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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)

2010

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A Fo	r the	2010 calendar year, or tax year beginning , 2010, and ending		, 20		
	eck if olicable	C Name of organization, number and street, city, town, state, and ZIP code	D Employer	identification number		
\Box	dress ch	Please				
Na	ne cha	lahel or	38-3399282			
Init	al retur	n livre THE GOOD SHEPHERD ORPHANAGE	E Telephone	number		
Ter	minated	see Specific & SCHOOL FOUNDATION	859-586	6-8213		
Am	ended i	Instruct 1.0.4.0. CONTAINS LITTED DETERMINE	F Group Exe	mption		
App	olication iding	Hebron KY 41048	Number I	•		
		ng Method X Cash Accrual Other (specify) ▶	H Check▶	if the organization is not		
I We	bsite			attach Schedule B		
J Tax	-exer	npt status(check only one) - 501(c)(3) 501(c)()	· ·	990-EZ, or 990-PF)		
K Che	eck I					
ΑF	orm 9	90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see ins				
		eturn, be sure to file a complete return				
		5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if				
		(Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	366,259.		
	tΙ		he instructions			
		Check if the organization used Schedule O to respond to any question in this Part I		X		
	1	Contributions, gifts, grants, and similar amounts received	1	365,422.		
	2	Program service revenue including government fees and contracts	2			
	3	Membership dues and assessments	3			
=	4	Investment income	4	837.		
701	5 a	Gross amount from sale of assets other than inventory 5a	\ <u></u>	·		
-		Less cost or other basis and sales expenses 5b				
^		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
2 e	6	Gaming and fundraising events	'			
Z AUU Revenue	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	İ			
Š	1	Gross income from fundraising events (not including \$ of contribut	ions			
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum				
-		of such gross income and contributions exceed \$15,000) 6b				
2	١	Less direct expenses from gaming and fundraising events 6c				
)	1	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c	6 d			
,	l	Gross sales of inventory, less returns and allowances 7a	´ —			
	1	Less cost of goods sold 7b				
	ļ	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8	Other revenue (describe in Schedule O)	8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	366,259.		
	10	Grants and similar amounts paid (list in Schedule O)	10	185,393.		
	11	Benefits paid to or for members	11	· · · · · · · · · · · · · · · · · · ·		
S	12	Salaries, other compensation, and employee benefits	12			
SU:	13	Professional fees and other payments to independent contractors	13			
Expenses	14	Occupancy, rent, utilities, and maintenance	14			
Ŵ	15	Printing, publications, postage, and shipping	15	3,281.		
	16	Other expenses (describe in Schedule O)	16	925.		
	17	Total expenses. Add lines 10 through 16	▶ 17	189,599.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	176,660.		
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	'	·		
Ass		end-of-year figure reported on prior year's return)	19	36,888.		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	, , , , , , , , , , , , , , , , , , , ,		
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶ 21	213,548.		
For F	apen	work Reduction Act Notice, see the separate instructions.		Form 990-EZ (2010)		

Challef the agreement a wood School of the control	·	this Dart II			
Check if the organization used Schedule O to res (See the instructions for Pa	<u> </u>	(A) Beginn	ung of yea	r	(B) End of year
22 Cash, savings, and investments	iit (i)		5,888.		213,549.
23 Land and buildings				23	
24 Other assets (describe in Schedule O)				24	
25 Total assets		36	5,888.	25	213,549.
26 Total liabilities (describe in Schedule O)				26	
27 Net assets or fund balances (line 27 of column (B) mus	t agree with line 21)	36	5,888.	27	213,549.
Part III Statement of Program Service Accom	nplishments (see t	ne instructions for Pai	t III)		 -
Check if the organization used Schedule O to res	pond to any question in	this Part III			Expenses
What is the organization's primary exempt purpose? HUMA	NITARIAN AID	-		1	quired for section 501(c)(3)
Describe what was achieved in carrying out the organization's	exempt purposes. In a	clear and concise ma	nner,		501(c)(4) organizations and tion 4947(a)(1) trusts,
describe the services provided, the number of persons benefit				optio	onal for others)
28 ALLEVIATE POVERTY BY ASSISTI					
CLOTHING & EDUCATING CHILDRE	N IN HAITI,	ALSO HELPE	O IN		
EARTHQUAKE RELIEF IN 2010					4 206
(Grants \$ 185, 293.) If this amount include	es foreign grants, check	here	<u> </u>	28a	4,206.
29		 			
(O		h			
· · · · · · · · · · · · · · · · · · ·	es foreign grants, check	nere		29a	1
30					
					
