

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



Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2011

OMB No 1545-0052

		Tanda Garriag				<u> </u>	<u> </u>			
Fo	r cale	ndar year 2011, or tax year beginning		, 2011,	and end	ding	, 20			
١	lame	of foundation				A Employer identif				
		The Shepherds Way	7			84-158931	.5			
. 1	lumbe	er and street (or P O box number if mail is		iddress) Roc	om/suite		•			
		4780 W Fremont Co	ourt			303-948-5				
C	City or	town, state, and ZIP code		C If exemption application	is pending,					
		Littleton CO 8012	··, ,				r			
G	Chec	ck all that apply Initial return	Initial Return of a	former public char	D 1 Foreign organizations, check here >					
		Final return	Amended return			2 Foreign organizations meeting the 85% test, check here and attach computation . ►				
	<u> </u>	Address change	Name change			terminated under section	on _			
H □		_	(c)(3) exempt private foundation 507(b)(1)(A), check here							
Ц		ion 4947(a)(1) nonexempt charitable trust	Accounting method:	,	rual	F If the foundation is in a	60-month			
		arket value of all assets at end of rom Part II, col. (c), line 16)	Other (specify)	Cash Acc	cruał	termination under section	on			
y ▶:	-	5,383.	(Part I, column (d) must	he on cach hacie	<u> </u>	507(b)(1)(B), check her	• ··· · · - []			
		Analysis of Revenue and Expenses		De on Casil basis	, , ,	<u> </u>	(d) Dishuraamanta			
		(The total of amounts in columns (b),	(a) Revenue and expenses per	(b) Net investm	nent	(c) Adjusted net	(d) Disbursements for charitable			
		(c), and (d) may not necessarily equal the amounts in column (a) (see instr))	books	income		income	purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received	30,310.	- Sugaran Caracia	1.1	The second secon	I second did not be the			
	2	Check If the foundation is not required to attach Sch B		Tales Page Stratege			112			
	3	Interest on savings and temp cash investments					10000000000000000000000000000000000000			
	4	Dividends and interest from securities								
	5a						- wich är kind			
	b	(Net rental income or (loss)	* 1.2		النب					
ē	6a	· · ·			4		٠. ـ ٢ ـ ٢ ـ ٢ ـ ٢			
Revenue	b	Gross sales price for all assets on line 6a				لين أن أن في المناسبة	Land Carrie Land			
Š	7	Capital gain net income (from Part IV, line 2)	in the second			لأغيث وكباك مكاكي سبك	<u> </u>			
	8	Net short-term capital gain			-		maria de la			
	9	Income modifications Gross sales less			المسائنة		1			
	10a	rtns & allowances Less Cost of		المنافقة معالم	<u> </u>	المنتسنة المستعدد				
	b	goods sold · · ·		752 m	<u> </u>	لايد ما المركب ومستعدم				
	11	Gross profit or (loss) (attach schedule) Other income (attach schedule)		المراعد المؤود المحادث عالم المراجد						
	12	Total. Add lines 1 through 11	30,310.							
	13	Compensation of officers,	30,310.		_					
	14	Other employee salaries and wages								
ses	15	Pension plans, employee benefits .			_		 			
ens	I	Legal fees (attach schedule)	<u> </u>							
ä	1	Accounting fees (attach schedule)		RECEIV	EN	7				
ve L	С	Other professional fees (attach schedule)								
Operating and Administrative Expen	17	Interest	17	AUCZO		SC				
nist	18	Taxes (attach schedule) (see instructions)	191	7 3 21		9				
Ē	19	Depreciation (attach sch.) and depletion				r				
Ψ	20	Occupancy		JGDEN I	J.T	-				
and	21	Travel, conferences, and meetings								
<u>n</u>	22	Printing and publications								
rati	23	Other expenses (attach schedule)								
<u>8</u>	24	Total operating and administrative								
_	25	expenses Add lines 13 through 23 .	20 560				20 5 60			
	!	Contributions, gifts, grants paid	28,569. 28,569.			<u> </u>	28,569.			
_	_	Total exp & disbursements Add lines 24 and 25 Subtract line 26 from line 12	20, 309.				28,569.			
		Excess of revenue over expenses and disbursements	1,741.		:					
	ь	Net investment income (if neg , enter -0-)	1, 171.		1	·				
		Adjusted net income (if neg , enter -0-)	', ', ', ',		- , 					
		- 12,22100 most most most most fill to the control of the control		· <u>-</u>	1		4			

