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SCANNED MAR I 1 2010,

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2008
Open to Public Inspection

OMB No 1545-0047

Á	For the	e 2008 cale	endar year, or tax year beginning and endir	ng					
В	Check if applicable		C Name of organization		D Employer identific	cation number			
	Addre	sa labelor	SHEPHERDS FOUNDATION, INC						
Ē	Nome Chang	type	Doing Business As		20-1344722				
	Initial return	See	Number and street (or P O box if mail is not delivered to street address) Room	n/suite	E Telephone number	,			
	Ternal atlon	n- Specific   Instruc-	1805 FIFTEENTH AVENUE		(262	<del></del>			
	Amen	1 1 1	City or town, state or country, and ZIP + 4		G Gross receipts \$	6,530,435.			
	Application pendi	C8-	UNION GROVE, WI 53182		H(a) is this a group re				
	penui	FNam	e and address of principal officer;DR. WILLIAM AMSTUTZ		for affiliates?	Yes X No			
_			E AS C ABOVE		H(b) Are all affiliates inc				
I Tax-exempt status: X 501(c) (3 ) ◀ (Insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)  J Website: ► WWW . SHEPHERDSMINISTRIES.ORG H(c) Group exemption number ►									
_		te: ► WW\ organization			H(c) Group exemption	n number ► I State of legal domicile WI			
	art I	Summa		L Year	or formation, 2004 by	State of legal domicile 141			
	1		cribe the organization's mission or most significant activities: SUPPORT	TNG	ORGANIZATI	ON FOR			
& Governance	`		ERDS BAPTIST MINISTRIES						
Ĕ	2	Check this	box   If the organization discontinued its operations or disposed o	of more	than 25% of its assets	3			
ove.	3	Number of	voting members of the governing body (Part VI, line 1a)	. <u> </u>	3	10			
න න	4	Number of	independent voting members of the governing body (विद्या प्राज्ञां के) ग्राह्म	<b>3</b> .	. 4	10			
es	5	Total numb	per of employees (Part V, line 2a)	7-90	<u> 5</u> . ار	0			
Activities	6		ber of volunteers (estimate if necessary)	10	6	0			
٩ď	7a	Total gross	s unrelated business revenue from Part VIII, line (ஜல்புசுந்தி) 7 . 201(	O 13	ψ <sub>2</sub> · · · ·   <sup>7</sup> a	0.			
_	<u>b</u>	Net unrela	ted business taxable income from Form 990-T, line\$4		<u>CC   76  </u>	0.			
		O	h ( - 4, t	ا ر	Prior Year -9,672,906.	Current Year 6,523,086.			
ΞĒ	8 9		ons and grants (Part VIII, line 1h) ervice revenue (Part VIII, line 2g)		== 3,012,300.	0,323,000.			
Revenue	1 -	-	it income (Part VIII, column (A), lines 3, 4, and 7d)	-	13,677.	7,349.			
ĸ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1370111	1,347.			
	12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,686,583.	6,530,435.			
	13		d similar amounts paid (Part IX, column (A), lines 1-3)		4,458,541.	4,756,582.			
	14		aid to or for members (Part IX, column (A), line 4)						
S	15		ther compensation, employee benefits (Part IX, column (A), lines 5-10)		487,415.	419,069.			
ŠĽ	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)						
Expenses	b	Total fund	raising expenses (Part IX, column (D), line 25)  692,830.						
a)	17		enses (Part IX, column (A), lines 11a-11d, 11f-24f)	·	266,812.	273,761.			
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,212,768.	5,449,412.			
- 9	19	Revenue le	ess expenses. Subtract line 18 from line 12		4,473,815.	1,081,023.			
sets or	20	Total case	to (Part Y line 16)		Beginning of Year 5,113,319.	End of Year 5,764,272.			
ASSE	21		ts (Part X, line 16)	-	780,081.	728,092.			
Į.	22		s or fund balances. Subtract line 21 from line 20	• -	4,333,238.	5,036,180.			
P	art li		ture Block	• 1.	1/050/2005	3700071000			
<u></u>	<del></del>	Under penalt	tles of perjury, I declare that I have examined his return, including accompanying schedules and state to Declaration of preparer (other than officery's based on all information of which preparer has any kno	ements,	and to the best of my knowled	ge and belief, it is true, correct,			
		ario complet	to Designation of Repairer (office than office the based on all Information of which preparer has any kind	owieoge		_			
Sig	jn		mi Muly Am		2-1	510			
He	ro	1'	ature of office //		Date				
			KE LOWSTETUER TREASURER						
		+	or print name and little	Tot	and the second				
Pai	d	Preparer's	100 S COR 2.13.1	set	f- (seéina	er's Identifying number structions)			
P/H02/8/5/ 5						<del></del>			
Usi	Only	yours if self-employe	· · ·		EIN ►				
		address, and ZIP + 4	GREENWOOD, IN 46143		Phone no 🕨 (	317) 885-2620			
Ma	y the I		s this return with the preparer shown above? (see instructions)		1 mone no	X Yes No			
	001 12-		A For Privacy Act and Paperwork Reduction Act Notice, see the separa	ate ins	tructions	Form 990 (2008)			

	1 990 (2008)	SHEPHERDS FOU		20-13447	22 Page <b>2</b>
Рa	rt III Statement	of Program Service Acc	complishments (see Instructions)		
1		organization's mission. ORGANIZATION TO	SHEPHERDS BAPTIST MIN	ISTRIES, INC.	
2			am services during the year which were not lis		
	the prior Form 990 o	or 990-EZ? ese new services on Schedule (	D.		Yes X No
3		cease conducting, or make sign ese changes on Schedule O.	nificant changes in how it conducts, any progr	'am services?	Yes X No
4	Section 501(c)(3) and	d 501(c)(4) organizations and se	h of the organization's three largest program section 4947(a)(1) trusts are required to report the ue, if any, for each program service reported.		
4a	(Code <sup>-</sup> TO SUPPORT		,582. Including grants of \$ 4,756, SHEPHERDS BAPTIST MIN		0.
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	
4c	(Code.	) (Expenses \$	including grants of \$	) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
4d	Other program service (Expenses \$	ces (Describe in Schedule O.)	to of C	,	
40		including grant	756 - 582 - /Must equal Part IX Line 25	S. column (PL)	

Form **990** (2008)

Form 990 (2008) SHEPHERDS FOUNDATION, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	It "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	A_
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	_8_		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u>X</u>	<del></del>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		٠,	•
40	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	<u>X</u>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was		v	
13	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII  Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12	X	х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
~	and an article and the second	14b		x
15	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	140		1
	located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10	-	
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 57 if "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b></b>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			١,,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			۱,,
ne.	prior year? If "Yes," complete Schedule L, Part I	26b		<u> X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
41	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	0-		v
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	L	<u>X</u>

Form 990 (2008) SHEPHERDS FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee or key employee:	,		1.77
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an	1800		
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	2000	.,	ľ.,
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
þ	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	ļ
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	_		
	If "Yes," complete Schedule R, Part V, Ilne 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х

Form 990 (2008)