(Grants \$) If this amount include	es foreign grants, check	here	•	30a	
31 Other program services (describe in Schedule O)	23 Torcign grants, oncok	Here		300	
. •	es foreign grants, check	here	▶ 🗍	31a	1
32 Total program service expenses (add lines 28a through				32	
Part IV List of Officers, Directors, Trustees, and Key I	Employees. List each	one even if not compa	ancated (c	oo the	e instructions for Part IV)
		one even il noi compe	siisaleu (s	ee me	instructions for runting
Check if the organization used Schedule O to res			siisaleu (s	ee me	
Check if the organization used Schedule O to res			(d) Contr	butions	to (e) Expense account and
Check if the organization used Schedule O to res (a) Name and address	pond to any question in (b) Title & average hours per week devoted to position	this Part IV	(d) Contr	ibutions	to (e) Expense account and
Check if the organization used Schedule O to res (a) Name and address EARL HOLT	pond to any question in (b) Title & average hours per week	this Part IV (c) Compensation (If not paid, enter -0)	(d) Contremployee b	ibutions	to (e) Expense account and
Check if the organization used Schedule O to res (a) Name and address EARL HOLT 9724 DECOU RYLAND HGT KY 41015	pond to any question in (b) Title & average hours per week devoted to position PRESIDNET 1	this Part IV (c) Compensation (If not paid,	(d) Contremployee b	ibutions	to (e) Expense account and
Check if the organization used Schedule O to res (a) Name and address EARL HOLT 9724 DECOU RYLAND HGT KY 41015 JOE BUSKEN	pond to any question in (b) Title & average hours per week devoted to position	this Part IV (c) Compensation (If not paid, enter -0)	(d) Contremployee b	ibutions	to (e) Expense account and
Check if the organization used Schedule O to res (a) Name and address EARL HOLT 9724 DECOU RYLAND HGT KY 41015 JOE BUSKEN 8775 OLD I CINCINNATI OH 45243	pond to any question in (b) Title & average hours per week devoted to position PRESIDNET 1 VICE PRES	this Part IV (c) Compensation (If not paid, enter -0)	(d) Contremployee b	ibutions	to (e) Expense account and
Check if the organization used Schedule O to res (a) Name and address EARL HOLT 9724 DECOU RYLAND HGT KY 41015 JOE BUSKEN 8775 OLD I CINCINNATI OH 45243 JANET MARTIN	pond to any question in (b) Title & average hours per week devoted to position PRESIDNET 1	this Part IV (c) Compensation (If not paid, enter -0)	(d) Contremployee b	ibutions	to (e) Expense account and
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Par		V)			
	Check if the organization used Schedule O to respond to any question in this Part V	·	-		
33	Did the experience experience and activity not provided to the IDS2 If "Vee " attach a	datailed description of each		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a activity in Schedule O	detailed description of each	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach	a conformed copy of the	- 33		1
•	amended documents if they reflect a change to the organization's name. Otherwise, explain the	• •			
	(see instructions)	y	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, a.	nd 7a (among others), but		-	
	not reported on Form 990-T, explain in Schedule O why the organization did not report the inco	me on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a sectio	n 501(c)(4), 501(c)(5), or			
	501(c)(6) organization subject to section 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 (see instructions)?		35b		
36	$ \label{eq:decomposition} Did the organization undergo a liquidation, dissolution, termination, or significant disposition of relative disposition of the organization of the organiz$	net assets during the year?			
	If "Yes," complete applicable parts of Schedule N		36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a O			
b	Did the organization file Form 1120-POL for this year?		37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employed	•		ı	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by t	1 1	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	ļ		
39	Section 501(c)(7) organizations Enter	1			
а	Initiation fees and capital contributions included on line 9	39a			
b	Gross receipts, included on line 9, for public use of club facilities	39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year				
	section 4911▶ , section 4912 ▶ , section 4955				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958				1
	during the year, or did it engage in an excess benefit transaction in a prior year, that has not bee prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	en reported on any or its	40b		X
•	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization		400		
·	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 .				
е	All organizations At any time during the tax year, was the organization a party to a prohibited ta	x shelter transaction?			
•	If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed				.1
42a	DALLED CZINATO	elephone no 859	-58	6-8	213
	Located at ▶ 1848 CONWAY HILLS DR KY HEBRON		48-		
b	At any time during the calendar year, did the organization have an interest in or a signature or o	ther authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other	er financial		Yes	No
	account)?		42b		Х
	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 Fo	oreign Bank			
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U S	7	42c		X
	If "Yes," enter the name of the foreign country ▶				r
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check	1 1			▶ _
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
					T
44-	Did the consenting property and desired finds the consent finess to the consent finess of the consent finess o	. h		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 mus	t be completed instead of	144-		lх
L	Form 990-EZ	must be sempleted insta-1	44a		Γ_{V}
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 of Form 990-EZ	nust be completed instead	44b	1	x
_	Did the organization receive any payments for indoor tanning services during the year?		446 44c		X
c d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," pro	vide an		L	Γ.Δ.
-	explanation in Schedule O	THE GIT	44d		X
	· p	Form	990-	ΕΖ (

