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P954894733

SCANNED OF I & 2010

Form

Department of the Treasury

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 2009

Open to Public

inte	rnai Revenue	Service	I he organization may have to use a copy of this return to s	alisty state	e reporting requ	irements	Inspection
A	For the 200	9 calendar ye	ear, or tax year beginning , and ending				
В	Check if applical		C Name of organization			D Emplo	yer identification number
	Address change	use IRS	The Shalom Foundation				
$\vec{\neg}$	Name change	label or print or	Doing Business As			1 95-	4894733
닠	Name change	type.	Number and street (or P O box if mail is not delivered to street address)		Room/suite		one number
\Box	Initial return	See	P O Box 1354				
	Termination	Specific	City or town, state or country, and ZIP + 4			G Gross rece	ipts\$ 946,974
$\overline{}$	A	Instruc-	Franklin TN 37065			G Gloss lete	pisa
닉	Amended return					4	
	Application pend	mg :	e and address of principal officer				a group return for
			ephen Moore			affiliate H(b) Are all	affiliates 🖂 🖂
		I	19 Lake Colonial Drive			include	d? Yes No
			rington TN 37014			If "No,"	attach a list (see instructions)
1	Tax-exempt	status X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527			_	
J	Website [,] ▶						exemption number
ĸ	Type of organiz	ation X Cor	poration Trust Association Other ▶	L	Year of formation 2	2001	M State of legal domicile TN
F	art I	Summai	y				
	1 Brief	ly describe t	he organization's mission or most significant activities				
•	ر ا	ee Sched					
ဦ			2410				
nai							
Ver	l						
Activities & Governance	2 Chec	k this box		ore than 2	5% of its net as	1 1	0
∞	3 Num		members of the governing body (Part VI, line 1a)			3	8
es	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)			4	8
₹.	5 Total	number of	employees (Part V, line 2a)			5	7
걸	6 Total	number of	volunteers (estimate if necessary)			6	200
_		gross unrel		7a			
	b Net u	inrelated bu	siness taxable income from Form 990-T, line 34			7b	0
					Prior Ye		Current Year
a)	8 Cont	ributions and	d grants (Part VIII, line 1h)		84	8,068	944,675
Revenue	9 Prog	ram service	revenue (Part VIII, line 2g)				
š	10 Inves	stment incor	3,806	2,299			
ĕ	11 Othe		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	1	•	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		85	1,874	946,974
			as-amounts paid (Part IX, column (A), lines 1–3)			5,541	120,885
			Por herabers (Parl IX, column (A), line 4)		2)	J, J - 1	120,005
	1			6 116	120 062		
es	15 Salai		ompensation, employee benefits (Part IX, column (A), lines 5–10) drapping fees (Part IX, column (A), line 11e)	6,446	139,963		
eus	16a Prote	essionatiun					
Expenses	b Total	I fundraising	expenses (Part IX, column (D), line 25) ► 45, 29	9		1 001	211 222
ш	17 Ottle		(Part IX, column (A), times 1 a-11d, 11f-24f)			4,884	341,288
	18 Total	expenses .	Ado lines 43-4,7 kmust equal Part IX, column (A), line 25)			6,871	602,136
	19 Reve	nue less ex	penses Subtract line 18 from line 12			5,003	344,838
Net Assets or	<u>S</u>				Beginning of Cu		End of Year
Sset	D Total	l assets (Pa	t X, line 16)			7,168	955,842
A Z	21 Total	Habilities (F	art X, line 26)			8,239	12,099
ž	22 Net a	assets or fur	d balances Subtract line 21 from line 20		59	8,929	943,743
F	Part II	Signatu	re Block				
		Under penal	ties of perjury I declare that I have examined this return, including accompanyin	g schedules	and statements,	and to the bes	st of my knowledge
		and belief, it	is true, correct, and complete Declaration of preparer (other than officer) is bas	ed on all inf	ormation of which	preparer has	any knowledge
Sid	gn						7/28/10 —
	re	Signatu	e of officer de of		·	Date	/
		• Signatu	Stephen Mosre, CHARMON			Date	
		Type or	print name and title				
		y Type of	print name and title				Preparer's identifying number
Рa	id	Preparer's	(triangle)	Date	Check self-		(see instructions)
		signature	Valucio	9-24	10 emplo	yed 🕨 🛂	P00071866
	eparer's	Firm's name	Parsons & Associates, CPAs			EIN ▶	26-1865984
US	e Only	if self-emplo	Col yours			Phone	
		address, and				i i	615-794-4313
Ma	v the IRS di	scuss 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

Form **990** (2009)

