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Form 990-EZ

Department of the Treasury

Internal Revenue Service

#### **Short Form Return of Organization Exempt From Income Tax**

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section

512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150 2009

**Open to Public** Inspection

Form 990-EZ (2009)

EEA

A F	or the	2009 calenda	ır year, c	r tax year beginning	, 2009, and	d ending			, 20
Вс	heck if a	oplicable		C Name of organization			D Emplo	yer ident	ification number
	ddress c	hange	Please use IRS	Shepherd's Table, A SC Eleemo	s Corp		20	-87251	96
	ame cha	nge	label or print or	Number and street (or P O box, if mail is not delivered	to street address)	Room/suite	E Teleph	one num	ber
in in	itial retur	n	type.				ł		
Пт	erminate	d	See Specific	PO Box 1782			(8	43) 902	-8975
☐ A	mended	return	instruc-	City or town, state or country, and ZIP + 4	-	·····	F Group	Exempte	on
	pplication	pending	tions.	Conway, SC 29528			Numbe		
	Sec	tion 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt charitable	e trusts must attach	G	Accounting M	ethod.	X Cash Accrual
			a con	npleted Schedule A (Form 990 or 990-EZ).			Other (specify	,	
						н	Check ▶	<del></del>	rganization is not
I V	Vebsite	: ▶					لـــا		edule B (Form 990,
J T	ax-exe	mpt status (c	heck on	ly one) - X 501(c) ( 3 ) ◀ (insert no.)	4947(a)(1) or	527	990-EZ, or 99		,
				ion is not a section 509(a)(3) supporting org		receipts are			n \$25.000 A
				urn is not required, but if the organization ch					,,
				ne 9 to determine gross receipts, if \$500,00	<del></del>				88,692
	rt i			penses, and Changes in Net Ass					
	1				· · · · · · · · · · · ·			1	73,555
	2		-	enue including government fees and contra				2	70,000
	3			nd assessments · · · · · · · · · · · · · · · · · · ·				3	
	4	Investment						4	
	_			sale of assets other than inventory				<del>                                     </del>	
				asis and sales expenses · · · · · ·					
_				ale of assets other than inventory (Subtract					
R				• •	•	_		5c	<del></del>
v	,	-		es (complete applicable parts of Schedule G) If any amount of a complete applicable parts of Schedule G)		check here			
e n	a	Gross rever			itributions	1	15 105		
u	L	-					15,137	1 1	
_				es other than fundraising expenses · · ·			1,342	l — l	40 707
				from special events and activities (Subtract	i -		• • • • • •	6c	13,795
				tory, less returns and allowances • • • •					
			•	sold · · · · · · · · · · · · · · · · · · ·	<u> </u>				
į	_			from sales of inventory (Subtract line 7b fro	om line 7a) · · · · ·	• • • • • •		7c	
1	8	Other reven			<del></del>		)	8	
_	9			lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				9	87,350
	10			mounts paid (attach schedule)				10	
E	11	•		or members • • • • • • • • • • • • • • • • • • •				11	
x	12	Salaries, oth	ner comp	ensation, and employee benefits • • • •	• • • • • • • • • • •	• • • • •	• • • • • •	12	21,094
P	13	Professiona	l fees an	d other payments to independent contractor	rs · · · · · · · ·	• • • • •	• • • • •	13	300
n s	14			ties, and maintenance				14	26,257
е	15	Printing, put	olications	v postage_and shipping · · · · · ·				15	284
S	16	Other expen	ses (des	scribe STM130			)	16	19,268
ച	17	Total expen	seви (Ad	denies 10 through 6 · · · · · · ·			• • • • •	17	67,203
آ ۾ آؤ	18	Excess or (c	leficit) fo	r the year (Subtracoline 17 from line 9)				18	20,147
DuS	19	Net assets	<del>ഺഽഄ</del> ൮൴	alances at begunning of year (from line 27, o	column (A)) (must agre	e with			
A S S e t S				portèg on prior year's return) · · · · ·				19	37,812
ı i	20			t assets or fund balances (attach explanatio				20	2
<b>グ</b> 8	21			alances at end of year. Combine lines 18 th				21	57,961
Pa	et II			ts. If Total assets on line 25, column (B)					
<u> </u>	1611	Dalajic		(See the instructions for Part II )	210 4 1/200/000 01 11/01				
€22	Cash	savinos an		nents · · · · · · · · · · · · · · · · · · ·		"	) Beginning of year	36 22	(B) End of year 34,446
 <del>2</del> 3				• • • • • • • • • • • • • • • • • • • •			**,	23	34,440
324		assets (desc				`\	26	592 24	24 410
525				STM131		–′ ├—			24,419
				• • • • • • • • • • • • • • • • • • • •		·		728 25	58,865
26 27		liabilities (de			- 21	_/		916 26	904
27	Net a	ssets of fund	i palance	es (line 27 of column (B) must agree with lin	ıe ∠1) •••••	• •	37.8	312 27	57,961