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2011)

BCA

SCANNED AUG 1 6 2012

US990P\$1

P	art II	Attached schedules and amounts in the Balance Sheets description column should be for	Beginning of year		End o	f year
_		end-of-year amounts only (See inst)	(a) Book Value	(b) Book Value	e	(c) Fair Market Value
	i	Cash - non-interest-bearing	3,642.			5,383.
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶		. ,		
		Less, allowance for doubtful accts ▶			一门	
	4	Diadaga raggushia N	., .		3 - 2	
	-	Less allowance for doubtful accts	1 1			
	ا ـ					
	5	Grants receivable				
	1				1	
	6	Receivables due from officers, directors, trustees, and other				
	7	disqualified persons (attach schedule) (see the instructions) Other notes and loans				
	1	receivable (attach schedule)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		1 1.7	Park of the state of
		Less allowance for doubtful accounts				
Ş	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ÿ	10a	Investments - U S and state govt obligations (attach schedule)			-	
		Investments - corporate stock (attach schedule)				
	1	Investments - corporate bonds (attach schedule)				
		, , , , , , , , , , , , , , , , , , , ,	- 17		4 3 4	
	11	Investments - land, buildings, and equipment basis	The Branch	19 2 2 3 3		**** *********************************
		(attach schedule)				
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment basis		Service Control of the	· '*	
		Less accumulated depreciation (attach schedule)				
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers - see the				
		instructions Also, see page 1, item I)	3,642.			5,383.
	17	Accounts payable and accrued expenses	3,012.			3,303.
	18	Grants payable				
	19	Deferred revenue				化成品 粉煤片 導
ies	20	Loope from officers directors trustees and other				
Ē	l	disqualified persons · · · · · · · · · · · · · L				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ►)				
	23	Total liabilities (add lines 17 through 22)			- 1	, v
		Foundations that follow SFAS 117, check here▶ 🏋				
		and complete lines 24 through 26 and lines 30 and 31.				
ç	24	Unrestricted	3,642.	3,642	2.	
ဥ	25	Temporarily restricted	7,010	0,010		
펿	26	Permanently restricted				
œ .	-"	Foundations that do not follow SFAS 117, ck. here ▶				
Net Assets or Fund Balances					ŀ	
Ę	-	and complete lines 27 through 31.			-	
ō	27	Capital stock, trust principal, or current funds				
že Ž	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
Š	29	Retained earnings, accumulated income, endowment, or other funds				
e c						
Z	30	Total net assets or fund balances (see instructions)	3,642.	3,642	2.	<u></u>
	31	Total liabilities and net assets/fund balances (see			\neg	. 1
		instructions)	3,642.	3,642	2.	
Pa	rt III	Analysis of Changes in Net Assets or Fund Bala				<u> </u>
		net assets or fund balances at beginning of year - Part II, column (ıth T	$\overline{}$	
		f-year figure reported on prior year's return)	a,, mie 50 (must agree w	iui		2 642
		The state of the s			1	3,642. 1,741.
		amount from Part I, line 27a			2	1,/41.
		ıncreases not included in line 2 (itemize) ▶		<u>_</u>	3	
		nes 1, 2, and 3		<u>L</u>	4	5,383.
		ases not included in line 2 (itemize) ▶	- <u> </u>		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Pa	art II, column (b), line 30		6	5,383.