Form 990-	EZ(2010) THE GOOD SHEP	HERD ORPHANA	GE		38-3399	3 282_	Pa	age 4
	•	-					Yes	No
45 Is an	ny related organization a controlled ent	ity of the organization wi	thin the meaning o	of section 512(b)(13)	7	45		X
a Did	the organization receive any payment	from or engage in any tra	insaction with a co	introlled entity within	the meaning of	i		
sect	tion 512(b)(13)? If "Yes," Form 990 and	l Schedule R must be co	mpleted instead of	f Form 990-EZ		45a		X
46 Did	the organization engage, directly or inc	lirectly, in political campa	aign activities on be	ehalf of or in opposit	on to			
cano	didates for public office? If "Yes," comp	lete Schedule C, Part I				46	ļ	Χ
Part VI	Section 501(c)(3) organiza	tions and section	4947(a)(1) nor	nexempt charita	ble trusts o	nly. All	section	on
	501(c)(3) organizations and section	n 4947(a)(1) nonexempt	charitable trusts m	iust answer question	s 47 - 49b	-		
	and 52, and complete the tables for Check if the organization used Sch	or lines 50 and 51 nedule O to respond to a	ny auestion in this	Part VI				П
-	Official in the organization used our	icadic o to respond to a	ny question in this	T dit vi			Yes	No
47 Did	the organization engage in lobbying ad	tivities? If "Yes " comple	te Schedule C. Par	rt II		47		X
	ne organization a school as described in	' '	·			48	-	X
	the organization make any transfers to		•			49a		X
		·	ie relateu organiza	illon		49b		
	es," was the related organization a sec					لسسا		
	nplete this table for the organization's f	-			ors, trustees and	a key emp	oloyee	s) wnc
each	h received more than \$100,000 of com			· ·	Ţ			
		(b) Title and average	(c) Compensat	, ,	i i	(e) Exp		
(a) Na	ame and address of each employee	hours per week		employee ber		accour		
	paid more than \$100,000	devoted to position		deferred cor	npensation	other all	owanc	es
NONE								
•	•							
compe	lete this table for the organization's five ensation from the organization. If there lame and address of each independen	is none, enter "None "	·	(b) Type of ser		\$100,000 (c) Compe		
NONE		, , , , , , , , , , , , , , , , , , ,		(2) .) p = 0. 00.				
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	number of other independent contracto	ū		4.4047/=\/4\				
	e organization complete Schedule A?		o) organizations an	ia 4947(a)(1) nonexe	empt . K	<i>7</i> 1		
	able trusts must attach a completed Sc				₽	Yes		No
	ies of penury, I declare that I have examined this re complete. Declaration of preparer (other many ffice)				vledge and belief it is	s true,		
correct, and c	complete Declaration of preparer (other than affice)) is based on all information of w	hich preparer has any kr	nowledge	<u> </u>			
				1 00	100 1007	•		
Sign				<u> 08</u>	/09/2011	L		
Here	Signature of officer			Date	e			
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	eddress FLORENCE KY	41042-			859-586-	-0307		
May the If	RS discuss this return with the prepare	r shown above? See inst	ructions		•	X Yes	\top	No
BCA		US990			For	rm 990-l	ΞŻ (2	2010)

