∏						
	Section B—	Assets Placed in Se	rvice During 2009	Tax Yea	ar Using the	Gene	ral Depre	ciation Sy	stem					
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depred (business/investme only-see instruction	ent use	(d) Recovery period	(e) C	onvention	(f) Meth	nod	(g) Depreciation deduction				
19a	3-year property							- <del>-</del>						
b	5-year property	]												
С	7-year property						-							
<u>d</u>	10-year property							_						
е_	15-year property													
f	20-year property													
g	25-year property				25 yrs.			S/L						
h	Residential rental				27 5 yrs		ММ	S/L						
	property				27 5 yrs.		ММ	S/L	_					
i	Nonresidential real				39 yrs		MM	S/L						
	property						MM	S/L						
		sets Placed in Serv	rice During 2009 Ta	ах Үеаг	Using the A	Alterna	tive Depr	eciation S	ysten	1				
20a	Class life							S/L						
b	12-year				12 yrs.			S/L						
	40-year	L			40 yrs		MM	S/L						
_Pa	irt IV Summary (See ins	structions.)												
21	Listed property. Enter amount from							Ţ	21					
22	Total. Add amounts from line 12, I						ter here							
	and on the appropriate lines of you				Instructions	<u> </u>		l	22	9,475				
23	For assets shown above and place	ed in service during t	he current year, ent	ter the										
	portion of the basis attributable to	section 263A costs				23								