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

For	m 990-EZ (2009) Shepherd's Table, A	SC Eleemos Corp		20-8	37251	96 Page
Pá	art III Statement of Program Service Acco	mplishments (See the	instructions for Part III	)		Expenses
Wh	at is the organization's primary exempt purpose? Soup K					uired for section
Des	scribe what was achieved in carrying out the organization's	exempt purposes. In a clear	and concise			c)(3) and 501(c)(4) nizations and sectio
ma	nner, describe the services provided, the number of persons	s benefited, or other relevar	nt information for		_	(a)(1) trusts, option
eac	h program title					hers)
28	Operation of soup kitchen which provide	s nutritious, hot				
	meals to homeless and less fortunate in	dividuals in a safe	e			
	enviornment.					
	(Grants \$ ) If this amo	ount includes foreign grants	s, check here · · ·	• • • • •	28a	67,20
29						
					1	
	(Grants \$ ) If this amo	ount includes foreign grants	s, check here · · ·	••••	29a	
30						
		<del></del>			-	
	<del></del>	ount includes foreign grants	s, check here · · ·	• • • • • •	30a	
31	Other program services (attach schedule) · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
		ount includes foreign grants	<del></del>		31a	
_	Total program service expenses (add lines 28a through 31		• • • • • • • • • • • • • • • • • • • •		32	67,20
P	art IV List of Officers, Directors, Trustees, and Key Er	nployees. List each one even	en if not compensated	(See the instruc	tions fo	or Part IV )
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributions employee benefit plant		(e) Expense account and
		devoted to position	enter -0- )	deferred compens		other allowances
	nda Shearin	Exec Director				
	09 Forest View Road Conway SC, 29526	40	21,094		q	
	ra Jean Sasser	Chairperson	)			
	1 Elm Street Conway SC, 29526	0			q	
	ndy Fenton	Vice Chair				
	O Crusade Circle Conway SC, 29526	0			q	
	borah Dantzler	Secretary				-
	05 E Street Conway SC, 29526	0		1	q	
	hn R Long II	Treasurer				
	O Jessamine Street Conway SC, 29526	0			q	
Tar	mmie Barnhill	Board Member				
37:	33 Carolina Wren Rd Conway SC, 29527	0			q	
	therine Dingle	Board Member				
	6 12th Avenue Conway SC, 29526	0	<u> </u>		q	
	nister Norman Sweet	Board Member				
71:	39 Horsehoe Circle Conway SC, 29527	0	C		q	
Jiı	mmy P Jordan	Board Member		}		•
510	00 Hendrick Shortcut Rd Conway, 29527	0			q	
Sh:	irley LeForce	Board Member				
104	4 Wind Tree Lane Conway SC, 29526	0	(	<b>.</b>	Q	L
Lyı	n Snyder	Ex-Officio Memb				
25	60 Wise Road Conway SC, 29526	0		1	q	
					i	
_						
_						
_				<u> </u>		

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V )			
•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes · · · · · · · · · · · · · · · · · · ·	34		х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			-
	6033(e) notice, reporting, and proxy tax requirements?	35a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	-	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		<u> </u>	
	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions •••• ►   37a			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	-	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter	†		
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			i
	Gross receipts, included on line 9, for public use of club facilities	1		1
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶, section 4912 ▶ , section 4955 ▶			;
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	] '		
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		-	
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	100		^
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 • • • • • • • • • • • • • • • • • • •			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
_	reimbursed by the organization • • • • • • • • • • • • • • • • • • •			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			ĺ
Ū	transaction? If "Yes," complete Form 8886-T	40e		i
41	List the states with which a copy of this return is filed SC	408		_X_
	The organization's books are in care of ▶ Brenda S Tanner Telephone no ▶ 843-4	00-E	760	
72 0	Located at \$\infty\$ 690 Country Club Drive Conway, SC ZIP+4 \$\infty\$ 295%		700	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
J		1	V	N
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country.			ŧ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ĺ
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	• • •	· · •	
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · ▶ 43			
		لــــا	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			آ ــــ
	Form 990-EZ • • • • • • • • • • • • • • • • • • •	44		<u>X</u>
45				
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	}		
	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		<b>X</b>