Form	990 (2008) SHEPHERDS FOUNDATION, INC 20-	1344722	Р	age 5
Par				<u> </u>
Eri-Tail	- Company of the comp		V	
4-	Catacatha assertant la Day 2 of Carre 1006, Applied Cummers and Transmitted of	F	Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	<u>,</u> }₹€_1	2: 4	11. 1
	U.S. Information Returns. Enter ·0· if not applicable	<del></del>	, '	1 3
	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable	<u>~~</u> ₩.53		100
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	100	177	1.42
	(gambling) winnings to prize winners?	<u>1c</u>		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 31 1		1777
	filed for the calendar year ending with or within the year covered by this return	0) 🧢 🖫		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b		l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			T.,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	r •	Х
	if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-	<b></b>	<b></b>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a	ļ	Х
h	If "Yes," enter the name of the foreign country:		77777	<del>lais</del>
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and	*\.\\	/ Č	12.
		121	Sa.	47
_	Financial Accounts	1.37%		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a_</u>	ļ	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	Х
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibit	ed	}	
	Tax Shelter Transaction?	. <u>5c</u>		↓
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).	7 7	15.73	G. 7
а	Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75?	7a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		X
а	If "Yes," indicate the number of Forms 8282 filed during the year 7d	· ·   <del>// 5</del> -	سفمظ	1
		<del></del>  ₹ <u>;;;</u>	200	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	14.00		10
	benefit contract?	<u>7e</u>	<del> </del> -	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>. 7f</u>		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79_		├
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	ļ	J
8	Section 601(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	130	k	1 77
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have	. 1	·~ 3	1.77
	excess business holdings at any time during the year?	/A 8	ļ.,,,,,,,	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	1.50	18°.	7.
а	Did the organization make any taxable distributions under section 4966?	/A 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	/A . 9b		
10	Section 501(c)(7) organizations. Enter. N/A	- 147 · 3	,	
а	Initiation fees and capital contributions included on Part VIII, line 12		[ " · "	1 44
	Gross receipts, Included on Form 990, Part VIII, line 12, for public use of club facilities		[ ~ 's	₽ĕ
11	Section 501(c)(12) organizations. Enter: N/A		نين با	
		0#8		$\mathcal{C}^{"}$
a _	Gross income from members or shareholders			
Ь		30 J		1200
4-	amounts due or received from them.)		Pin w	1.30
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1. 777	ļ,,
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year N/A 12b	7 v		

Form 990 (2008) SHEPHERDS FOUNDATION, INC 20-1344722 Pa

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

describe in Schedule O the process, if any, the organization uses to review the Form 990 10 X 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's melling address? // "Yes," provide the names and addresses in Schedule O 11 X 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<b>26</b> C	tion A. Governing Body and Management			
processes, or changes in Schedule O. See instructions.  Enter the number of voting members that are independent  Enter the number of voting members that are independent  Officer, director, fruites, or key employee?  Did any officer, director, fruites, or key employee?  Did any officer, director, fruites, or key employee and officer, directors or trustees, or key employee or a management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employee or a management company or other person?  Did the organization have marked unity significant changes to its organization above the person?  Did the organization have members or stockholdors?  Did the organization have members or stockholdors?  Does the organization have members or stockholdors?  Did the organization have members or stockholdors?  A way of decisions of the governing body subject to approval by members, stockholdors, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  B a way of decisions of the governing body subject to approval by members, stockholdors, or other persons?  The governing body?  B a way of decisions of the governing body subject to approval by members, stockholdors, or other persons?  The governing body?  B a way of decisions of the governing body and the governing body?  B a way of decisions of the governing body?  B a way of decisions of the governing body?  B a way of decisions of the governing body?  B a way of the form 990 provided to the organization?  D a way a copy of the form 990 provided to the organization becomes the form 990.  D a way of the form 990 provided to the organization will be governing body before it was flied? All organization must deserted by the governing body will be governing body will be governing body will be governed by the governing body will be governing body will be governing body by the form 990 provided to the organization will be			محمسا	Yes	No
16 Enter the number of voting members of the governing body 2 Did any officer, director, trustees, or key amployee have a family relationship or a business rolationship with any other officer, director, trustees, or key amployees have a family relationship or a business rolationship with any other officer, director, trustees, or key amployees to a management device outcoment of the control over management devices outcoment of the control over management devices outcoment of the control over management devices outcoment of the programment of the organization name and septiment of the organization and the programment of the organization and the programment of the programment of the organization of the programment of the programment of the organization have members, stockholders, or other persons who many elect one or more members of the governing body?  5 Does the organization have members, stockholders, or other persons who many elect one or more members of the governing body?  6 Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7 Does the organization contemporaneously document the meetings held or written ections undertaken curing the year by the following?  8 Does the organization have local chaptors, branches, or affiliates?  9 Does the organization have written policies and procedures governing the activities of such chaptors, affiliates, and branches to ensure their operations are consistent with those of the organization and the process of the organization have written policies and procedures governing body?  10 Was a copy of the Form \$90 provided to the organization of the organization and the process of the organization have a written organization are organization and provided to the organization have a written organization and enforce compliance with Form \$90\$ the organization regularly and consistent the minimum pro		·		213	
b. Enter the number of voting members that are independent  Did any officer, director, trustes, or key employee have a family relationship or a business rolationship with any other officer, director, trustes, or key employee?  3 Did the organization delegate control over management dules customarily performed by or under the direct supervision of littleres, directors or trustees, or key employees to a management company or other person?  4 Did the organization have make any suprificant changes to its organization company or other person?  5 Did the organization have make during the year of a material development of the organization have members or stockholdors?  6 Does the organization have members, stockholdors?  7 Does the organization have members, stockholdors, or other persons who may alect one or more members of the organization have members, stockholdors, or other persons who may alect one or more members of the organization have members, stockholdors, or other persons who may alect one or more members of the organization have members, stockholdors, or other persons?  5 Deas the organization have business of the organization have members of the poverning body?  6 Each committee with authority to act on behalf of the governing body?  7 The operating body?  8 Each committee with authority to act on behalf of the governing body?  8 The operating body?  8 The operating body?  8 The operating body?  8 The operating body?  9 The operating body?  9 The operating body?  9 The operating body before it was filled? All organizations must describe in Schedule O the progenization 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?  9 Was a copy of the Form 990 provided to the organization?  9 The operation of the organization have a written policies and procedures governing body before it was filled? All organizations must describe in Schedule O the process, if any, the organization organiza				14.74	, J
2 Did the organization delegate control over management duties outstomarily performed by or under the direct supervision of officer, director, trustee, or key employee to a management company or other person?  3 Did the organization delegate control over management duties outstomarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 X  5 Did the organization become aware during the year of a material diversion of the organization's assets?  5 Does the organization have members or stockholdors?  6 Does the organization have members, stockholdors?  7 Does the organization have members, stockholdors, or other porsons who may elact one or more members of the governing body?  8 Did the organization have members, stockholdors, or other porsons who may elact one or more members of the governing body?  9 Does the organization have members, stockholdors, or other porsons who may elact one or more members of the governing body?  9 Does the organization have income the meetings held or written actions undertaken during the year by the following:  10 Did the organization have local chapters, branches, or affiliation?  11 Did the organization have local chapters, branches, or affiliation?  12 Did the organization have local chapters, branches, or affiliation?  13 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 portanization?  13 Was a copy of the Form 990 provided to the arganization flows the policies of the portanization?  14 Was a copy of the Form 990 provided to the arganization by depote the policy of the Form 990 provided to the arganization by the form 990 provided to the arganization by the form 990 provided to the arganization by the form 990 provided to the organization of the deliberation and decision:  15 Does the organization have a written conflict of interest policy? If No., 190 t	1e				$\sim$
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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:  The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization?  Describe the process in Schedule O. (see Instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  15	13	Does the organization have a written whistleblower policy?	13		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  a The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)  lide the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 filled WI  Soction 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 X Another's website X Upon request  19 Describe in Schedule O whother (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  MICHAEL LOWSTETTER — 262—878—5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182	14	Does the organization have a written document retention and destruction policy?	. 14	X	
a The organization's CEO, Executive Director, or top management official?  b Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  Ust the states with which a copy of this Form 990 is required to be filed ▶WI  Soction 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 X Another's website X Upon request  Describe in Schedule O whother (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶  MICHAEL LOWSTETTER - 262-878-5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182	15	Did the process for determining compensation of the following persons include a review and approval by independent	100		,
b Other officers or key employees of the organization?  Describe the process in Schedule O. (see Instructions)  Did the organization Invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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  List the states with which a copy of this Form 990 is required to be filled ▶WI  Soction 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 X Another's website X Upon request  19 Describe in Schedule O whother (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶  MICHAEL LOWSTETTER - 262-878-5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182		persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	- 12. L		17 15
Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 filled WI  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.  Describe in Schedule O whother (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.  MICHAEL LOWSTETTER - 262-878-5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182	a	The organization's CEO, Executive Director, or top management official?	15a		<u>X</u>
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?  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 ▶WI  18 Soction 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 X Another's website X Upon request  19 Describe in Schedule O whother (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. ▶ MICHAEL LOWSTETTER - 262-878-5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182	þ	Other officers or key employees of the organization?	15b	ļ.,	X
taxable entity during the year?  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 ►WI  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.  □ Own website X Another's website X Upon request  19 Describe in Schedule O whother (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. ►  MICHAEL LOWSTETTER - 262-878-5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182		·	1338	!/~·:(s	
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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 ► WI  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.  □ Own website X Another's website X Upon request  19 Describe in Schedule O whother (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. ►  MICHAEL LOWSTETTER - 262-878-5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182		taxable entity during the year?	16a		X
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 ►WI  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.  □ Own website X Another's website X Upon request  19 Describe in Schedule O whother (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. ►  MICHAEL LOWSTETTER - 262-878-5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182	þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	123	M.	
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶WI  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.  □ Own website X Another's website X Upon request  19 Describe in Schedule O whother (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. ▶  MICHAEL LOWSTETTER - 262-878-5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182		in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		100	14.23
17 List the states with which a copy of this Form 990 is required to be filed ►WI  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply.  □ Own website X Another's website X Upon request  19 Describe in Schedule O whother (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. ►  MICHAEL LOWSTETTER - 262-878-5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182		exempt status with respect to such arrangements?	16b		
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 ☐ X Another's website ☐ Upon request  Describe in Schedule O whother (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  MICHAEL LOWSTETTER - 262-878-5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182	Sec	tion C. Disclosure			
public Inspection. Indicate how you make these available Check all that apply.  Own website X Another's website X Upon request  Describe in Schedule O whother (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  MICHAEL LOWSTETTER − 262−878−5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182	17	List the states with which a copy of this Form 990 is required to be filed ►WI			
Own website	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	le for		
<ul> <li>Describe in Schedule O whother (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► MICHAEL LOWSTETTER - 262-878-5620</li> <li>1805 FIFTEENTH AVE., UNION GROVE, WI 53182</li> </ul>		• • • • • • • • • • • • • • • • • • • •			
statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  MICHAEL LOWSTETTER - 262-878-5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182		Own website X Another's website X Upon request			
statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  MICHAEL LOWSTETTER - 262-878-5620  1805 FIFTEENTH AVE., UNION GROVE, WI 53182	19				
MICHAEL LOWSTETTER - 262-878-5620 1805 FIFTEENTH AVE., UNION GROVE, WI 53182		·	and fina	incial	
MICHAEL LOWSTETTER - 262-878-5620 1805 FIFTEENTH AVE., UNION GROVE, WI 53182		Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	incial	
		Describe in Schedule O whother (and if so, how), the organization makes its governing documents, conflict of interest policy, statements available to the public			
P/19/N/S		Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organical MICHAEL LOWSTETTER - 262-878-5620			