Part III Statement of Program Service Accomplishments	
Briefly describe the organization's mission	
See Schedule O	
2 Did the organization undertake any significant program services during the year which wer	re not listed on
the prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O	
3 Did the organization cease conducting, or make significant changes in how it conducts, an	ny program
services?	Yes X No
If "Yes," describe these changes on Schedule O	
4 Describe the exempt purpose achievements for each of the organization's three largest pro-	ogram services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to	
allocations to others, the total expenses, and revenue, if any, for each program service rep	- ·
4a (Code) (Expenses \$ 290, 394 including grants of \$	120 885) (Revenue \$
Education Program: Through the education pro	
sponsorships for tuition at Shalom School. C	
program successfully graduated to the next gr	
school year. Graduates of Shalom School who	
through the Education Sponsorship program hav	
positions in the business community. Some ha	
School, to receive further education opportun	
some have been accepted into college programs	
excellent basic education. High school stude	
training in a professional career category pr	
market. Through this program, information is	shared with thousands of
4b (Code) (Expenses \$ 41,512 including grants of \$) (Revenue \$
Housing and Community Development: Through t	he construction program, seven
houses were built for extremely poor families	in need. Nearly 100
volunteers from the United States and Guatema	la worked together to build
the homes and better lives for the people. T	hese efforts included the
distribution of information regarding the con	
Guatemala and the impoverished living conditi	
world country.	• 2
Hundreds of individuals and organizations wer	e educated about the needs
affecting Guatemala, through the Construction	
supplies were also collected and distributed	
shoes, construction tools, books, educational	supplies, computer technology
4c (Code) (Expenses \$ 163,004 including grants of \$) (Revenue \$
Medical Program: The medical program began i	n 2003 with the bringing of a
young girl to Nashville for life-saving surge	
at no cost by the doctors and the hospitals t	
Since then, the medical program has sponsored	
surgeries for children needing critical care.	
sponsored four surgical teams of doctors, nur	
that have travelled to Guatemala to provide 1	
procedures. These trips have provided medica	
and have provided more than 145 surgical proc	
from debilitating conditions. These initiati	ves have led to the medical
	. III III II
4d Other program services (Describe in Schedule O)	
(Expenses \$ 428 including grants of \$) (Revenue \$

4e Total program service expenses ▶

495,338

	art IV Checklist of Required Schedules			aye
			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
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			l
	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,"			\ _V
-	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,"			X
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	8	<u> </u>	<u> </u>
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		1
	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,	··		-23
• •	VII, VIII, IX, or X as applicable	11	Х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			ļ
_	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 487 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	Χ	
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 12A X			
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	7.7	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	i		
	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		v	
40	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	_		l v
17	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			v
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	Х	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	^	
13	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		1		

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P	art IV Checklist of Required Schedules (continued)			
				Yes	No
21	Did the organization report more than \$5,000 of grants and other as:	sistance to governments and organizations			
	in the United States on Part IX, column (A), line 12 If "Yes," complet	e Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other as:	sistance to individuals in the			
	United States on Part IX, column (A), line 27 If "Yes," complete Scho	edule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or	5 about compensation of the			
	organization's current and former officers, directors, trustees, key en	ployees, and highest compensated			
	employees? If "Yes," complete Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstand	ng principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after Decem	ber 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25		24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyon	d a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refund	ing 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 outstar	ding 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			
	with a disqualified person during the year? If "Yes," complete Scheo	ule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transa	ction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of	he organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I		25b		Χ
26	Was a loan to or by a current or former officer, director, trustee, key	employee, highly compensated employee, or -			
	disqualified person outstanding as of the end of the organization's ta	x year? If "Yes," complete Schedule L, Part II	26	,	Χ
27	Did the organization provide a grant or other assistance to an officer				
	substantial contributor, or a grant selection committee member, or to		}		
	If "Yes," complete Schedule L, Part III	·	27		Χ
28	Was the organization a party to a business transaction with one of the	e following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and e	- -			
а	A current or former officer, director, trustee, or key employee? If "Ye		28a		Χ
b					
	Schedule L, Part IV		28b		Χ
С		employee of the organization (or a			
-	family member) was an officer, director, trustee, or direct or indirect				
	Part IV	,	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contribu	tions? If "Yes." complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures,	•			
	conservation contributions? If "Yes," complete Schedule M	, ,	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease oper	ations? If "Yes," complete Schedule N.			
	Part I	•	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more tha	n 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	, ,	32		Χ
33	Did the organization own 100% of an entity disregarded as separate	from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule F	-	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If				
	III, IV, and V, line 1		34		Χ
35	Is any related organization a controlled entity within the meaning of	ection 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2		35		Χ
36	Section 501(c)(3) organizations. Did the organization make any tra	nsfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	·	36		Χ
37	Did the organization conduct more than 5% of its activities through a	n entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes?	· ·			
	Dod \/I	•	27		V

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

-	Statements Regarding Other IRS Filings and Tax Compliance					
				F	Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1.	,			
L	U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	ропарі	le	4-	Х	•
22	gaming (gambling) winnings to prize winners?	1	1	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 2-	7			
b	Statements, filed for the calendar year ending with or within the year covered by this return	2a_	<u> </u>		X	
U	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			2b		-
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				
-	this return?	.u by		3a	1	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	authori	itv	35	 	
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		=			
	account)?			4a	Х	
ь	If "Yes," enter the name of the foreign country ▶ Guatemala			1	···	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank		!		
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	1	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg.					
	Prohibited Tax Shelter Transaction?	Ū		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	ne				
	organization solicit any contributions that were not tax deductible?			_6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				
	gifts were not tax deductible?			6b		
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 o	goods				
	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	is				}
	required to file Form 8282?	1 1	Ī	7c		ļ
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	al			ŀ
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-			7f	_	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C required?	. as		, , ,		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			_ 7h		
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
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					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	$\textbf{Section 4947(a)(1) non-exempt charitable trusts.} \ \textbf{Is the organization filing Form 990 in lieu of Form}$	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
				_	000	