Part V	Section 501(c)(3) organizations at 501(c)(3) organizations and section 4947(a)(1 and complete the tables for lines 50 and 51	nd section 4947(a)(1) nonexempt charitable trus	nonexempt c ts must answer qu	haritable trusts only estions 46-49b	All section	1	
46 Di	d the organization engage in direct or indirect politi	cal campaign activities on h	ehalf of or in oppos	sition to		Yes	No
	indidates for public office? If "Yes," complete Sche				. 46	103	
	d the organization engage in lobbying activities? If				. 47		X
	the organization a school as described in section 1				. 48		X
	d the organization make any transfers to an exemp				· 49a		X
	"Yes," was the related organization a section 527 o				- 49b		_ <u>^</u> _
	omplete this table for the organization's five highes				400	J	
	nployees) who each received more than \$100,000						
	inployees) who each received more than \$ 100,000	(b) Title and average	(c) Compensation	(d) Contributions to	(e) F	pense	
	(a) Name and address of each employee paid more	hours per week	(c) componed	employee benefit plans &	accou	int and	_
	than \$100,000	devoted to position		deferred compensation	other allo	wance	<u></u>
NONE							
NONE			<u> </u>	<u> </u>	ļ		
				<del></del>			
				· · · · · · · · · · · · · · · · · · ·	<del></del>		
					<u> </u>		
	otal number of other employees paid over \$100,000	) ▶			1		
	omplete this table for the organization's five highes		contractors who e	ach received more than			
	100,000 of compensation from the organization If						
	,						
	(a) Name and address of each independent contractor paid	more than \$100.000	(b) T	ype of service	(c) Compen	sation	
-	<b>17</b>		7.2				
		<del></del>					
		<u> </u>					
	1-1	6100 000					
<b>a</b> 10	otal number of other independent contractors each	receiving over \$100,000	· · · · · · · · · · · · · · · · · · ·				
	Under penalties of perjury, I declare that I have exa	mined this return, including accomp	anving schedules and st	atements, and to the best of my kno	wledge		
	and belief, it is true, correct, and complete Declara	ition of preparer (other than officer)	s based on all information	on of which preparer has any knowle	edge		
Cian	Sara Jean	Sasser		1			
Sign	Signature of officer		<del></del> .	Date			
Here	Sara Jean Sasser, Chairpers	ROD		-			
	Type or pnnt name and title						
	Type of print name and due						
<b>D</b>	Preparer's	<b>\/</b>	ate	self-	dentifying No		it)
Paid	signature Hunda C	MAN COL	5-14-2010	employed P	بجللاني	18	-
Prepare	Firm's name (or yours	anner Lic Acctg Pra	ict	EIN ► 51e-21	10162		
Use On	ly if self-employed), 690 Countr	y Club Drive					
	address, and ZIP + 4 Conway, SC			Phone no ▶ 843-4	188-5768		
May the	IRS discuss this return with the preparer shown al	oove? See instructions •	<u> </u>	<u> </u>	X Yes		No
		<del></del>	FFA	<del></del>	Form 99	0-EZ (	(2009)

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

Department of the Treasury

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Shepherd's Table, A SC Eleemos Corp 20-8725196 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III-Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(ī) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? ......... 11g(W) Provide the following information about the supported organization(s) (i) Name of supported (II) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? support? (see instructions) ) Yes Yes No Nο Yes No