## 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. 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, and current key employees. Enter  $\cdot 0$  in columns (D), (E), and (F) if no compensation was paid.
- 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.

lou at apping at the proof of t	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	from the organization	from related organizations	other compensation from the
	the organizations organization (W-2/1099-MISC)		organization and related organizations
	0.	0.	0.
	0.	105,060.	2,101.
_   -			
	0.	0.	0.
	0.	0.	
-	0.	· ·	0,
_   .	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
	0.	0.	0.
		n	0.
	<u> </u>	0.	<u></u>
	0.	0.	0.
	1	1	1
		0.	0. 0.

Rart VII   Section A. Officers, Director	t	mplo	уөе			High	est					
(A)	(B)			(C	-			(D)	(E)	(F)		
Name and title	Average hours	(ct		Posi all 1		арр	ly)	Reportable compensation	Reportable compensation	on amount of		
	per week	Individual trustee or director	Institutional frustee	Officer	Кеу епфіоуве	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-Mis	s compensation		
						_	   					
									105 0	60 0 101		
Total     Total number of individuals (including compensation from the organization	those in 1a) who re	celve	ed m	ore	tha	n \$1	00,	0 • 0000 in reportable	105,0	. ▶ 0		
3 Did the organization list any former of line 1a? If "Yes," complete Schedule	J for such individual	٠		-						Yes No		
<ul> <li>For any individual listed on line 1a, is and related organizations greater that</li> <li>Did any person listed on line 1a received.</li> </ul>	n \$150,000? If "Yes	," co	mple	ete S	Sche	eduk	θJį	for such individual .		. 4 X		
the organization? If "Yes," complete 5 Section B. Independent Contractors	Schedule J for such	pers	on		•	•	<u></u>			6 X		
Complete this table for your five higher the organization NONE	est compensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of con	npensation from		
(A Name and bus								(B) Description of s	services	(C) Compensation		
			-									
Total number of Independent contract		e in 1	l) wh	no re	eceh	ved	mor	re than \$100,000 in com	pensation			
from the organization	0									1. N. 17 (1. 14. 14. 14. 14. 14. 14. 14. 14. 14. 1		

	n 990	20-1344	722 Page 9			
Pa	rt VI	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Program Service   Contributions, gifts, grants   Revenue   and other similar amounts	1 e		6,523,086.			513, or 514
Progr	f	All other program service revenue		, ar 16 , 17 , 7		Y 2 2 3 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
:	3 4 5	Investment Income (including dividends, Interest, and other similar amounts)	7,349.			7,349.
	6 a	Gross Rents Less: rental expenses				
	l l	Gross amount from sales of assets other than inventory Less' cost or other basis and sales expenses Gain or (foss)				
Other Revenue	8 a	Net gain or (loss)  Gross income from fundralsing events (not including \$ of contributions reported on line 1c). See  Part IV, line 18 a Less. direct expenses b				
	9 i	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses b				
	10 a	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  Less cost of goods sold  Net income or (loss) from sales of inventory				
	11 a	Miscellaneous Revenue Business Code		XONON TO A G	COCHORES	
8320 02-0	12	Total. Add ilnes 11a-11d	6,530,435.	0.	0.	7,349. Form <b>990</b> (2008)

Form 990 (2008) SHEPHERDS FOUNDATION, INC
Part IX Statement of Functional Expenses