Form.990 (2009) The Shalom Foundation 95-4894733 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body b Enter the number of voting members that are independent 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 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct Χ supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Χ 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 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the Χ 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Χ Other officers or key employees of the organization 15b 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? 16a Χ b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 X 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 >

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

Check this box if the organization (A) Name and Title	(B) Average		ition ((chec	C)			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	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
Donnie Dalton Member	5.00	Х						0	0	
Tony Harris Member	5.00	X						0	0	(
Susan Deaton Member	5.00	X						0	0	
Steve Moore President	10.00			Х				0-	0	(
Tommy Sanders Vice President	35.00			Х				0	0	(
Wayne Smith Treasurer	5.00			Х				0	0	(
Beverly Herro Secretary	5.00	<u> </u>		X	! !			0	0	(
	1									
	-									
										
				ļ		_				_
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DAA	<u> </u>									

<u>Pa</u>	R VII , Section A. Officers	, Directors, Trus	stee	s, Ke	y Er	nplo	yee	s, ar	nd Highest Compensated	Employees (continued)				
	(A) Name and Title	(B) Average hours per	ļ		chec		that a		(D) Reportable compensation	(E) Reportable compensation		(F) stima mour	ted	
		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)	con f org ar	othenpens rom t ganiz id rel	er sation the ation	
												_		
													-	
												_		
	·····		-	_							-			
r								!						
									5					
1b	Total	<u> </u>	L <u> </u>	<u> </u>	l <u>-</u>		L	<u> </u>						
2	Total number of individuals (in reportable compensation from	_			thos	e lis	ted a	bov	e) who received more than	\$100,000 in				
3	Did the organization list any fo								yee, or highest compensal	ted			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related o	e 1a, is the sum	of re	port	able	com	pens	satio				3		X
5	individual Did any person listed on line 1	a receive or acc	rue d	comp	ens	atıor	fron	n an	y unrelated organization fo			4		X
Sec	services rendered to the organition B. Independent Contractor	ors									l	5		X
1	Complete this table for your five compensation from the organic	zation	ensa	ted ı	ndep	pend	ent d	contr					(C)	
	Name and	(A) business address							Descrip	(B) tion of services		Cor	(C) npensat	ion
-									· ,, <u> </u>					
		<u> </u>								<u> </u>				-
														_
		 . 												
2	Total number of independent of						ed to	thos	se listed above) who receiv	red				
<u> </u>	more than \$100,000 in compe	nsation from the	orga	aniza	uon	_					L	0	990	10000

Pa	irt V	III Statement of Re	evenue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	12	Federated campaigns	1a	419,679		10101100		5.2, 515, 515
ant	'4	· -		417,079				
ρĞ	"	Membership dues	1b	40 455				
Program Service Revenue Contributions, gifts, grants and other similar amounts	C	Fundraising events	1c	40,455				
햗률	d	Related organizations	1d					Ì
Sir	е	Government grants (contributions)	1e					
Ę e	f	All other contributions, gifts, grants,	1 1					
흔듕		and similar amounts not included above	ve 1f	484,541 93,832				
agr	g	Noncash contributions included in line	s 1a-1f \$	93,832				
<u> </u>	h	Total. Add lines 1a-1f		>	944,675			
ine				Busn Code				
ver	2a							
8	b							
ž	c							
Šen	d							
Ē	e							
gra	f	All other program service re	evenue					
P	a	Total. Add lines 2a-2f	0.01,00	•			 	
	3	Investment income (includi	na dividends	· · · · · · · · · · · · · · · · · · ·	İ			
		other similar amounts)			2,299	2,299		
	4	Income from investment of	tav-evemnt h	and proceeds				
	5	Royalties	tax-exempt b	ond proceeds P				-
	ľ	(i) Re	eal	(ii) Personal				
	6a	Gross Rents	-	(.,, / 0.001.0.)				
	b	Less rental exps						
		Rental inc or (loss)						
	d	Net rental income or (loss)	<u> </u>					
		Gross amount from (i) Secur	rities	(II) Other				
		sales of assets	111100	(ii) Guici				
		other than inventory						
	b	Less cost or other	- 1					
	_	Gain or (loss)						
		· · · · · · · · · · · · · · · · · · ·			Í	1		
	d	Net gain or (loss)						
ne	• a	Gross income from fundraising	events					
/en		(not including \$	4.3					
Re		of contributions reported on line						
Other Reven		See Part IV, line 18	a			1		
Oth		Less direct expenses	. b			İ		
		Net income or (loss) from f		ents >		-		
	9a	Gross income from gaming acti						
		See Part IV, line 19	a					
		Less direct expenses	b [
		Net income or (loss) from g		es 🕨				
	10a	Gross sales of inventory, le	ı					
	_	returns and allowances	a					
		Less cost of goods sold	b					
	С	Net income or (loss) from s						
	4.4	Miscellaneous Reve	ende	Busn. Code				
	11a			<u> </u>				<u></u>
	þ			<u> </u>				
	C .	All others are						<u> </u>
	d	All other revenue		L				
	e	Total. Add lines 11a–11d		▶ -	0.16 0.7.1	2 222		
	12	Total Revenue. See instruc	ctions	•	946,974	2,299	0	0