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

	(Complete only if you checked the	box on line 5, 7,	or 8 of Part I)				
	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge ••••••						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount				1		
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from In 4						
	tion B. Total Support						
Caler	idar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 •						
12	Gross receipts from related activities, etc (s	ee instructions)	• • • • • • •			- 12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's firs	t, second, third, fou	th, or fifth tax year	r as a section 501	(c)(3)	▶ 🗀
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage				
14	Public support percentage for 2009 (line 6,						%
15	Public support percentage from 2008 Scheo	dule A, Part II, lir	ne 14 • • • • • •	• • • • • • • •	• • • • • • • • •	• 15	%
16a	33 1/3% support test - 2009. If the organizat	tion did not chec	k the box on line 13				
	and stop here. The organization qualifies as	s a publicly supp	orted organization	• • • • • •	• • • • • • • •	• • • • • • • •	• • • • • • • • • • • • • • • • • • •
Ь	33 1/3% support test - 2008. If the organizat	tion did not chec	k a box on line 13 o				
	box and stop here. The organization qualifie	es as a publicly s	supported organizat	ion • • • • •		• • • • • • • • •	• • • • • • • □
17a	10%-facts-and-circumstances test - 2009. i	f the organizatio	n did not check a b	ox on line 13, 16a,	or 16b, and line 1	4 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumsta	ances" test, check t	his box and <b>stop h</b>	i <mark>ere.</mark> Explain in Pa	rt IV how the	
	organization meets the "facts-and-circumsta	inces" test. The	organization qualifi	es as a publicly su	ipported organizat	ion • • • • •	• • • • • • □
b	10%-facts-and-circumstances test - 2008. I	f the organizatio	n did not check a b	ox on line 13, 16a,	16b, or 17a, and	line 15 is 10% or	
	more, and if the organization meets the "fac	ts-and-circumsta	ances" test, check t	his box and <b>stop</b> h	nere. Explain in Pa	rt IV how the	
	organization meets the "facts-and-circumsta	inces" test. The	organization qualifi	es as a publicly su	ipported organizat	ion • • • • • •	• • • • • • • • • • • • • • • • • • •
18	Private foundation. If the organization did n	ot check a box o	on line 13, 16a, 16b	, 17a, or 17b, ched	ck this box and see	e instructions •	• • • • • • □

20-8725196

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			39,587	69,068	73,555	182,210
2	Gross receipts from admissions, merchan- dise sold or services performed, or fac- lities furnished in any activity that is related					,	102,120
	to the organization's tax-exempt purpose		<del>-</del>				
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513					15,137	15,137
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf • • • • • • • • • • • • • • • • • • •						
5	The value of services or facilities furnished by a governmental unit to the organization without charge • • • • • •	l 					
6	Total. Add lines 1 through 5 · · · · · ·			39,587	69,068	88,692	197,347
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • • •						
С	Add lines 7a and 7b · · · · · · · · ·	1					
8 	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						197,347
	ction B. Total Support	r <del></del>	7	T		<del></del>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009 88,692	(f) Total
9 10a	Amounts from line 6			39,587	69,068	86,692	197,347
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						197,347
14	First five years. If the Form 990 is for the organization, check this box and stop here	janization's first,	second, third, fourth	n, or fifth tax year as	a section 501(c)(3	3)	▶ 🗓
Se	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line 8, c	• •	•	• • •	• • • • • • • •	15	%
16_	Public support percentage from 2008 Sched				• • • • • • • • • • • • • • • • • • • •	16	%
	ction D. Computation of Investme					17	%
17	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc		•	• • • •		18	
18	·		•		********		70
	33 1/3% support tests - 2009. If the organiza 17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2008. If the organiza	and stop here. T	The organization qua	alifies as a publicly s	supported organiza	tion • • • • •	▶ □
v	line 18 is not more than 33 1/3%, check this						▶ 🔲
20	Private Foundation: If the organization did n	ot check a box o	n line 14, 19a, or 19	b, check this box an	nd see instructions		▶ 🗍

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

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

Shepherd's Table, A So	C Eleemo:	s Corp			2	20-8725196
Part I Fundraising Activities Form 990-EZ filters are not re	S.Complete if the	e organization	n answered	l "Yes" to Form 990, P	art IV, line 17	
Indicate whether the organization rais  Mail solicitations  Internet and email solicitations  Phone solicitations  In-person solicitations  In-person solicitations  Did the organization have a written o or key employees listed in Form 990,  If "Yes," list the ten highest paid indivito be compensated at least \$5,000 by	r oral agreement Part VII) or entil iduals or entities	e f g X  t with any indivity in connectice (fundraisers)	Solicitation Solicitation Special full full widual (incl on with prof	n of non-government g n of government grants ndraising events uding officers, director fessional fundraising si	s, trustees	_ Yes ∑No serıs
(i) Name of individual or entity (fundraiser)	(ii) Activity	Did fundricustody or contribute	ontrol of	(iv) Gross receipts from activity	(v) Amount paid (or retained by) fundraiser listed	(or retained by)
		Yes	No		col (i)	
	<u> </u>					
		_	· · · · -			
Total · · · · · · · · · · · · · · · · · · ·						
3 List all states in which the organization registration or licensing outh Carolina,	is registered or	licensed to so	olicit funds	or has been notified it	is exempt from	
<del></del>			<del></del>	<u> </u>		
	··································					
					-	

