

20-2136431

67-201012

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

Under section 501(c), 527, or 4047(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Supporting organizations of donor advised funds, organizations that operate one or more hospitals, and certain operating organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Department of the Treasury Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 2010, and ending 2010

Part B: Organization Information. B Employer identification number: 20-2136431. B Telephone number: 336-721-0606. C Name of organization: The Shalom Project Inc. 639 South Green Street, WINSTON SALEM NC 27101.

G Accounting Method: [X] Accrual [ ] Cash [ ] Other (specify) [ ]

J Tax-exempt status (check only one): [X] 501(c)(3) [ ] 501(c)( ) (insert no.) [ ] 4047(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required.

L Add lines 8b, 8c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 118,568.

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

Table with 21 rows and 3 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (49,174); 2 Program service revenue (68,892); 3 Membership dues and assessments; 4 Investment income (502); 5a-5d Revenue from assets; 6a-6d Gaining and fundraising events; 7a-7c Sales of inventory; 8 Other revenue; 9 Total revenue (118,568); 10-17 Expenses; 18 Excess or (deficit) for the year (77,084); 19-21 Net assets or fund balances.

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For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2010)

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Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule C to respond to any question in this Part II

Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Serve the needs of West Salem. Describe what was achieved in carrying out the organization's exempt purposes.

Expenses (Required for section 501(c)(2) and 501(c)(29) organizations and section 4947(b)(1) trusts operated for others.)

Table listing program services with columns for description, amount, and expense. Rows include Clothing Closet, Food Pantry, Welcome Table, and Other program services.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated.

Check if the organization used Schedule O to respond to any question in this Part IV

Table with columns: (a) Name and address, (b) Title & average hours per week, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account and other allowances. Lists individuals like Eileen Ayuson, Rabbi Josh Brown, etc.

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

Check if the organization used Schedule O to respond to any question in this Part V.

Form 990-EZ (2010) questions 33-44d regarding organizational activities, financials, and compliance. Includes questions about Schedule O, significant changes, business income, loans, and tax-exempt interest.

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46 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  Yes  No

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ..... 46a  Yes  No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I ..... 46  Yes  No

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ..... 47  Yes  No

48 Is the organization a school as described in section 170(b)(1)(F)(ii)? If "Yes," complete Schedule E..... 48  Yes  No

48a Did the organization make any transfers to an exempt non-charitable related organization? ..... 48a  Yes  No

b If "Yes," was the related organization a section 527 organization? ..... 48b  Yes  No

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

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances. All rows contain 'NONE'.

f Total number of other employees paid over \$100,000 ..... 0

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. All rows contain 'NONE'.

g Total number of other independent contractors each receiving over \$100,000 ..... 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A .....  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: K [Signature] Date: 05/16/2011. K [Signature] Executive Director

Preparer's info: Claudia L Shivers, Taxes By Claudia, 210 West 4th Street, WINSTON SALEM NC 27101-336-529-6018

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

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

Department of the Treasury Internal Revenue Service

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

Name of the organization

The Shalom Project Inc

Employer identification number

20-2136431

Part I 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).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state.
5 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).
7 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)(vii). (Complete Part II.)
9 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).
11 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.
a Type I b Type II c Type III - Functionally Integrated d Type III - Other
e 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).
f 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.
g 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) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing documents?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Rows (A) through (E) and Total.

Total For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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The Shalom Project Inc

20-2136431

Schedule A (Form 990 or 990-EZ) 2010

Page 3

**Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			43683.	122411.	86672.	252766.
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						
6 Total. Add lines 1 through 5			43683.	122411.	86672.	252766.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						252766.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 8			43683.	122411.	86672.	252766.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 losses) from businesses acquired after June 30, 1975						
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, 10a, 11, and 12.)			43683.	122411.	86672.	252766.
14 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	100.00 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00 %

- 19a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 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
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2010

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**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental information to Form 990**  
Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**The Shalom Project Inc**

Employer identification number  
**20-2136431**

**Page 2 Part II - Balance Sheet**

**Liabilities - Payroll Liabilities**

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

Schedule O (Form 990) 2010

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US 990

Main Information Sheet

2010

For calendar year 2010 or tax year beginning and ending

Name: The Shelom Project Inc EIN: 20-2136431
Address: 639 South Green Street Telephone No: 336-721-0606
City, State, and Zip Code: WINSTON SALEM NC 27101-

Email address, Web site address, Fiduciary name, Name of officer signing return: Robert A. Lott, Bell Executive Director
Group exemption number, Check if exemption application is pending, Accounting method: Accrual, (List states desired)

Type of exempt organization:

- Organization exempt under section 501(c), 527 or 4047(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)
Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)
Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)
Exempt organization with unrelated business income (Form 990-T)

Preparer ID: 1
Preparer name: Claudia L Shivers
Preparer SSN: 237-41-3249
Firm's name: Taxes By Claudia
Address: 210 West 4th Street
City, State, ZIP Code: WINSTON SALEM NC 27101-

Time in this return: 140 minutes
Date: 05/16/2011
PTIN: P01386822
Self-employed:
Firm's EIN: 04-3160789
Phone: 336-529-6018

Preparer notes These notes will print and prepare,

Preparer's use fields

1 2 3
4 5 6