Part IX Statement of Functional Expenses

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

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

	All other organizations must c	omplete column (A) but ar		te columns (B), (C), and (D	0).
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		ехрепаез	general expenses	ехрепзез
•	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	120,885	120,885		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	129,394	100,927	12,939	15,528
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,569	8,244	1,057	1,268
11	Fees for services (non-employees)				
а	Management				
b	Legal	746	746		
С	Accounting	12,691	1,491	11,200	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	_	28,905	17,126	3,579	8,200
12	Advertising and promotion	610		610	
13	Office expenses	6,872	3,513	3,225	134
14	Information technology	397	140	257	
15	Royalties	11 400	0.004	1 1 1 0	
16	Occupancy	11,402	8,894	1,140	1,368
17	Travel	158,540	146,886	11,639	<u>15</u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			······	
19	Conferences, conventions, and meetings	101		101	
20	Interest	101		101	
21	Payments to affiliates	428	428		
22 23	Depreciation, depletion, and amortization Insurance	5,556	420	876	4,680
23	insurance	3,330		070	4,000
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)				
а	Construction supplies	41,512	41,512		
ь	Contract Labor	14,450	14,450		
С	Medical Supplies	9,091	9,091		
d	Gifts	8,981	4,634	3,215	1,132
е	Event Equipment Rental	5,908		534	5,374
f	All other expenses	35,098	16,371	11,127	7,600
25	Total functional expenses. Add lines 1 through 24f	602,136	495,338	61,499	45,299
26	Joint costs. Check here ▶ if following	, = - 3			
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and		ļ		
	fundraising solicitation				
DAA			<u> </u>		Form 990 (2009)

Cash—non-nterest beamg	_P	art)	Balance Sheet						
2 Savings and temporary cash investments 3 Plodges and grants receivable, net 4 Accounts receivable, net 4 4 4 4 5 6 6 6 6 6 6 6 6 6									
2 Sawings and temporary cash investments 3 Piedges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(l)(1)) and persons described in section 4958(c)(3)(8) Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepared expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 9 Prepared expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 548,336 11 Investments—publicly traded securities 1 Investments—publicly traded securities 1 Investments—publicly traded securities 1 Investments—program-related See Part IV, line 11 1 Interpolation in the program-related See Part IV, line 11 1 Interpolation in the program-related See Part IV, line 11 1 Interpolation in the program-related See Part IV, line 11 1 Interpolation in the program-related See Part IV, line 11 1 Total assets. Add lines 1 through 15 (must equal line 34) 1 Recomplish payable and an accrued expenses 1 Interpolation in the program-related See Part IV of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest corpensated employees, and disqualified persons Complete Part II of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest corpensated employees, and disqualified persons Complete Part II of Schedule D 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D 2 Payables to current and to Schedule D 2 Payables to current and to Schedule D		1	Cash—non-interest bearing		124,607	1			
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Securables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part III of Schedule L		4	Accounts receivable, net			 	= 1		
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12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 14 14 15 15 15 16 15 16 16 16			•	13/3/					
13 Investments—program-related See Part IV, line 11 13 14 114 114 114 114 114 114 114 114 114 115 15					1,250		1,215		
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17					647 168		955 842		
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19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 598,929 33 943,743					3,002		3/133		
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Z 34 Total liabilities and net assets/fund balances 647, 168 34 955, 842	Z								

955,842 Form **990** (2009)

3h

Form 990 (2009)

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

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Shalom Foundation

Employer identification number

95-4894733 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 X An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the supported organization(s) (vi) is the (I) Name of supported (ii) EIN (III) Type of organization (IV) Is the organization (v) Did you notify (VII) Amount of organization (described on lines 1-9 the organization in organization in col in col (i) listed in your col (I) of your (I) organized in the above or IRC section governing document? US? support? (see instructions)) Yes No Yes No Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

Total

Sch	edule A (Form 990 or 990-EZ) 2009 The	e Shalom I	Foundatio	n	95	5-4894733	Page 2
P	art II Support Schedule for O	rganizations [Described in S	ections 170(b)(1)(A)(iv) and	l 170(b)(1)(A)(vi)
_	(Complete only if you ch	ecked the box	on line 5, 7, o	r 8 of Part I.)			
	ction A. Public Support						
C	alendar year (or fiscal year beginning in) ▶	(a) 2005	(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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(e) 2009	(f) Total				
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	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						
12	Gross receipts from related activities, etc	•				_12	
13	First five years. If the Form 990 is for the	-	t, second, third, fo	urth, or fifth tax yea	ar as a section 50	1(c)(3)	
<u>-</u>	organization, check this box and stop her		4				<u> </u>
	ction C. Computation of Public Su						
14	Public support percentage for 2009 (line 6		•	ın (f))		14	%
15 16a	Public support percentage from 2008 Sch			12 and line 14 in	22 1/2 0/ 05 0000	15	%
16a	33 1/3 % support test—2009. If the organ and stop here. The organization qualifies				55 1/5 % OF MORE,	CHECK THIS DOX	_
b			-		15 is 33 1/3 % or i	more check this	
U	box and stop here The organization quali				15 15 55 175 76 01 1	nore, check this	▶ □
17a	10%-facts-and-circumstances test—200	•	=		ia, or 16b, and line	e 14 is 10% or	
	more, and if the organization meets the "fa	=					
	organization meets the "facts-and-circums						▶ .
b	10%-facts-and-circumstances test—200		-		-		