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

		more than \$15,000 on Form 99	0-EZ, line 6a. List events v	with gross receipts greater	than \$5,000	
			(a) Event #1 Gala	(b) Event #2 Meal FdRaise	(c) Other Events	(d) Total Events Add col (a) through
R e			(event type)	(event type)	(total number)	col (c))
v e n u	1 2	Gross receipts · · · · · · · · Less. Charitable	9,935	5,202		15,137
e .		contributions				
	3	Gross revenue (line 1 minus line 2)	9,935	5,202	_	15,137
D	4	Cash prizes · · · · · · · · ·	<u>-</u> .			
ı r	5	Non-cash prizes · · · · · ·				
e c t	6	Rent/facility costs • • • • • •				
E	7	Food and beverages · · · · ·	602	740		1,342
p e n	8	Entertainment • • • • • • • •				
s e s	9	Other direct expenses · · · ·				
	10	Direct expense summary Add lines	-			( 1,342 )
لــا	11	Net income summary Combine line				13,795
<u>  Pa</u>	rt II	Gaming. Complete if the or than \$15,000 on Form 990-EZ		to Form 990, Part IV, line	19, or reported more	
Reve	,		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
n		C				
e D	1	Gross revenue · · · · · ·				
Reserse D_rect	2	Cash prizes · · · · · · · · ·				
t Exper	3	Non-cash prizes · · · · · · ·				
s I	4	Rent/facility costs				
e s	5	Other direct expenses · · · · ·				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary Add lines	2 through 5 in column (d)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • •	( )
	8	Net gaming income summary. Com	bine line 1, column (d), an	d line 7 · · · · · · ·	• • • • • • • • •	
	_					Yes No
9 a		ter the state(s) in which the organizat the organization licensed to operate of			• • • • • • • • • • • • • • • • • • • •	• • • • 9a
b	If"	No," Explain				
40-						-
10a b		ere any of the organization's gaming l Yes," Explain	iicenses revokea, suspend	led or terminated during the	e tax year?	· · · · 10a
44	_	46				
11 12		es the organization operate gaming a he organization a grantor, benefician			other entity	• • • • 11
		med to administer charitable gaming		•	• • • • • • • • • • • • • • • • • • • •	12

Sched	lule G (Form 990 or 990-EZ) 2009 Shephield's Table, A SC Eleemos Corp 20-	-0/23190	_ P	age 3
	•		Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility • • • • • • • • • • • • • • • • • • •	%		,
b	An outside facility · · · · · · · · · · · · · · · · · · ·	%		
14	Provide the name and address of the person who prepares the organization's gaming/special events books			;
	and records			l i
	Name ►			
	Name •			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue? · · · · · · · · · · · · · · · · · · ·	• • • • 15a	<b> </b>	<b>_</b>
b	If "Yes," enter the amount of gaming revenue received by the organization \$\)\$ and the			
	amount of gaming revenue retained by the third party > \$	-		
С	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license? • • • • • • • • • • • • • • • • • • •	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year >\$			

# Federal Supporting Statements 2009 Name(s) as shown on return

# Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

Description	Amount
Payroll Taxes	1,463
Insurance	866
Food supplies	10,535
Licenses and Inspections	332
Bank Charges	82
Depreciation	4,855
Miscellaneous	212
Dues	275
Travel	578
Training	70
Total	19,268

### Form 990EZ, Part II, Line 24 Other Assets Schedule 3

	Beginning	
Description	of Year_	End of Year
Equipment/Lhold Imps less Depr	26,692	22,837
Total	26,692	22,837

#### Form 990EZ, Part II, Line 24 Other Assets Schedule 3

	Beginning			
Description	of Year_	End of Year		
Insurance Receivable		1,582		
Total		1,582		