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

	All other organizations must comp	lete column (A) but are	not required to compl	ete columns (B), (C), an	ed (D),
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,756,582.	4,756,582.		
2	Grants and other assistance to individuals in			wayi awa	
3	the U.S. See Part IV, line 22				
3	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			5 x x 26 m 3 x x x x	**************************************
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)	201 720			201 720
7	Other salaries and wages	301,730.	····		301,730.
8	Pension plan contributions (include section 401(k)	/ 101			4 101
9	and section 403(b) employer contributions)  Other employee benefits	4,191. 100,577.	<del></del>		4,191. 100,577.
10	Payroll taxes	12,571.	<del> </del>		12,571.
11	Fees for services (non-employees):	12/5/11			12,3/1.
''a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17			20 at 1 at 2	
f	Investment management fees				
9	Other				
12	Advertising and promotion		·	*	
13	Office expenses	89,694.			89,694.
14	Information technology				
15	Royalties	25 464			05 464
16	Occupancy	25,464. 68,029.			25,464.
17	Travel	00,029.			68,029.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials  Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,777.			2,777.
24	Other expenses Itemize expenses not covered	2	12 m 25 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2	V. (1. (1	
	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total			) (**Y./././	
	expenses shown on line 25 below.)	N Santa			1220251111
а	PROFESSIONAL SERVICES	71,405.			71,405.
þ	OTHER OPERATING EXPENSE	16,392.			16,392.
C			·		
d					
0			•-		
or.	All other expenses	E 440 410	A 756 500		602 026
25	Total functional expenses. Add lines 1 through 241	5,449,412.	4,756,582.	0.	692,830.
26	Joint Costs. Check here ► if following  SOP 98-2 Complete this line only if the organization	į			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,158,385.	3	1,252,219.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L.		5	
ļ	6	Receivables from other disqualified persons (as defined under section	2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	750	100 - 100 -
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		12%	
į		Part II of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
٩	9	Prepaid expenses and deferred charges		9	
	10a	Land, bulldings, and equipment: cost basis 10a		[ " ]	
	b	Less accumulated depreciation. Complete		1.5%	
		Part VI of Schedule D		10c	
	11	Investments · publicly traded securities	350,000.	11	269,800.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets ,		14	
	15	Other assets. See Part IV, line 11	3,604,934.		4,242,253. 5,764,272.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,113,319.	16	5,764,272.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
83	21	Escrow account liability Complete Part IV of Schedule D	·····y······	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		, ,	
iat		highest compensated employees, and disqualified persons. Complete Part II	F. 22. (*********************************		
-		of Schedule L		22	<u> </u>
	23	Secured mortgages and notes payable to unrelated third parties		23	
i	24	Unsecured notes and loans payable	700 001	24	700 000
	25	Other liabilities Complete Part X of Schedule D	780,081.		728,092.
	26	Total liabilities. Add lines 17 through 25	780,081.	26	728,092.
		Organizations that follow SFAS 117, check here   X and complete	10/2 Color 6	12	
Balances	07	lines 27 through 29, and lines 33 and 34.	769,907.		696,900.
lan	27	Unrestricted net assets	3,313,331.	1	4,089,280.
	28 29	Temporarily restricted net assets	250,000.	28	250,000.
Dun	28	Permanently restricted net assets	230,000.	29	230,000.
Ē		Organizations that do not follow SFAS 117, check here		\$ (j.	
ts o	30	complete lines 30 through 34.  Capital stock or trust principal, or current funds	\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	30	Part Si Bank Sh
Net Assets or Fund	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	T-A L A A A A A A A A A A A A A A A A A A	4,333,238.		5,036,180.
	34	Total flabilities and net assets/fund balances	5,113,319.	34	5,764,272.
Pai	t XI	Financial Statements and Reporting	3/113/317.	1 04	3/101/212.
ستنسا	7 72 77	The mander of th			Yes No
1	Acco	ounting method used to prepare the Form 990: Cash X Accrual	Other		
2a		the organization's financial statements compiled or reviewed by an independent			2a X
b Were the organization's financial statements audited by an independent accountant?					
		es' to lines 2a or 2b, does the organization have a committee that assumes respo	nsibility for oversight of the	e audi	· · · · · · · · · · · · · · · · · · ·
_		w, or compilation of its financial statements and selection of an independent acco		- 4041	2c X
3a		result of a federal award, was the organization required to undergo an audit or au		uke Au	· · · · · · · · · · · · · · · · · · ·
		and OMB Circular A-133?	and the second second second		3a X
b		es, did the organization undergo the required audit or audits?		•	3ь
	1 12-18				Form <b>990</b> (2008)

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

Department of the Treasury

internal Revenue Service

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

\_\_\_\_\_

SHEPHERDS FOUNDATION, INC

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Employer identification number 20-1344722

Schedule A (Form 990 or 990-EZ) 2008

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) (see Inst	tructions)		
The organ	ization is not a	private foundation	because It Is. (Please ch	eck only o	ne organiz	ation)				
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)			
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)						
3	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)	( <b>A</b> )(iii). (Att	ach Sche	dule H.)	
4	A medical res	search organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	II). Enter th	e hospital's name.
	city, and state	-	·							, ,
5 🗀			benefit of a college or un	niversity ov	vned or or	erated by	a govern	nental uni	t describe	d in
	-	(b)(1)(A)(iv). (Comple		,	•	•	•			
6 🗀			ent or governmental unit	t described	d in sectio	n 170(b)(1	MANON.			
7			elves a substantial part					r from the	general o	ublic described in
- —	-	b)(1)(A)(vi). (Comple	·			<b>3</b> 0.10			gono, ai p	
в 🗀			ection 170(b)(1)(A)(vi). (	(Complete	Part II \					
9 🗔			eives: (1) more than 33 1	•	•	rom contri	butlons m	embersh	n fees an	d aross receipts from
• —	•	•	nctions - subject to certa		• •		-		-	
		•	axable income (less sect			•			• •	•
		509(a)(2). (Complete			λγ 11 O I II O O	J.,,00000 (	10q0110 <b>0</b> 0	, ind Orge	anication a	101 00110 00, 1070.
10 🔲			perated exclusively to te	st for publ	ic safety 5	See sectio	n 509(a)(4	I). (see ins	structions)	
11 X	_		perated exclusively for th	-	•				-	ournoses of one or
	_		ations described in section		•					•
			organization and comple		•		., 000 000	, , , , , , , , , , , , , , , , , , , ,	(0)(0). 0/10	ok the box that
	a X Type I	· · · · · · · · · · · · · · · · · · ·	¬ *		e III • Func		tegrated		d $\square$	Type III - Other
е 🗀	• •		it the organization is not			•	-	r more dis		• •
٠			han one or more publich			-				
f		_	ten determination from t		-				0(4)(1) 01 0	0011011 000 (a)(2).
•		rganization, check ti				pc 1, 13pc	11, Of 1, ypc	, III		
•		-	organization accepted ar	· ···	 ontribution	from any	of the folk	 owlna ner	enne?	, ,, .,
9	· ·		lirectly controls, either al			•				Yes No
	•	-	upported organization?	-	ctioi with	porsons	203011000	in the and	(III) DOION,	11g(ı) X
			n described in (i) above?						• •	11g(ii) X
		•	person described in (i) o							11g(iii) X
h		- <u>-</u>	about the organizations	• •		oporte		*** ** *		[118[iii]]   12
•	Flovide the h	Onowing information	about the organizations	i ille organ	iizalion suj	oports.				
//> Alama		(IA) CINI	(iii) Type of	(ly) is the o	organization	(v) Did vo	notify the	(vi) t	sthe	(-10) AA4
	of supported anization	(h) EIN	organization		sted in your			(vi) I: organizati	on in col	(vli) Amount of support
Oig	umeation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(I) organi	3 ?	Support
			(see instructions))	Yes	No	Yes	No	Yes	No	
SHEPH	ERDS	·								<del></del>
		39-0988997	11A	x		x	1	x	l i	4,756,582.
	<del></del>		<del></del>							
				}	Ì			1		
				<del> </del>	<del> </del>		<del>                                     </del>	<del>                                     </del>	<del>  -</del>	
				ļ				Ì		
						<b></b>		<del>                                     </del>	† †	• • • • • • • • • • • • • • • • • • • •
					1				]	
		77 77 70 7	10 <sup>3</sup> 0 30 0 0 70 000	<del>                                     </del>	100 97	3,,	<b></b>			
Total		million is			<b>*</b>		(3.80)	k <sup>og 2</sup> -	平二十	4,756,582.
· Utal		1	<u> 108   1 C. C. C </u>	$x_0 \sim x_0$	1	T, , 01/A	Korionan aran	1. 6 . 50	1	1110010020