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

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

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Schedule A (Form 990 or 990-EZ) 2009 The Shalom Foundation

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)
Section A. Public Support

	con it abite cappert						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received (Do not include						
	any "unusual grants ")	190,220	279,079	321,970	435,656	944,675	2,171,600
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	105,052	310,416	138,365	412,412	2,299	968,544
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						
6	Total. Add lines 1 through 5	295,272	589,495	460,335	848,068	946,974	3,140,144
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	45,178	33,340	36,229	35,024		149, <u>7</u> 71
b	Amounts included on lines 2 and 3 received					-	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					Í	
	amount on line 13 for the year						
С	Add lines 7a and 7b	45,178	33,340	36,229	35,024		149,771
8	Public support (Subtract line 7c from line 6)			1			2,990,373
Sec	tion B. Total Support	L	l	i			2,990,373
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	295,272	589,495	460,335	848,068	946,974	3,140,144
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,678	5,120				6,798
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,678	5,120				6,798
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	··· = · · · · · · · · · · · · · · · · ·
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)	296,950	594,615	460,335	848,068	946,974	2 146 042
14	First five years. If the Form 990 is for the						3,146,942
1-7	organization, check this box and stop here	-	, Josepha, tillia, loa	, or mar tax year	. 20 2 0000011 001(1	-,, -,	▶ □
Sec	tion C. Computation of Public Su		age			* * *	
15	Public support percentage for 2009 (line 8		 	n (fl)		15	95 02 %
16	Public support percentage from 2008 Scho		•	. (///		16	92 95 %
	tion D. Computation of Investme						32 33 10
17	Investment income percentage for 2009 (I			column (f))		17	%
18	Investment income percentage from 2008					18	%
19a	33 1/3 % support tests—2009. If the orga			14, and line 15 is	more than 33 1/3 %		
	17 is not more than 33 1/3 %, check this b						► X
b	33 1/3 % support tests—2008. If the orga	•	=				
-	line 18 is not more than 33 1/3 %, check the						▶
20	Private foundation. If the organization did	•	-				▶ □
		-				dule A (Form 990	or 990-F7) 2009

95-4894733

Page 4

Schedule A (Form 990 or 990-EZ) 2009 The Shalom Foundation 95-4894733

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

Open to Public Inspection

Nam	e of the organization		Employer identification number
T	he Shalom Foundation		95-4894733
Pa	Organizations Maintaining Donor Advised Futhe organization answered "Yes" to Form 990,	nds or Other Similar Funds or A Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	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		
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	-	
	used only for charitable purposes and not for the benefit of the donor o		
	purpose conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements. Complete if the organized	anization answered "Yes" to For	
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	portant land area
	Protection of natural habitat	Preservation of certified historic	
	Preservation of open space		Stradiate
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation
-	easement on the last day of the tax year	validit definitional of the form of the const	Sivation
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
Č	Number of conservation easements on a certified historic structure incl	uded in (a)	20
4	Number of conservation easements included in (c) acquired after 8/17/	• •	2d
3	Number of conservation easements modified, transferred, released, ex		
3	the taxable year	inguished, or terminated by the organiza	mon during
4	Number of states where property subject to conservation easement is i	ocated •	
5	Does the organization have a written policy regarding the periodic monitoring		
3	violations, and enforcement of the conservation easements it holds?	toring, inspection, handling of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	una conservation easements during the v	
J	b	ing conservation easements during the y	Cai
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	consequation easements during the year	
•	• \$	conservation easements during the year	
Ω	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section	
٥	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ne requirements or section	Yes No
9	In Part XIV, describe how the organization reports conservation easem	ente in ite revenue and expense stateme	
3	balance sheet, and include, if applicable, the text of the footnote to the	•	
	the organization's accounting for conservation easements	organization a imanolal statements that u	ic scribes
Pa	ert III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar Assets
	Complete if the organization answered "Yes" to		ommar Addets.
1a	If the organization elected, as permitted under SFAS 116, not to report	in its revenue statement and balance she	eet works of
	art, historical treasures, or other similar assets held for public exhibition	, education, or research in furtherance of	f public service,
	provide, in Part XIV, the text of the footnote to its financial statements ti	nat describes these items	•
b	If the organization elected, as permitted under SFAS 116, to report in it	s revenue statement and balance sheet v	works of art.
	historical treasures, or other similar assets held for public exhibition, ed		
	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 dain, pro	ovide the
-	following amounts required to be reported under SFAS 116 relating to t		
2	Revenues included in Form 990, Part VIII, line 1		▶ \$
h	Assets included in Form 990, Part X		\$
b	, todata included in Form 550, Falt A		* -