Name(s) as shown on return	Federal Supporting Statements	2009 FEIN
	Form 990EZ, Part II, Line 26 Other Liabilities Schedule 3	
Payroll Taxes	Beginning of Year End 916	of Year
otal	916	904
	FORM 4562 - LINE 19C	PG01 Statement # 50
750 250	RP         CV         METHOD         DEDUCTION           7         HY         200 DB         107           7         HY         200 DB         36	
OTAL	143	
	Form 990EZ, Part I, Line 20	
escription ounding	Other Changes in Net Assets Schedule  Amount	: 
otal		2

#### Form 4562

# **Depreciation and Amortization**

1	В	Nο	1545-01	7

Sequence No. 67   Shepherd's Table, A SC Eleemos C   FORM 990 - 1   20-8725196	٠			(including	Informat	tion on	Listed	Property	')		2009
Secretary   Secr	•			► See separate	instructions.	<b>•</b>	Attach to y	our tax return.			Attachment Sequence No 67
Part	Name	(s) shown on return				Business or	activity to which	h this form relates			
Part	She	pherd's Tak	ole, A	SC Eleemo	os C	FOR	м 990	- 1			20-8725196
Note: If you have any listed property, complete Part V before you complete Part V	_					er Secti	on 179				
2 Total cost of section 179 property placed in service (see instructions)								:1			
3   Threshold cost of section 179 properly before reduction in limitation (see instructions)   3   4	1	Maximum amount So	ee the instruc	tions for a higher	limit for certain	n business	es · · · ·		• • •	1	
## Reduction in limitation Subtract line 3 from line 2 if zero or less, enter -0-   4	2	Total cost of section	179 property	placed in service	(see instructio	ns) · ·	• • • • •		• • • [	2	
Separately, see instructions   Separately	3	Threshold cost of sec	ction 179 prop	perty before redu	ction in limitation	on (see ins	tructions)	• • • • • •	• • • [	3	
Separately, See instructions	4	Reduction in limitatio	n Subtract lir	ne 3 from line 2 I	f zero or less, o	enter -0-		• • • • • •	• • • [	4	
(a) Description of property  (b) Cost (business use only)  (c) Elected cost  (d) Elected cost  (e) Elected cost  (f) Listed property Enter the amount from line 29  7 Listed property Enter the amount from line 29  7 Tentative deduction Enter the smaller of line 5 or line 8  7 Tentative deduction Enter the smaller of line 5 or line 8  7 Tentative deduction Enter the smaller of line 5 or line 8  8 Tentative deduction Enter the smaller of business income (not less than zero) or line 5 (see instructions)  10 Carryover of disallowed deduction Add lines 9 and 10, but do not enter more than line 11  12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11  13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12  14 Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)  15 Special depreciation allowance for qualified property (other than histed property) placed in service during the tax year (see instructions)  16 Other depreciation (and CRS)  17 MACRS deductions for assets placed in service in tax years beginning before 2009  17 3, 012  18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here  Section B - Assets Placed in Service During 2099 Tax Year Using the General Depreciation (9) Depreciation deduction before the property  19 a 3-year property  10 Cassification of property  10 Section C - Assets Placed in Service During 2099 Tax Year Using the General Depreciation System  (a) Classification of property  10 Section C - Assets Placed in Service During 2099 Tax Year Using the General Depreciation System  (b) Macry property  10 Section C - Assets Placed in Service During 2099 Tax Year Using the Atternative Depreciation System  (c) Class life  10 Section C - Assets Placed in Service During 2009 Tax Year Using the Atternative Depreciation System  11 Nonreadential real property  12 System MM Sit.  Section C - Assets Placed in Service During 20	5	Dollar limitation for ta	ıx year Subtr	act line 4 from lin	e 1 If zero or I	ess, enter	-0- If marrie	ed filing		-	
Table   Listed property   Enter the amount from line 29   Table   Carryover of disallowed deduction Enter the smaller of line 5 or line 8   Samounts in column (c), lines 6 and 7   Samounts in column (c), lines in col		separately, see instru	ictions • • •	· · · · · · · · ·	· · · · · · ·	• • • • •	• • • • • •		• • •	5	
Tube   Listed property   Enter the amount from line 29		(a)	Description of p	property		(b) Cost (bu	siness use only	) (c) Ele	cted cost		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	6										
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7			· · · · · · · · · · · · · · · · · · ·								
9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 14 Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 15 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 16 Other depreciation (including AGRS) 17 MACRS deductions for assets placed in service units the service during the fave year (see instructions) 18 If you are electing to group any assets placed in service during the xyear into one or more general asset accounts, check here  Section B. Assets Placed in Service During 2009 Tax Year Using the General Depreciation System  (a) Classification of property (b) Month and year placed in Service During 2009 Tax Year Using the General Depreciation System  (b) Separal property (c) 7-year property (d) Convention (property (e) 19-year property (e) 19-year property (f) Method (g) Depreciation deduction deduction (property (g) 25-year property (g) 39-year property (g) 40-year property (g) 40-year Using the Alternative Depreciation System (g) 40-year (g) 4	7	Listed property Ente	r the amount	from line 29 •	• • • • • •	• • • • •	7				