	irt II Support Schedule for (Complete only If you checke				(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)	Page 2
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levled 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 • 3						
5	The permanent of the continuous of the		>				
	by each person (other than a	20.00	[max] [max]				
	governmental unit or publicly	" N N N N N N N N N N N N N N N N N N N	2 m 2 m (2)	177 3 3 7 7 7 3	W. Carlotte	1.6. Or 21.	
	supported organization) included		ming to the con-				
	on line 1 that exceeds 2% of the amount shown on line 11,			Krtijā i		R 33.4977	
	column (f)		1 3 1 W 1 W 1				
6	Public Support. Subtract line 5 from line 4	22 25	<b>ڹ</b> ۺۺڹۺۺ؞ؚؗ؞؞ؙ؞؞؊	(3) 10 5.49978787	manimula da illada d		
			4	Server a server of the	tero'ore	T	
Se	ction B. Total Support	<u> </u>	***************************************	<u> </u>		<del>1</del>	
	ction B. Total Support endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(1) Total
Cal		(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cal	endar year (or fiscal year beginning in)  Amounts from line 4	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cal	endar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2004	(ь) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cal 7 8	endar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cal	endar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cal 7 8	endar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . Net income from unrelated business activities, whether or not the	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cal 7 8	endar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cal 7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other Income. Do not include gain	(a) 2004	<b>(b)</b> 2005	(e) 2006	(d) 2007	(e) 2008	(f) Total
Cal 7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gal 7 8 9 10	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	(a) 2004		(c) 2006	(d) 2007		(f) Total
Cal 7 8 9 10 11	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10			(c) 2006	(d) 2007		(f) Total
Cal 7 8 9 10 11 12	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities	etc. (see Instructi	ons) .			12	(f) Total
Cal 7 8 9 10 11	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities. First five years. If the Form 990 is for	etc. (see instructi	ons) .			12	(f) Total
Cal 7 8 9 10 11 12 13	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is fo	etc. (see instruction the organization)	ons) s first, second, thir			12	(f) Total
9 10 11 12 13 Se	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities. First five years. If the Form 990 is for	, etc. (see instructi r the organization' o here ic Support Pe	ons) . s first, second, this	d, fourth, or fifth te		12	. ▶ □

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14			,
15	Public support percentage from 2007 Schedule A, Part IV-A, Ilne 26f	15			,
16a	33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	nore, d	check this box and		
	stop here. The organization qualifies as a publicly supported organization				
k	o 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or m	ore, check this box		
	and stop here. The organization qualifies as a publicly supported organization			<b></b>	J
17a	10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, a	and IIr	ne 14 ls 10% or more,		
	and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Pal				
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		•		Ì
	10% foots and aircumstances test. 2007 If the arguments will be taken to be a live of 40, 40, 40, 40, 40, 40, 40, 40, 40, 40,				•

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990 EZ) 2008	Page 3
Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the bo	ox on line 9 of Part I)

Sec	tion A. Public Support			·			
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and		·	İ	İ		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-				<u> </u>		
	Ization's benefit and either paid to			i			
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			1			
6	Total. Add lines 1 - 5				1		
	Amounts included on lines 1, 2, and			<del></del>	·		····
	3 received from disqualified persons				1		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b , , , , ,						
8	Public support (Subtract line 7c from fine 6)	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	k * / * * * *	4 50/2/55		
	ction B. Total Support					<u> </u>	
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
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 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  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						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	025.7.5	· /	1/3/2/5	همت د شدنتیان	Walker Calebrate	
14	First five years. If the Form 990 is for	r the organization's	s first, second, th	<del></del>	tax year as a secti-	on 501(c)(3) organiz	etion
	check this box and stop here	o.gomzanon	,,o.,, oooo,(a, (i)		ian jour as a soull	on our logor organiz	<b></b>
Sec	ction C. Computation of Publ	lc Support Pe	rcentage	<del>· · · · · · · · · · · · · · · · · · · </del>	<del></del>	· · · · ·	<u> </u>
15	Public support percentage for 2008 (			aduma M		15	
16	Public support percentage from 2007					16	%
	ction D. Computation of Inve				<del> </del>	110	%
						Tan 1	
	Investment income percentage for 20					17	%
18	Investment income percentage from				•	18	
19a	33 1/3% support tests - 2008. If the						7 Is not
	more than 33 1/3%, check this box a		-		• • •		. ▶∟
b	33 1/3% support tests - 2007. If the						and
_	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation If the organization	n did not check a	box on line 14, 1	9a, or 19b, check			▶□
					Sc	hedule A (Form 99)	0 or 990-EZ) 2008

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

SHEPHERDS FOUNDATION, INC.

Employer identification number 20-1344722

Pa	Organizations Maintaining Donor Advise organization answered 'Yes' to Form 990, Part IV, line		ds or Accounts. Complete if the
_	organization answered Tes to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Aggregate contributions to (during year)		
	Aggregate contributions to (during year)  Aggregate grants from (during year)		
3 4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	witing that the assets held in donor ad	used funds
•	are the organization's property, subject to the organization's	•	Yes Yes
6	Did the organization inform all grantees, donors, and donor a	• ' ''	
•	for charitable purposes and not for the benefit of the donor of		. —
Рa	t [] Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	Preservation of land for public use (e.g., recreation or p		historically important land area
	Protection of natural habitat		tifled historic structure
	Preservation of open space	110001741101101101	inica meterio attactaro
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a co	onservation easement on the last day
_	of the tax year.		one of the last ally
			Held at the End of the Ye
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c			2c
d	Number of conservation easements included in (c) acquired	** * * * *	2d
3	Number of conservation easements modified, transferred, re	•	the organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		– . and
	enforcement of the conservation easements it holds?	<u> </u>	Yes 🔲
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the yea	ır 🏲
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year	- \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes T
9	In Part XIV, describe how the organization reports conservat	on easements in its revenue and exper	nse statement, and balance sheet, and
	Include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, Ilne 8	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	,	
	the footnote to its financial statements that describes these	·	
b	If the organization elected, as permitted under SFAS 116, to		ance sheet works of art, historical treasur
_	or other similar assets held for public exhibition, education, or	•	
	these items:	resocion in formoranos or public sorv	iso, provide the following amounts relating
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> @
	(ii) Appete to alreded to Force 000, Dood V		. • \$
	If the organization received or held works of art, historical tre		P P
2	- u ure vivanization received of ABIO WORKS OF ART. DISTORCALITA		COLONIA DIOVICIA
2			olai gairi, provido
	the following amounts required to be reported under SFAS 1	16 relating to these items.	<b>.</b> .
а	the following amounts required to be reported under SFAS 1	16 relating to these items.	