95489	94733										
Sche	dule D (Form 990) 2009 The Shalor	m Foundation			95-48	94733		Page 2			
	art III Organizations Maintaining		Historical Trea	sures.			sets (
3	Using the organization's acquisition, accession collection items (check all that apply)			-			<u> </u>				
a	Public exhibition	d 🗍 Loan o	r exchange progra	ms							
b	Scholarly research	e Other	3 . 3								
С	Preservation for future generations					· -	_				
4	Provide a description of the organization's coll Part XIV	lections and explain how t	hey further the org	anızatıon	's exempt pi	urpose in					
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, h	nistorical treasures	, or other	sımılar ?			☐ Yes ☐ No			
Pa	ert IV Escrow and Custodial Arra					"Yes" to Fo	orm 99				
	IV, line 9, or reported an am	ount on Form 990,	Part X, line 21					•			
1a	Is the organization an agent, trustee, custodia	n or other intermediary for	contributions or o	ther asse	ts not		-				
	included on Form 990, Part X?							Yes No			
b	If "Yes," explain the arrangement in Part XIV a	and complete the following	table								
								Amount			
C	Beginning balance					1c					
d	Additions during the year					1d					
e	Distributions during the year					1e					
70	Ending balance	rm 000 Bort V Inc 313				[11]					
	2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV										
***************************************	Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10										
		(a) Current year	(b) Prior year		years back	(d) Three years		(e) Four years back			
1a	Beginning of year balance										
b	Contributions				·····						
С	Net investment earnings, gains,										
	and losses			<u> </u>	····						
	Grants or scholarships			 							
e	Other expenditures for facilities										
	and programs			ļ							
f	Administrative expenses	-		. 							
g	End of year balance		<u> </u>			1	<u>i</u> _				
2	Provide the estimated percentage of the year Board designated or quasi-endowment ▶	end balance neid as									
a h	Permanent endowment > %	⁷⁰									
	Term endowment ▶ %										
	Are there endowment funds not in the possess	sion of the organization th	at are held and adi	ministere	d for the						
-	organization by							Yes No			
	(i) unrelated organizations							3a(ı)			
	(ii) related organizations							3a(ii)			
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sche	edule R?					3b			
4	Describe in Part XIV the intended uses of the					_					
Pa	rt VI Investments—Land, Buildin	ngs, and Equipment	t, See Form 99	0, Parl	X, line 1	0.					
	Description of investment	(a) Cost or other basis	(b) Cost or o		, , ,	cumulated	((d) Book value			
		(investment)	basis (othe	r)	depr	eciation	I				

444,599

97,737

6,000

5,572 534,964 \blacktriangleright Schedule D (Form 990) 2009

12,944

428

444,599

84,793

1a Land

b Buildings

d Equipment

e Other

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	orm 990) 2009 The Shalom Foundation		95-4894733	Page
Part VII	Investments—Other Securities. See Form 99			
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
Emanarat dass	(including name of security)		Cost or end-of-year market	Value
Financial deriva Closely-held ed				
Other	quity interests			
		-		
		-		
T-1-1 (O-1	(h) must a surf Farm 000 Part V and (D) has 400	<u> </u>		
Part VIII	(b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. See Form 9			
Last Alti	(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(-,	(4, 223	Cost or end-of-year market	
	-			
				-
	· · · · · · · · · · · · · · · · · · ·			
Total (Column	(b) must equal Form 990, Part X, col (B) line 13)	.		
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description		(b)	Book value
-		,,, , , ,		
	· · · · · · · · · · · · · · · · · · ·			
				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities. See Form 990, Part X, line 2	25.		
1	(a) Description of liability	(b) Amount		
Federal income	taxes			
				
		-		
		 		
Total (Column	(b) must equal Form 990, Part X, col (B) line 25)			
	tnote in Part XIV, provide the text of the footnote to the organization		nts that reports the	
	ability for uncertain tax positions under FIN 48		·	

<u>Sche</u>	edule D (Florm 990) 2009 The Shalom Foundation	<u>95-489473</u>		Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial Staten	nents	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	946,974
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	602,136
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	344,838
4	Net unrealized gains (losses) on investments		4	-24
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	-24
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9	10	344,814
Pa	art XII Reconciliation of Revenue per Audited Financial State		turn	
1	Total revenue, gains, and other support per audited financial statements		1	962,950
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a -24		
b	Donated services and use of facilities	2b 16,000	1 1	
С	Recoveries of prior year grants	2c	1	
d		2d		
е	Add lines 2a through 2d		2e	15,976
3	Subtract line 2e from line 1		3	946,974
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[]		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-
b		4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	946,974
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses per f	Retur	
1	Total expenses and losses per audited financial statements		1	618,136
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a 16,000		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	16,000
3	Subtract line 2e from line 1		3	602,136
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		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	602,136
Pa	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	II, lines 1a and 4, Part IV, lines 1b		
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XI	II, lines 2d and 4b Also complete		
his p	part to provide any additional information			
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Sche	dule	D (F	orm	990	200	9	\mathbf{T}	he	S	ha	lo	m	Fo	un	da	ti	on								9	3 5-	48	94	73	3					Pa	ge 5
Pa	irt)	D (F KIV	S	ирр	len	nen	tal	Infe	orn	nati	ion	(co	ntır	nue	d)																					
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Schedule F (Form 990)

Part I

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990 ► See separate instructions.