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

2010

Open to Public Inspection

Internal Revenue Service

	e of the organization	HEDD ODDUA	NIA CE					er ident		numbe	r	
	THE GOOD SHEP							- 339				
			Status (All organizations				See ins	tructions				
	7		se it is (For lines 1 through 11,		-							
1	-;	•	ciation of churches described in	section	n 170(b)	(1)(A)(I)	•					
2)(ii). (Attach Schedule E)	4: 47 0	VI-3/43/4	\(::.\						
3	┥ :	•	organization described in sec				LVAVA	(i.i) F				
4	_	ganization operated	in conjunction with a hospital d	escribed	ı ın secti	on 170(D)(1)(A)	(III) Enti	er the no	spitais	name,	ı
- [city, and state	tad for the banefit of	a callogo or university award		tad by a	20110500	nontal	nıt dooor	bod io o	aatian		
5			a college or university owned	ог орега	ted by a	governi	nentai u	nii descr	ibea in s	ection		
۔ آ	170(b)(1)(A)(iv). (Com		commental unit described in ac	otion 1	70/6\/4\/	A 1/1/1						
6 7		-	vernmental unit described in se				r from th		ماطيماء			
, F	described in section 1	*	ibstantial part of its support fro	iii a gov	CIIIIICIII	ai uiiii o	1 110111 (1	ie genera	ai public			
8	7		0(b)(1)(A)(vi) (Complete Part	11.5								
9	-		more than 33 1/3 % of its supp		contribi	itions m	nemhers	hin fees	and are	nee		
_		• • • • • • • • • • • • • • • • • • • •	t functions - subject to certain					•	•	,00		
			unrelated business taxable in									
			1975 See section 509(a)(2)	•			,					
10	¬	, -	clusively to test for public safe				·).					
11	An organization organ	ized and operated ex	clusively for the benefit of, to	erform:	the funct	ions of,	or to ca	rry out th	e			
	purposes of one or mo	ore publicly supported	d organizations described in se	ction 50	9(a)(1) c	r sectioi	n 509(a)	(2) See	section			
	509(a)(3). Check the b	oox that describes the	e type of supporting organizati	on and c	omplete	lines 11	e throug	h 11h				
_	_ a ∐ Type i	b 📗 Type II	c 📗 Type III - Fu	nctional	ly integra	ated	d _	Type I	II - Othe	r		
e	By checking this box, I	I certify that the orga	nization is not controlled direct	ly or ind	rectly by	one or	more di	squalified	t			
	persons other than fou	ındatıon managers a	nd other than one or more pub	licly sup	ported o	rganızat	ions des	scribed in	section	l		
	509(a)(1) or section 50			_								
f	•		mination from the IRS that it is	а Туре	I, Type II	or Type	e III supp	orting				_
	organization, check the				,							L
g		-	on accepted any gift or contribu		-		•	rsons?			V	No
		-	rols, either alone or together w he supported organization?	itii peisi	JIIS desc	inbed iii	(11)			110(1)	Yes	No
	(ii) A family member of		• • •							11g(ı) 11g(ıı)		
	•	•	scribed in (i) or (ii) above?							11g(III)		
h	, .	•	supported organization(s)							119()		l
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the	ne organ-	(v) D	d vou	(vi) I	s the	(VII)		nt of
	organization	, ,	(described on lines 1-9	ızatıon	-	notify		` `	ation in		pport	
	-	٠,٨	above or IRC section	(i) listed	ın your	organiz		col			•	
			(see instructions))	gove	rning	col (i)	of your	1	nized			
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Calendar year (or fiscal year beginning in) (a) 2005 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total I Gifts, grants, contributions, and membership flees received (Do not include any "unusual grants") 242636. 230012. 230075. 121858. 365422.1 190003.	Sect	ion A. Public Support	·····	· · · · · · · · · · · · · · · · · · ·				
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Instructions Schedule A (Form 990 or 990-EZ) 20		INSTRUCTIONS				Cab	ulo A /Form 000	or 990 E7\ 2040

