

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Form 990-EZ

#### 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)

Sponsoning 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)

Department of the Treasury Internal Revenue Service For the 2009 calendar year, or tax year beginning , and ending Check if applicable Please C Name of organization Employer identification number use IRS Good Shepherd Center Foundation, Address change label or 35-2364483 Name change print or Initial return Number and street (or P O box, if mail is not delivered to street address) Telephone number type. Room/suite See 16 North Fifth Avenue 910-452-2217 Termination Specific Group Exemption Amended return City or town, state or country, and ZIP + 4 Instruc-NC 28401 Wilmington Number Application pending tions • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A X if the organization is not Check ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527 Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory b 5b Less, cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c SCANNED MAY 148,2040 Special events and activities (complete applicable parts of Schedule G). If any amount is from garning, check here Gross revenue (not including \$ of contributions reported on line 1) Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances 7b Less. cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c Other revenue (describe 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe 16 0 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) ğ 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 22 Cash, savings, and investments Land and buildings 23 24 24 Other assets (describe 0 0 25 25 Total assets 0 26 Total liabilities (describe 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

For	m 990-EZ			ter Foundati		5-2364483				Page 2
	Part III	Statement of Prog		complishments (	See the instruct	ions for Part III	.)			penses
Wh	iat is the or	ganization's primary exemp	t purpose?						-	for section and 501(c)(4)
		was achieved in carrying of						ore	ganızatıd	ons and section
		ibe the services provided, t	he number of perso	ns benefited, or other re	levant information fo	Г		l	47(a)(1) others	trusts; optional
each program title.  28 N/A										)
		•								
	(Grants \$		. If this amount in	cludes foreign grants, ch	ock boro	_	<b>-</b>	28a		
29	(Grants 3		) it this amount inc	addes foreign grants, cri	eck fiere		<u>'</u> '-	200		
		•	-							
	(Grants \$		) If this amount inc	cludes foreign grants, ch	eck here	•	$\Box$	29a		
30	(Ciamo V		, <u></u>	<u> </u>			<del></del>			
	(Grants \$		) If this amount inc	cludes foreign grants, ch	eck here	•		30a		
31	Other prog	gram services (attach schee				_				
32	(Grants \$	gram service expenses (a		cludes foreign grants, ch	eck here	<b>&gt;</b>		31a 32		
	Part IV	List of Officers, Directo				mpensated (See t		struction		
		(a) Nar	ne and address		(b) Title and average hours per week	(c) Compensation (If not paid,	emplo		efit plans &	
					devoted to position	enter -0)	detei	rrea com	pensation	other allowances
					ļ		<u> </u>			
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	-	•								
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			· · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
				· .						<u>.</u>
DA	Α								Fo	m <b>990-EZ</b> (2009)

			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	<del>                                     </del>	X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	34		x
35	the changes  If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported	34	$\vdash$	<del> </del>
33	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	<del></del>		1
_	6033(e) notice, reporting, and proxy tax requirements?	35a		x
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			
b	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38a	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:			
а	Initiation fees and capital contributions included on line 9	!		
b	Gross receipts, included on line 9, for public use of club facilities	!		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		l	
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶		ĺ	
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			<del></del>
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified		ĺ	
	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		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			}
	4955, and 4958   Seeklar 504(a)(4) assessment of the amount of the angle of the control of the c	-		
d				
_	reimbursed by the organization	-		ŀ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed NC	[ 406 ]		
42a	Elot the states that which a copy of the rotativite med '	10-45	2-2	217
	16 North Fifth Avenue			
	Located at ▶ Wilmington, NC ZIP+4 ▶ 28	8401		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		•	
	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:	_		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	_		
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country.	_		
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here			<b>&gt;</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		ſ		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			<del></del>
	Form 990-EZ	. 44		X
45	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			X
<del></del> -		45 Form 99	0-E	Z

orm	990-EZ(2009) Good Shepherd Center Foundation, 35-2364483		Page 4			
Pa	rt VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All se	ction				
	501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer question		)b			
	and complete the tables for lines 50 and 51.					
16	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	Ye	s No			
	candidates for public office? If "Yes," complete Schedule C, Part I	46	X			
7	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X			
8	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					
9a	Did the organization make any transfers to an exempt non-chantable related organization?					
b	If "Yes," was the related organization a section 527 organization?	49b	X			
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key					
	employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."					
	(b) Title and average (c) Compensation (d) Contributions to	(e) Exp				
	than \$100,000 hours per week devoted to position deferred compensation	accoun other allo				
None		other and				
10116	·					
	·					
	· · ·					
	T. I					
f	Total number of other employees paid over \$100,000					
	\$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000.	mpensatio				
•••		inpensatio				
МО	nne <sub>.</sub>					
	• • • •					
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	·					
	Tatal annual as of other radio and and analyzed as a paragraph as a super \$100,000					
ď	Total number of other independent contractors each receiving over \$100,000					
	Under appelling of any and idealogs that I have a supposed the return updating agreement upgradules and statements and to the heat of my know	dodaa				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know and belief, it is the correct, and complete Declaration of preparer (other, than officer) is based on all information of which preparer has any knowledge.	neuge ge				
Sigi						
Her						
ICI	CHARLES FRANKLIN FUAR					
	Type or print name and title					
		ying Number	(See instr.)			
Paid	Preparer's self-	-	•			
	17970 - 57007 - 57007	289 6-171	0030			
la Only						
use	e Only if self-employed). 710 Military Cutoff Rd Ste 250 Phone	056	0005			
		-256-	_			
May	the IRS discuss this return with the preparer shown above? See instructions	Yes	No			
	For	m 990-E	<b>Z</b> (2009)			