General Information on Activities Outside the United States. Complete if the organization answered

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

The Shalom Foundation

Employer identification number 95-4894733

	"Yes" to Form 99	00, Part IV, line 14	b		
1 For grant			ords to substantiate the amount of the	e grants or	
assistanc	e, the grantees' eligibi	lity for the grants or as:	sistance, and the selection criteria us	ed to award	
the grants	s or assistance?				Yes X No
2 For grant	tmakere Describe in E	Part IV the organization	's procedures for monitoring the use	of grant funds outside the	
United St		art iv the organization	s procedures for monitoring the use	or grant runus outside the	
Office Of	ates				
3 Activities	per Region (Use Scho	edule F-1 (Form 990) if	additional space is needed)		
				<u> </u>	
(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e.,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
	region	agents in	fundraising, program services,	describe specific type of	region
		region	grants to recipients located in	service(s) in region	-
			the region)		
Central	America				
	1	. 1	Program	Education and Medica	
					<u> </u>
	-				
					-
••					
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otals 🕨	, 1	1		1	

P954894733

Schedule F (Form 990) 2009

Part II

The Shalom Foundation

95-4894733

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000 ▶ □ Use Schedule F-1 (Form 990) if additional space is needed

(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of cash	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation
l EIN ble)	,	grant	cash grant	disbursement	assistance	assistance	(book, FMV, appraisal, other)
	Central An	Support Services America	120,885	Wires			
							•

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities ო

Schedule F (Form 990) 2009

P954894733

art IV, line 16	(h) Method of valuation (book, FMV, appraisal, other)								7,5 	,	
.Yes" to Form 990, Pa	(g) Description of non-cash assistance			;							
nzation answered ·	(f) Amount of non-cash assistance										
Complete if the organ	(e) Manner of cash disbursement								-		
ne United States. eded	(d) Amount of cash grant										
Viduals Outside t Ional space is nec	(c) Number of recipients										
Istance to Indiv rm 990) if addit	(b) Region		:				-				
Part III Grants and Otner Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Use Schedule F-1 (Form 990) if additional space is needed	(a) Type of grant or assistance										

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds Independent audit is obtained from recipient.

Total

SCHEDULE G (Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number The Shalom Foundation 95-4894733 Fundraising Activities. Complete if the organization answered "Yes" to Form 990. Part IV. line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(i) Name of individual (IV) Gross receipts (v) Amount paid to (vi) Amount paid to (II) Activity raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in control of organization contributions' col (t) Yes No

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

9 Other direct expenses											
					-						
		summary Add lines 4 throu				▶ <u>k</u>					
		mary Combine line 3, colu				•					
P			anization answered "Y	es" to Form 990	, Part IV, line 19,	or repo	orted more	9			
	tnan \$1	5,000 on Form 990-E			T						
æ		(a) Bın	do I ''	ull tabs/instant	(c) Other gaming	,	(d) Total gar				
Revenue			birigo/p	rogressive bingo	 		col (a) throu	ign coi	(C))		
Re	4 0										
	1 Gross revenue										
"	2 Cash prizes										
Se	2 Gasii piizes				-						
Direct Expenses	3 Noncash prizes										
ω̂ π											
<u>1</u>	4 Rent/facility cos	ts									
۵											
	5 Other direct exp	enses									
		Yes	% Yes	%	Yes	%					
	6 Volunteer labor	No	No		No						
	7 Direct expense :	summary Add lines 2 throu	gh 5 in column (d)			▶ <u> </u>					
	8 Net gaming inco	ma summanı Cambina lin	o 1 column d and kno 7								
	o Net garning inco	ome summary Combine line	e i, columni d, and line /					L.	T		
9	Enter the state(s) in	which the organization ope	rates gaming activities					Yes	No		
a			activities in each of these sta	tes?			9a				
b		sensed to operate garming	activities in each of these sta	163			Ja		\vdash		
~	ii iio, Expieiii										
10a	Were any of the orga	anization's gaming licenses	revoked, suspended or term	inated during the tax	vear?		10a				
b			•	ŭ							
11	Does the organization	on operate gaming activities	with nonmembers?				11				
12	Is the organization a	grantor, beneficiary or trus	tee of a trust or a member of	a partnership or othe	er entity						
	formed to administe	r charitable gaming?					12				