Sche	dule`D (Form 990) 2008 SHEPHER	DS FOUNDAT	ION,	INC			2	0-13	44722	Page 2
Par	till Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures,	or Othe				
3	Using the organization's accession and other	r records, check any	of the foll	owing that	are a signif	icant use	of its colle	ction ite	ms (check	all
	that apply):									
а	Public exhibition	d		an or exch	nange progr	ams				
b	Scholarly research	е	□ Ot	her						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organizati	ion's exe	mpt purpos	e in Part	XIV	
5	During the year, did the organization solicit o	r receive donations o	of art, hist	orical treas	sures, or oth	er simila	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiz	ation's co	llection?		·		Yes	No_
Par	t IV Trust, Escrow and Custodial		. Complet	e If organi	zation answ	ered "Ye	s" to Form	990, Par	t IV, line 9	, or
	reported an amount on Form 990, Par	rt X, lme 21.						<del></del>		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ntribution	s or other as	ssets not	Included			
	on Form 990, Part X?							🗀	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing tal	ole:						
									Amount	
	Beginning balance	••					1c			
	Additions during the year						1d			
9	Distributions during the year						. <u>1e</u>			
f	Ending balance						. 11			
	Did the organization include an amount on Fe		217 .					. L	」 Yes	L No
	If "Yes," explain the arrangement in Part XIV.						·····			
Par	tV Endowment Funds. Complete								<del></del>	
		(a) Current year	(b) Pric		(c) Two yea	rs back	(d) Three ye		(e) Four	years back
1a	Beginning of year balance	350,000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<i>ۺ</i> ۺۺۺۺ			<del>amministribt</del> , v r
ь	Contributions	0.	<u></u>	<u></u>	······			· · · · · · · · · · · · · · · ·	,	***************************************
c	Investment earnings or losses	<64,423.	<del>ب بن بن ج</del> ا			إنبسشت				
þ	Grants or scholarships	0.	غسونسيسة		······································		· · · · · · · · · · · · · · · · · · ·			
e	Other expenditures for facilities	-2 020			contrast ,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ولاكم	<i>"".</i> ",".	L 17 8950
_	and programs ,	<2,939.		ۻۺۺڹ	<del>***************</del>	***************************************	- 12			
1	Administrative expenses	0.		اسيخفيت		(10° )	,	~	؊ڛڛۺۺۿ	<u></u>
9	End of year balance	282,638.		1.19.	5. \$2.40 <u>}</u> }	<u>arrait</u>	<u> </u>	ا د عم	<u> </u>	<u></u>
2	Provide the estimated percentage of the year									
a	Board designated or quasi-endowment	.00	%							
b	Permanent endowment ► 70.00  Term endowment ► 30.00	%								
		<b>%</b>	_4! 4!4	11-1				- 41		
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are neid a	na aaministi	erea for t	ine organiza	ation	Γ.	<del>, T</del>
	by									Yes No X
	(i) unrelated organizations	•					• • •		3a(i)	X
L	(ii) related organizations  If "Yes" to 3a(ii), are the related organizations		ر. ساممیامی می	lo D2		•			3a(ii)	^
4	Describe in Part XIV the intended uses of the	•							36	
**********	rt VI Investments - Land, Building				Part X line	10				
£.E	Description of investment	(a) Cost or o			or other	T	Depreciation	,	(d) Book	value
	besorption of infostment	basis (investr			(other)	(0)	zepi eciatioi	' '	(u) Dook	ATIOG
16	Land	,,,,,,				0.8		<u> </u>	<del></del>	
	Buildings	·				***		~-		
	Leasehold Improvements	·					<del></del>			
	Equipment	·							<del></del>	
	Other					<b>———</b>			<u> </u>	
	1. Add lines 1a 1e. (Column (d) should equal Fo	orm 990. Pert X. coli	ımn (R) lı	ne 10(c) )		1		<b>D</b>		0.
	, , , ,						<del></del>			

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 SHEPHERDS F			20-	-1344722	Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, lir	ne 12.			
<ul> <li>(a) Description of security or category</li> <li>(including name of security)</li> </ul>	(b) Book value		(c) Method of valua Cost or end-of-year mark		
Financial derivatives and other financial products					
Closely-held equity interests				<del></del>	
Other	· · · · · · · · · · · · · · · · · · ·		<u></u>		
				· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·				
	<del></del>	-			
Total (Calife) about a continue 000 Part V and (D) has 40 \		( *(*(*)	<del>alanda wa amidalii wa</del>	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. Se	- F 000 P-+V I				<u> </u>
		ine 13.	(c) Method of valua	tion	
(a) Description of Investment type	(b) Book value		Cost or end-of-year man		
			•		
			· · · · · · · · · · · · · · · · · · ·		
			***************************************		
	<u> </u>				
T-1-1/0-1/11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				<del>(46</del>	
Total. (Col (b) should equal Form 990, Part X, col (B) line 13 ) ► Part IX Other Assets. See Form 990, Part X, line	15	25 x 4 2 2 11 3	7,172,627	<u> </u>	, , ,
	Description			(b) Book valu	IA
ASSETS HELD UNDER SPLIT INTER		TNTS		1,500,	
ASSETS RESTRICTED FOR PROPERT				2,180,	
	PARTY TRUST			480,	
ENDOWMENT ASSETS IN CASH/MONE			·	80,	200.
	· · · · · · · · · · · · · · · · · · ·				
	·				
	···			<del></del>	
T. 1. (0.1)	45.			4 242	252
Total. (Column (b) should equal Form 990, Part X, col (B) li.  Part X Other Liabilities. See Form 990, Part X,		<del>::::::::::::::::::::::::::::::::::</del>		4,242,	253.
(a) Description of liability	iine 25.	(b) Amount	- The State of the	773 7.34 7.3	3 7
Federal income taxes		(-),			700. S)
ANNUITY OBLIGATIONS		533,24	5. 136 866	Contract of the second	13.4%
DISCOUNT FOR FUTURE INTEREST	IN POOLED	333,23			N. X.
INCOME FUND		194,84	7.		
				3747.483.483.483.483.483.483.483.483.483.483	Sept. Co
					ور در زری
			- 100 July 2000		
				(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	, M. J.
			Togas yan it ta		35.77
					K 17 460
Total. (Column (b) should equal Form 990, Part X, col (B) li	ne 25) 🕨	728,09	2.		1 22/2

Sche	dulè D (Form 990) 2008 SHEPHERDS FOUNDATION, INC		20-1	344722	Page 4
Pa	TXI Reconciliation of Change in Net Assets from Form 990 to Financial State	ements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		6,530	,435.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		5,449	,412.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		1,081	,023.
4	Net unrealized gains (losses) on investments	4			,578.
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8		<271	,503.
9	Total adjustments (net). Add lines 4-8	9			,081.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10			,942.
	t XII Reconciliation of Revenue per Audited Financial Statements With Reve		Return		, , , , ,
1	Total revenue, gains, and other support per audited financial statements	1-1-1-1-1-1-1	1	9,212	,928.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				<u></u>
- а		6,578	3.\$^3		
b	Donated services and use of facilities 2b		700		
c	Recoverles of prior year grants 2c		704		
q		39,07	TLS:		
_	Add lines 2a through 2d	,,,,,	2e	2.682	.493
9			3	2,682 6,530	435
3	Amounts Included on Form 990, Part VIII, line 12, but not on line 1.		.   3	0,550	1133.
4			7.71		
a			-123		
Þ	Other (Describe in Part XIV)				٥
C	· · · · · · · · · · · · · · · · · · ·		4c	6,530	425
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  It XIII Reconciliation of Expenses per Audited Financial Statements With Exp.		5 Datu		,433.
•		enses p	er netu	8,815	400
1	Total expenses and losses per audited financial statements		1,	0,013	,409.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a			(64)		
b			-1(		
C		6 07'			
d		66,07	1 1	2 266	077
е			.   2e	3,366	
3	Subtract line 2e from line 1		3	5,449	,412.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		14		
a	Investment expenses not included on Form 990, Part VIII, line 7b		-4.23		
þ		<del></del>			•
C	Add lines <b>4a</b> and <b>4b</b>	•	4c	5 440	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	• • •	5	5,449	,412.
********	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, line	s 1b and 2	b; Part V, line	4; Part
	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	.01100	TMDO	TED.	
PA	RT V, LINE 4: ENDOWMENTS WILL BE USED ACCORDING TO I	DONOR	IMPO	SED	
DE	CODICONC				
RE	STRICTIONS.				
				·	<del> </del>
πcr	RT XI, LINE 8 - OTHER ADJUSTMENTS:				
<u> </u>	KI AI, DIKI 0 - OHDK ADOODIMENID:	<del></del>			<del></del>
CH.	ANGE IN THE VALUE OF ANNUITIES: -78905.	·			
Сн	ANGE IN THE VALUE OF TRUSTS: -192598.				
				_	
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
			Sched	ule D (Form !	990) 2008