Form **8868**

(Rev January 2011)

Department of the Treasury 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

		• •	•				
If you ar	e filing for an Automatic 3-Month Extension, com	plete only	Part I and check this box			<u> </u>	
If you ar	e filing for an Additional (Not Automatic) 3-Monti	h Extension	, complete only Part II (on page 2 of this	form)			
Do not com	plete Part II unless you have already been grante	d an automa	tic 3-month extension on a previously filed	Form 8868			
Electronic f	filing (e-file). You can electronically file Form 8868	ıf you need	a 3-month automatic extension of time to f	ile (6 months	for a corp	oration	
equired to f	île Form 990-T), or an additional (not automatic) 3-i	month exten	sion of time. You can electronically file For	rm 8868 to re	quest an e	extension	
of time to file	e any of the forms listed in Part I or Part II with the	exception of	Form 8870, Information Return for Transfe	ers Associate	d With Ce	ertain	
Personal Be	nefit Contracts, which must be sent to the IRS in pa	aper format ((see instructions) For more details on the	electronic filir	ig of this		
orm, visit w	ww irs gov/efile and click on e-file for Charities & No	onprofits			_		
Part I	Automatic 3-Month Extension of Tim	e. Only s	submit original (no copies needed)				
A corporatio	n required to file Form 990-T and requesting an aut	tomatic 6-mo	onth extension - check this box and comple	ete Part I only	,	▶	
	porations (including 1120-C filers), partnerships, RE			-			
	e tax returns	·	·				
Туре ог	Name of exempt organization			Employer ic	lentificati	on number	
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due date for iling your	1848 CONWAY HILLS DRIVE	•					
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Enter the Re	eturn code for the return that this application is for (file a senara	te application for each return)			03	
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Application		Return	Application			Return	
s For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990-B	1						
	***	02	Form 1041-A			08	
Form 990-E		03	Form 4720			09	
Form 990-P		04	Form 5227			10	
	(sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-1	(trust other than above)	06	Form 8870			12	
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	oks are in the care of DAVID ZIMMER		0.50 600 0000	_			
•			859-689-0902	_			
	ganization does not have an office or place of busin		•			▶ ∐	
	for a Group Return, enter the organization's four di	· —	· · · · · · · · · · · · · · · · · · ·	this is for the	-	•	
check this b	ox ▶ ☐ If it is for part of the group, check this box	x ▶ 📙 an	d attach a list with the names and EINs of	all members	the extens	sion is for	
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	ation's return for						
▶ 🛛 (calendar year 20 10 or						
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2 If the tax	x year entered in line 1 is for less than 12 months, o	check reasor	n Initial return Final return				
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3 a If this ap	oplication is for Form 990-BL, 990-PF, 990-T, 4720,	, or 6069, en	ter the tentative tax, less any nonrefundab	le			
credits	See instructions		•	3a	\$		
	oplication is for Form 990-PF or 990-T, 4720, or 606	69, enter any	refundable credits and estimated tax pavi		_ 		
	nclude any prior year overpayment allowed as a cre	-		3b	\$		
	e due. Subtract line 3b from line 3a Include your p		this form, if required,				
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