Carryover of disallowed deduction from line 13 of your 2008 Form 4562   10   11	8	Total elected cost of	section 179 p	property Add amo	ounts in columi	n (c), lines	6 and 7 •		• • •	8	
11   Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)   11   12   12   13   13   14   15   15   15   15   15   15   15	9	Tentative deduction	Enter the sm	aller of line 5 or l	ne8 · · ·	• • • • •	• • • • •	• • • • • •	• • •	9	
12   Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11   12	10	•					• • • • • •	• • • • • •	• • •	10	
Note: Do not use Part II or Part III below for listed property Instead, use Part V  Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)  4 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)  5 Other depreciation (including ACRS)  6 Other depreciation (including ACRS)  7 MACRS deductions for assets placed in service in tax years beginning before 2009  8 If you are electing to group any assets placed in service of uning the tax year into one or more general asset accounts, check here  8 Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System  (a) Classification of property  (b) Month and year placed in year listed in described property)  5 Syear property  6 Syear property  7 Syear property  8 Syear property  9 Syear property  10 Syear property  11 Syear property  12 Syrs  13 Syear property  14 Statement #50  15 Section A  16 Recovery (e) Convention (f) Method (g) Depreciation deduction (g) Depreciation (g) Depreciation deduction (g) Depreciation (g) Depreciation (g) Depreciation (g) Depreciation (g) Depre	11	Business income limit	itation Enter	the smaller of bu	siness income	(not less th	nan zero) or	line 5 (see inst	ructions)	11	
Note: Do not use Part II or Part III below for listed property Instead, use Part V    Part III   Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)   14	12	Section 179 expense	deduction A	dd lines 9 and 10	), but do not er	nter more ti	han line 11			12	
Part II   Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)   14	13	Carryover of disallow	ed deduction	to 2010 Add line	es 9 and 10, le	ss line 12	• ▶ 13				
Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)   14	Note	: Do not use Part II or	Part III below	v for listed proper	ty Instead, use	Part V					
during the tax year (see instructions)   14   15   16   17,700	Pa	rt II Special D	epreciatio	on Allowance	and Other	Deprec	iation (Do	o not include li	sted prop	erty)	(See instructions )
15	14	Special depreciation	allowance for	r qualified proper	ty (other than l	sted prope	rty) placed i	n service			
The first depreciation (including ACRS)   The first depreciation   The first department   The first depreciation   The first department   The fi		during the tax year (s	ee instruction	ns) · · · · ·	• • • • • •	• • • •			• • •	14	
Part III	15	Property subject to se	ection 168(f)(	1) election • •	• • • • • • •				• • •	15	
MACRS deductions for assets placed in service in tax years beginning before 2009   17   3,012	16	Other depreciation (ii	ncluding ACR	RS)					• • •	16	1,700
MACRS deductions for assets placed in service in tax years beginning before 2009	Pa	t III MACRS	Depreciat	ion (Do not inc	lude listed proj	perty) (See	e instruction	s)			
If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here  Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System  (a) Classification of property  (b) Month and year placed in service  (c) Basis for depreciation (d) Recovery period  (d) Recovery period  (e) Convention  (f) Method  (g) Depreciation deduction					Si	ection A					
Asset accounts, check here  Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System  (a) Classification of property  (b) Month and year placed in Service Outliness/investment use only-see instructions)  (c) Basis for depreciation (business/investment use only-see instructions)  (d) Recovery period  (e) Convention  (f) Method  (g) Depreciation deduction  (g) Depreciation deduction	17	MACRS deductions f	or assets pla	ced in service in	tax years begir	nning befor	e 2009 ·			17	3,012
Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System  (a) Classification of property (b) Month and year placed in service (C) Basis for depreciation (d) Recovery period (e) Convention (f) Method (g) Depreciation deduction service only-see instructions)  5 -year property  5 -year property  6 -year property  7 -year property  9 -year property  10 -year property  11 -year property  12 -year property  12 -year property  13 -year property  14 -year property  15 -year property  16 -year property  17 -year property  18 -year property  19 -year property  19 -year property  25 -yrs MM S/L  27 5 yrs MM S/L  27 5 yrs MM S/L  39 yrs MM S/L  Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20 -year Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20 -year Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20 -year Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20 -year Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20 -year Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20 -year Placed in Service During 2009 Tax Year Using the Alternative Depreciation System	18	If you are electing to	group any as	sets placed in se	rvice during the	e tax year i	nto one or n	nore general			-