Schedule D (Form 990) 2008 SHEPHERDS FOUNDATION, INC	20-1344722 Page 5
Part XIV Supplemental Information (continued)	<del></del>
CHANGE IN THE VALUE OF ANNUITIES	
CHANGE IN THE VALUE OF TRUSTS	
REVENUE ADJUSTMENT DUE TO CONSOLIDATED FINANCIAL STATEMENTS	
PART XIII, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSE ADJUSTMENT DUE TO CONSOLIDATED FINANCIAL STATEMENTS	

OMB No. 1545-0047	Open to Fublic this pection	Employer identification number $20 - 1344722$		[	. X Yes	', line 21, for any	space is needed	(h) Purpose of grant or assistance	MINISTRY SUPPORT			1	•
		E		Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	:	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990. Part IV. line 21, for any	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(g) Description of non-cash assistance	9				:
15,	if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  Attach to Form 990.	-		ty for the grants or ass	:	anization answered "Y	art IV and Schedule I-	(f) Method of valuation (book, FMV, appraisal, other)					•
Grants and Other Assistance to Organizations, Governments, and Individuals In the U.S.	s," on Form 990, F orm 990.			ne grantees' eligibili	:	Complete if the ord	than \$5,000. Use F	(e) Amount of non-cash assistance	0	:			
ants and Other Assistance to Organizatio Governments, and Individuals In the U.S.	ion answered "Yes," on F  ✓ Attach to Form 990.			ts or assistance, th		he United States.	ent received more	(d) Amount of cash grant	4.756.582				:
Grants an Gover	lete if the organizat	ON, INC		e amount of the gran	criteria used to award the grants or assistance?	d Organizations in the	s box if no one recipie	(c) IRC section If applicable	501(0)(3)			ganizations	
	<b>▼</b> Complete	FOUNDATION	and Assistance	to substantiate the	istance?	Governments and	\$5,000. Check this	(b) EIN	7 6 8 8 8 9 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			and government or	s
		SHEPHERDS	General Information on Grants and Assistance	on maintain records	rd the grants or assi	ther Assistance to	received more than	ss of organization iment	INISTRIES, INC. 32			if section 501(c)(3) g	other organization
SCHEDULE 1 (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization	Parti General Infor	1 Does the organization	criteriz used to award the grants or assistance?	art in		1 (a) Name and address of organization or government	SHEPHERDS BAPTIST MINISTRIES, INC. 1805 FIFTEENTH AVE UNION GROVE, WI 53182			1	3 Enter total number of other organizations

· Page 2 (f) Description of non-cash assistance 20-1344722 (e) Method of valuation (book, FMV, appraisal, other) Schedule | (Form 990) 2008 SHEPHERDS FOUNDATION, INC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed Part 1 | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDULE I, PART I, LINE 2: THE FOUNDATION EXISTS TO SUPPORT SHEPHERDS BAPTIST MINISTRIES, INC. AND GRANTS ARE MADE FOR SUCH ASSISTANCE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of reciplents (a) Type of grant or assistance

Schedule I (Form 990) 2008

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

SHEPHERDS FOUNDATION, INC

Employer identification number 20-1344722

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS PREPARED AND
REVIEWED BY AN INDEPENDENT C.P.A. FIRM, REVIEWED AND APPROVED BY CERTAIN
MEMBERS OF THE ORGANIZATION'S BOARD AND MANAGEMENT, AND A FINAL COPY OF THE
RETURN AS FILED WITH THE I.R.S. IS PRESENTED TO THE FULL BOARD BEFORE
FILING WITH THE I.R.S.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND OFFICERS ARE
REQUIRED TO DISCLOSE POTENTIAL CONFLICTS ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 2C
AUDIT COMMITTEE
NO CHANGE FROM PRIOR YEAR.
FORM 990, PART IV, QUESTION #12 AND PART XI #2B
AUDITED FINANCIAL STATEMENTS
SHEPHERDS FOUNDATION, INC. AND SHEPHERDS BAPTIST MINISTRIES, INC. ARE
RELATED EXEMPT ENTITIES [SEE SCHEDULE R, PART II.] AUDITED FINANCIAL
STATEMENTS ARE ISSUED FOR THESE ENTITIES ON A CONSOLIDATED BASIS,
HOWEVER, SEPARATE FINANCIAL STATEMENTS ARE NOT ISSUED FOR EACH ENTITY.
AS A RESULT SCHEDULE D, PARTS XII AND XIII HAVE BEEN COMPLETED USING
THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization	SHEPHERDS FOUNDATION,	INC	Employer identification number 20-1344722
	1,1		
	·		

Employer identification number 20-1344722➤ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▼ See separate instructions. INC SHEPHERDS FOUNDATION, Identification of Disregarded Entities Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

2008 Open to Public

OMB No 1545-0047

Direct controlling Direct controlling entity entity Ē End-of-year assets Public charity status (if section 501(c)(3)) Œ LINE 7 Exempt Code section Total Income 9 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Q WISCONSIN CARE FOR MENTALLY DISABLED Primary activity Primary activity <u>@</u> Ô ADULTS Identification of Related Tax-Exempt Organizations 39-0988997, 1805 FIFTEENTH AVENUE, UNION SHEPHERDS BAPTIST MINISTRIES, INC. Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 53182 GROVE, WI Parti

Schedule R (Form 990) 2008

Schedule R (Form 990) 2008 SHEPHERDS FOUNDATION, INC

Partifi Identification of Related Organizations Taxable as a Partnership

<b>3</b>	General or managing partner?			 1			<u> </u>			ļ		_
<u> </u>	© 65 6 200 ×			 +	 		-		·	_		-
<b>E</b>	Busproportion. Code V-UBI amount in box 20 of Schedule Yes No K-1 (Form 1065)											
	rton- Bons			 Ī			-					
E	Disproportion- ite allocations?		-	 $\dagger$			$\vdash$	 		-	 	$\dashv$
-		-		+	 		-	 			 	$\dashv$
(5)	Share of end-of-year assets											
(-)	Share of total income											
(E)	Predominant income (related, investment, unrelated)							•				
<u>e</u>	Direct					-						
(0)	Legal domicile (state or foreign country)				 							
(a)	Рптагу астипу											
3	Name, address, and EIN of related organization											

(Pakt)V Identification of Related Organizations Taxable as a Corporation or Trust	ons Taxable as a Corp	oration or Trust						
3		(8)	<u>(</u> )	e	<u>(i</u>	Ð	(9)	E
Name, address, and EIN of related organization		Primary activity	<u>\$</u>	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Shar	Share of end-of-year assets	Percentage ownership
		<b></b>						
832162 12-23-08						3	Schedule R (Form 990) 2008	n 990) 2008