Sche	edule G (Form 990 or 990-EZ) 2009 The Shalom Foundation	. (95-489473	33	Р	age 3
					Yes	No
13	Indicate the percentage of gaming activity operated in					
а	The organization's facility	13a	%			
b	An outside facility	13b	%			
14	Provide the name and address of the person who prepares the organization's gaming/special events books					
	and records					
	Name ►					
	Address ►					
15a	Does the organization have a contract with a third party from whom the organization receives gaming					
	revenue?			15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and th	ie			
	amount of gaming revenue retained by the third party ▶ \$					
С	If "Yes," enter name and address of the third party					
	Name ►					
	Address ►					
16	Gaming manager information					
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	Director/officer Employee Independent contractor					
17	Mandatory distributions					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?			17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent					
	in the organization's own exempt activities during the tax year ▶ \$					

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	The Shalo	om Fou	indation		95-48947.	33		
Pa	irt I Types of Property	 1		· · ·	<u> </u>			
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determinii revenues	ng		
1	Art—Works of art					-		
2	Art—Historical treasures							
3	Art—Fractional interests	<u> </u>						
4	Books and publications					_		
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,	-						
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles		·					
19	Food inventory	<u> </u>						
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts Scientific specimens							
23 24	Archeological artifacts							
25	Other ► (Med Equip/Supp)	X	6	93,832	Used equipment p	ric	ina	
26	Other > (Ned Equipy Supp)			33,032	osed equipment p	110.	1119	
27	Other ►(
28	Other ►(· · · · ·						
29	Number of Forms 8283 received by	the organiz	zation during the tax yea	r for contributions for				
	which the organization completed Fo	•	-		29			
			,	·	•		Yes	No
30a	During the year, did the organization	receive by	contribution any prope	ty reported in Part I, lines	1–28 that			
	it must hold for at least three years f	rom the da	te of the initial contribut	on, and which is not require	ed to be			
	used for exempt purposes for the en					30a		X
b	If "Yes," describe the arrangement in	n Part II						
31	Does the organization have a gift ac	ceptance p	oolicy that requires the re	eview of any non-standard				
	contributions?					31.	<u> </u>	X
32a	Does the organization hire or use the	rd parties	or related organizations	to solicit, process, or sell n	oncash	1		
	contributions?					32a		X
b	If "Yes," describe in Part II							
33	If the organization did not report reve	enues in co	olumn (c) for a type of pr	operty for which column (a) is checked,			
	describe in Part II							

Schedule M (Form 990) 2009

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33 Also complete this part for any additional information

SCHEDULE O

Department of the Treasury

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

Internal Revenue Service
Name of the organization

The Shalom Foundation

Employer identification number 95-4894733

Form 990 - Organization's Mission or Most Significant Activities

The primary purpose of the organization is to educate the public and to
assist with education, housing, health care and welfare for needy families
by providing humanitarian assistance to children and their families living
in extreme poverty.

Form 990, Part III, Line 4a - First Achievement

individuals and support organizations regarding the difficult circumstances of children in Guatemala. Over the past 11 years, the Shalom Foundation has provided an education sponsorship for more than 1,200 students making a great and lasting impact on a generation of acutely impoverished children.

Form 990, Part III, Line 4b - Second Achievement

and more. The Shalom Foundation has built more than 70 homes for acutely poor families placing them into secure, safe and sound homes, building their esteem and empowering them to become leaders. These families serve as lights of hope to their neighbors. Several generations are served and changed by home ownership as these homes are completed. Locally, hundred of volunteers lives have been changed.

Form 990, Part III, Line 4c - Third Achievement programs strategic objective to purchase and equip a modern surgical facility for use by teams all year in Guatemala to better serve these children at great financial savings. A facility was purchased in 2008 and is in the process of being remodeled and equipped. Specialized medical

Employer identification number 95-4894733

teams from the United States will use the surgery center throughout the year providing a continuity of care. Efforts are continuing to involve business leaders and medical professionals in the United States and Guatemala to share in the process of opening the facility and further education within the Guatemalan medical community to help fill the gaps in care to better meet the needs of the children in Guatemala.

Form 990, Part III, Line 4d - All Other Achievements

Nutrition: Through the nutrition program, a meal is provided each day to nearly 300 undernourished children and two dozen staff members at Shalom School, located in zone 18 of Guatemala City. The nourishing meals have allowed these children to catch up to their normal weight levels, to concentrate at school and enjoy a much improved daily life. Guatemala ranks third in the world for child stunting rates. Desperate hunger is part of life for many of these extremely poor children.

Form 990, Part V, Line 4b - Financial Accounts in Foreign Countries Guatemala

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Reviewed by governance committee prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Updates requested at each bi-monthly meeting.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Annual reviews and comparison with like organizations.

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
The Shalom Foundation	95-4894733

Form 990, Part VI, Line 15b - Compensation Process for Officers Annual reviews and comparison to like organizations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request made at organization's office.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

Attach to your tax return

OMB No 1545-0172

Attachment Sequence No 67

Identifying number Name(s) shown on return The Shalom Foundation 95-4894733 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (a) Classification of property placed in (e) Convention (q) Depreciation deduction (business/investment use period only-see instructions) 19a 3-year property 5-year property C 7-year property 10-year property 15-year property 20-year property S/L g 25-year property 25 yrs Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L ММ Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/I 40-year ММ S/L 40 yrs Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 428 22 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs 23 Form 4562 (2009)