(a) Classification of property (b) Month and year placed in Service  (c) Basis for depreciation (business/investment use only-see instructions)  (d) Recovery pend (e) Convention (f) Method (g) Depreciation deduction  (g) Depre		asset accounts, chec	k here • •			• • • • •			$\cdot \sqcap \mid$		
(a) Classification of property year placed in service (business/investment use only-see instructions)  19a 3-year property b 5-year property c 7-year property		Section	on B - Assets	Placed in Service	e During 2009	Tax Year	Using the G	eneral Deprec	iation Sy	stem	
19a   3-year property		(a) Classification of pro	perty	year placed in	(business/investr	ment use	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
C 7-year property   Statement # 50     143	19a	3-year property		-		<i>'</i>	-				
c         7-year property         \$143           d         10-year property         \$15-year property           e         15-year property         \$25-year property           f         20-year property         \$25 yrs         \$5/L           h         Residential rental property         \$27 5 yrs         \$MM         \$5/L           i         Nonresidential real property         \$39 yrs         \$MM         \$5/L           i         Nonresidential real property         \$MM         \$5/L           Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System         \$5/L           20a         Class life         \$5/L           b         12-year         \$12 yrs         \$5/L           c         40-year         40 yrs         \$MM         \$5/L	b	5-year property		1							
d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property  Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20 a Class life b 12-year c 40-year		7-year property	Statement # 5	5 <b>þ</b>							143
f         20-year property         25 yrs         S/L           g         25-year property         25 yrs         S/L           h         Residential rental property         27 5 yrs         MM         S/L           i         Nonresidential real property         39 yrs         MM         S/L           Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System           20 a         Class life         S/L           b         12-year         12 yrs         S/L           c         40-year         40 yrs         MM         S/L		10-year property		1							
g         25-year property         25 yrs         S/L           h         Residential rental property         27 5 yrs         MM         S/L           i         Nonresidential real property         39 yrs         MM         S/L           Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System           20 a         Class life         S/L           b         12-year         12 yrs         S/L      c         40-year         MM         S/L	- е	15-year property	-								
h         Residential rental property         27 5 yrs         MM         S/L           i         Nonresidential real property         39 yrs         MM         S/L           Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System           20a         Class life         S/L           b         12-year         12 yrs         S/L           c         40-year         MM         S/L		20-year property		1							
Property   27 5 yrs   MM   S/L	g	25-year property		7			25 yrs		S/L		
i Nonresidential real 39 yrs MM S/L property MM S/L  Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20 a Class life S/L  b 12-year 12 yrs S/L  c 40-year 40 yrs MM S/L		Residential rental		1			27 5 yrs	ММ	S/L		
i         Nonresidential real property         39 yrs         MM         S/L           Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System           20a         Class life         S/L           b         12-year         12 yrs         S/L           c         40-year         MM         S/L		property					27 5 yrs	ММ	S/L		
Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System  20 a Class life S/L  b 12-year 12 yrs S/L  c 40-year 40 yrs MM S/L	<u> </u>	Nonresidential real					39 yrs	MM	S/L		
Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System   20 a Class life   S/L		property						MM	S/L		
20 a         Class life         S/L           b         12-year         12 yrs         S/L           c         40-year         40 yrs         MM         S/L			n C - Assets	Placed in Service	During 2009	Tax Year U	sing the Alt	ernative Depre	ciation	Syster	<u> </u>
b         12-year         12 yrs         S/L           c         40-year         40 yrs         MM         S/L	20 a		·					·			
c 40-year 40 yrs MM S/L	b	12-year		1			12 yrs				
<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	_			<del>                                     </del>				ММ			<del></del>
			v (see instru	ictions)			·	<del>,</del>			· · · · · · · · · · · · · · · · · · ·

Listed property Enter amount from line 28 .................

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the

21

22

23

4,855

22