Note. Complete line 1 if any entity is listed in Parts II, III, or IV		Yes	ę
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		" "	,:\
a Receipt of (i) interest (ii) annuities (iii) royatties (iv) rent from a controlled entity	:	120	×
b Gift, grant, or capital contribution to other organization(s)		dt X	
U		10	×
	:	-	,
d Loans or loan guarantees to or for other organization(s)		10	اه
Loans or loan guarantees by other organization(s)			×
		1	13
6 Colo of anama to other second inchants		7	
	:	+	دا:
g Purchase of assets from other organization(s)	:	5	اہ
h Exchange of assets		¥-	$_{\times}$
ets to off		1;	×
	•		12
i I and a of familiaria an other energia from other presentation (a)		*	 
rease of facilities, equipment, of other assets from onlier organ	:	+	داه
k Performance of services or membership or fundraising solicitations for other organization(s)		~   	×
l Performance of services or membership or fundraising solicitations by other organization(s)		-	×
m Shanno of acilities, equipment, mailing lists, or other assets		1m X	
	:		,
n Shanng of paid employees		u i	اه
		<u> </u>	3
o Reimbursement paid to other organization for expenses	:	- 2	×
Reinhursement to the other remaining for severeses		7	l <sub>×</sub>
			ľ
			٦.
q Other transfer of cash or property to other organization(s)	:	19	ایم
r Other transfer of cash or property from other organization(s)		+	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ion thresholds		
( <del>d</del> )	<u>@</u>	<u>©</u>	
Name of other organization(s)	Transaction	Amount involved	
	type (a-r)		
(1) SHEPHERDS BAPTIST MINISTRIES, INC.	В	4,756,582	5
(2) SHEPHERDS BAPTIST MINISTRIES, INC.	M	0	6
(2)			
(4)			
			]
(5)			1
(9)			١
KI211G 12-23-08	Schedu	Schedule R (Form 990) 2008	8
00.07.7 001300			

Page 4

्रेम्डिंत (Il Unrelated Organizations Taxable as a Partnership

Provide the following information for each entry taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

mat was not a related digatization dee instructions regarding excusion of certain investment partners into	dosion to certain investinent partities	Schill Strain	ē	Ú	ğ	9	3
3	(g)		5			<u>5</u>	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- vear assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No			of Schedule K-1 (Form 1065)	1 1
	<del></del>						
	<del></del>						
					_		
	· •						
			_				-
						Schedule R (Form 990) 2008	n 990) 2008

I

Form **8868** 

(Rev. April 2009)

Department of the Tressury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

•	re filing for an Automatic						► X
	re filing for an Additional omplete Part II unless yo	•			• -	•	
Part I	Automatic 3-M	onth Extension of	Time. Only submit o	riginal (no coples	needed)	<del></del>	
	ation required to file Form	990-T and requesting a	n automatic 6-month ex	tension - check	this box and com	plete	
Part I onl							▶ 🗆
	corporations (including 11) ome tax returns	20-C filers), partnership	s, REMICs, and trusts n	nust use Form 70	004 to request an	extension of tin	ne
noted be (not auto you must	c Filing (e-file). Generally ow (6 months for a corpor matic) 3-month extension submit the fully complete ov/efile and click on e-file	ation required to file Fo or (2) you file Forms 99 d and signed page 2 (F	rm 990-T). However, yo D-BL, 6069, or 8870, gro art II) of Form 8868. Fo	u cannot file For oup returns, or a	m 8868 electronic composite or con	cally if (1) you w nsolidated Form	ant the additional 990 T. Instead.
Type or	Name of Exempt Organ	izatlon				Employer iden	tification number
print	SHEPHERDS FO	OUNDATION, I	NC			20-134	4722
Flie by the due date for fling your fling your 1805 FIFTEENTH AVENUE							
retum. See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.  UNION GROVE, WI 53182							
Check ty	pe of return to be filed(fi	le a separate applicatio	n for each return).				
Fo	m 990 m 990-BL m 990-EZ m 990-PF		poration) :. 401(a) or 408(a) trust) st other than above)		Form 47 Form 52 Form 60 Form 88	227 069	
Telep • If the • If this	ooks are in the care of none No. ► 262-87 to organization does not hav is for a Group Return, enter it is for part of the	3-5620 e an office or place of ber the organization's for	FAX  Usiness in the United S  or digit Group Exemption	( No. ▶ tates, check this n Number (GEN)	3 box ) If th	 Is is for the who	.   Group, check thick the cover.
 ls 1	quest an automatic 3-mor AUGUST 15, 20 or the organization's return a calendar year 200 tax year beginning	0.09 , to file the n for: B or	oration required to file exempt organization re	turn for the orga	ınlzation named a	above. The exter	nsion
2 If t	his tax year is for less thar	12 months, check rea	son: Initial retur	n 🗀 i	Final return	Change I	n accounting peno
	his application is for Form nrefundable credits. See h		4720, or 6069, enter th	ne tentative tax,	less any	3a \$	
b  ft	his application is for Form	990-PF or 990-T, enter	any refundable credits	and estimated			
	payments made. Include					3ь \$	
	lance Due. Subtract line ( posit with FTD coupon or,				•		
	e instructions		s (2.55t. onto ) odoro		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3c \$	N/A
Caution	If you are going to make	an electronic fund with	drawal with this Form 8	368, see Form 8	453-EO and Form	8879-EO for pa	yment instructions
LHA	For Privacy Act and Pape	rwork Reduction Act	Notice, see Instruction	15.		Fo	rm <b>8868</b> (Rev. 4-200

Form (	3368 (Rov. 4-2009)				F	age 2		
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check the	nls box	ς.		. <b>▶</b> [X			
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously	filed F	orm 8	868.				
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)							
Par	Additional (Not Automatic) 3-Month Extension of Time. Only file the original	(no co	ples ne	eded).				
Туре	or Name of Exempt Organization	셬	Emplo	yer iden	tification nun	nbor		
print	SHEPHERDS FOUNDATION, INC		20	<u>-134</u>	4722			
File by extende due da	Number, street, and room of suite no. If a P.O. box, see instructions.	494	For IR	S use onl	у			
filing th return instruc	see   City, town or post office, state, and ZIP code. For a foreign address, see instructions							
Check type of return to be filed (File a separate application for each return).  X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870  Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 8069								
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.								
Te  if t  box  4  5 6	the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  if it is for part of the group, check this box I request an additional 3-month extension of time until  NOVEMBER 15, 2009  For calendar year 2008, or other tax year beginning  If this tax year is for less than 12 months, check reason.	of all r	s is for	the whole		·		
7	State in detail why you need the extension  FURTHER TIME IS REQUESTED TO GATHER THE DATA NEEDED  TO COMPLETE AN ACCURATE RETURN							
8a	If this application is for Form 990·BL, 990·PF, 990·T, 4720, or 6069, enter the tentative tax, less any			<del></del>				
	nonrefundable credits See instructions.		8a	\$				
b	if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		333					
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	Ì						
	previously with Form 8868.	Ì	8b	\$				
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposi	t						
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruc	tions.	8c	\$	N/A	A		
	Signature and Verification							
Unde ıt is tr	r penalties of perjury, i declare that I have examined this form, including accompanying schedules and statements, and ue, correct, and complete, and that I am authorized to prepare this form	d to the	best of	my knowi	edge and belief	, ()		
Signa	ture > Title > CP		Date	<b>▶</b> 🎗	-670	7		
				For	m 8868 (Rev	4-2000		