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

Department of the Treasury Internal Revenue Service

# **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

Name of the organization Good Shepherd Center Foundation, Employer id 35-230

Part I Reason for Public Charity Status (All organizations must complete this part.) See instruct

Employer identification number 35-2364483

			1110.								1100		
Pa	rt I	Rease	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ns.		
he c	orgar	nization is not a	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box )							
1	$\bigcap$			ciation of churches described in			A)(i).						
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)												
3	П	A hospital or a	I or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Ħ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
•	ш	city, and state		,				,		•			
5	$\Box$	-	•	a college or university owned or	operated	by a gove	ernmenta	al unit de	escribed	lın			
•	ш	•	b)(1)(A)(iv). (Complete Part I	•	<b>.</b>	-, - 3							
c	$\Box$	•			tion 170/	h)(1)(A)(v	۸						
6	X		ate, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	Λ	•	ganization that normally receives a substantial part of its support from a governmental unit or from the general public										
_			section 170(b)(1)(A)(vi). (Co										
8	H	•		70(b)(1)(A)(vi). (Complete Part II									
9		-		more than 33 1/3 % of its suppo									
		•	•	ot functions—subject to certain e	•					T ITS			
			•	d unrelated business taxable inco	•		11 tax) fr	om busi	nesses				
			J	, 1975 See section 509(a)(2). (	•	•							
10			•	xclusively to test for public safety		•							
11		-	•	xclusively for the benefit of, to pe				-					
		•		d organizations described in sec						tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	n and com	plete lines	11e thr	ough 11	h				
		a Type		c Type III–Functions			d		e III-Ot	her			
е		-		inization is not controlled directly									
		persons other	r than foundation managers a	and other than one or more public	cly suppor	ted organ	ızatıons	describe	ed in sec	ction			
		509(a)(1) or s	ection 509(a)(2).										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or 1	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
_		following per	sons?										
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wi	th persons	s describe	d in (ii)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(ı)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(II)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii)	,	
h		` '	ollowing information about the		•	•	••						
(i)	Name	e of supported	(II) EIN	(III) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify	(VI)	Is the	(vii) Am	ount of	
1.7		anization	. ,	(described on lines 1-9	ın col (i) lı	sted in your		nization in	organizat		supp	ort	
			above or IRC section		governing document?		col (i) of your support?			zed in the			
				(see instructions))	Yes	No	Yes	No	Yes	No			
											<del>, -</del>		
								<u> </u>					
			<del></del>		<del> </del>	<del></del>			<del>                                     </del>		_		
					<del> </del>	<u> </u>	<u> </u>	<u> </u>	-	$\vdash$			
					+			<b></b> -	-	$\vdash$			
					<del>                                     </del>	<del> </del>							_
rata								•					

Sche	dule A (Form 990 or 990-EZ) 2009 GOO					-2364483	Page 2
Pa	rt II Support Schedule for Or				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you che	cked the box of	on line 5, 7, or	8 of Part I.)			
	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·		<u>.                                    </u>
Cal	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")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	-
	tion B. Total Support						
Cai	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					ļ <u>.</u>	<del> </del>
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 carned on					0	
10 11	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						
12	Gross receipts from related activities, etc. (s	see instructions)			1	12	•
13	First five years. If the Form 990 is for the co	•	second third fourt	or fifth tay year a	as a section 501(c)		······································
13	organization, check this box and stop here	_	secona, ama, icara	i, or murtax year e	13 & 30000011 30 1(0)	(3)	▶ □
Sec	tion C. Computation of Public Su		ide				
14	Public support percentage for 2009 (line 6,	-		n)		14	%
	Public support percentage from 2008 Scher	• •	-	''))		15	
15 16-	33 1/3 % support test—2009. If the organic			) and line 14 is 22	1/2 0/ or more, she		
16a				o, and line 14 is 55	1/3 /6 Of Hibre, Crit	SCK UIIS DOX	▶ □
_	and stop here. The organization qualifies a 33 1/3 % support test—2008. If the organization		-	or 16a, and line 15	is 33 1/3 % or more	a chack this	
b	• • • • • • • • • • • • • • • • • • • •				15 33 1/3 /6 01 111011	e, check this	▶ □
47-	box and stop here. The organization qualifited 10%-facts-and-circumstances test—2009			•	or 16h and line 14	Lio 109/ or	
17a		ŭ		•			
	more, and if the organization meets the "fac		•	•	•	v now are	▶ □
ı.	organization meets the "facts-and-circumsta	•	•		_	no 15 in 100/	
þ	10%-facts-and-circumstances test—2008	<del>-</del>					
18	more, and if the organization meets the "fac organization meets the "facts-and-circumsta Private foundation. If the organization did	ances" test. The org	ganızatıon qualifies	as a publicly supp	orted organization		► X
	_					• •	

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

Part IV		ood Shepherd Cente tion. Complete this part to p		35-23644 required by Part	
		and Part III, line 12. Provid			
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