Form 990-PF (2011) The S				84-1	589315 Page 3			
	and Losses for Tax on Inv		7					
	the kind(s) of property sold (e.g., rea buse, or common stock, 200 shs. ML		(b)How acquired P - Purchase	(c) Date acquired	(d) Date sold			
	ouse, or common stock, 200 shs IVIL		D - Donation	(mo , day, yr)	(mo , day, yr)			
1 a			<u> </u>					
<u>b</u>								
_c								
_ d								
<u> </u>		,			<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o		(h) Gain or (loss) (e) plus (f) minus (g)				
a								
<u>b</u>								
С								
d			·-·-					
<u>e</u>		<u></u>						
Complete only for assets sh	owing gain in column (h) and owned	by the foundation o	n 12/31/69	(I) Gains (Co	l (h) gain minus			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess			less than -0-) or rom col (h))			
а								
b								
С				-				
d					 			
е								
2 Capital gain net income or (i		ilso enter in Part I, li enter -0- in Part I, lii						
3 Net short-term capital gain o			"e' _	2				
	or (loss) as defined in sections 1222(ine 8, column (c) (see instructions).	o) and (o)	-					
			>					
	ne 8		Not Investor	3				
	Under Section 4940(e) for R vate foundations subject to the secti							
If section 4940(d)(2) applies, lea	•	• •		,				
Was the foundation liable for the	section 4942 tax on the distributable	amount of any yea	ir in the base perio	od?	∏ Yes 🏻 No			
	qualify under section 4940(e) Do no							
 Enter the appropriate amour 	nt in each column for each year, see	the instructions befo	ore making any er	tries				
(a) Base period years Calendar year (or tax year be	q in) Adjusted qualifying distributi	ons N	(c) let value of itable-use assets	Distr	(d) ibution ratio vided by col (c))			
2010				(00. (07.0.				
2009								
2008			· · · · · · · · · · · · · · · · · · ·					
2007					 -			
2006		<u> </u>						
2 Total of line 1, column (d)				2				
	the 5-year base period - divide the to	otal on line 2 by 5. o	or by the number					
	peen in existence if less than 5 years			3				
, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·							
Enter the net value of noncha	aritable-use assets for 2011 from Pa	rt X, line 5		. 4				
Multiply line 4 by line 3		••••		5				
B Enter 1% of net investment in	ncome (1% of Part I, line 27b)			. 6				
Add lines 5 and 6				7				
			•					
Enter qualifying distributions		• • • • • • • • • • • • • • • • • • • •		8	<u>28,569.</u>			
	than line 7, check the box in Part VI	, line 1b, and comple	ete that part using	a 1% tax rate See	the Part VI			
instructions								
	· · · · · · · · · · · · · · · · · · ·			F	orm 990-PF (2011)			

US990P\$3

BCA

a F	orm 990-PF (2011) The Shepherds Way 8	4-15	8931	.5 p	age 4
	Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see				uge 4
_	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1				
	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)				
1		1			_
	and enter 1% of Part I, line 27b				;
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter	, }	,		j
	4% of Part I, line 12, col (b)		·	<u>.</u>	1
2		2		0	
3	 	3			
4		4		0	
5		5		0	
6	Credits/Payments		77.3	٠,٠	
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a			5	1
ì		ئۆر يارەغ	4.1.4	هر د د	, ,
	- 1		. Jan Jane	. ₹,	नी जि
Ì			i jajuung. Salahanga	, †	, - ' 🛦
7		7	-	5 &	لنديست
8		8			
		9			
9		10			
10		· · · · · · · · · · · · · · · · · · · 			
	Enter the amount of line 10 to be Credited to 2012 estimated tax ► Refunded ► 12 Part VII-A Statements Regarding Activities	11			
_			S.	Van	No
14	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	or	40	Yes	X
	Intervene in any political campaign?		1a	 	┼^
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for	or	1		\ ,
	definition)?		1b	 	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed	' '		}
	or distributed by the foundation in connection with the activities				التسبء:
	Did the foundation file Form 1120-POL for this year?		1c	ļ	X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ► \$ (2) On foundation managers ► \$			1	.
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		**		4
	on foundation managers \$		<u> </u>	شعث	4 4
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities		'	3	•
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		نعت ا		1
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	L	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	ļ	X
	If "Yes," attach the statement required by General Instruction T		"	-	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1.	
	By language in the governing instrument, or		' ec	<u> </u>	, ,
	By state legislation that effectively amends the governing instrument so that no mandatory directions			<u> </u>	
	that conflict with the state law remain in the governing instrument?		6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and	Part XV	/ 7	<u> </u>	X
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)▶				1
					4
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or	-		. 4.	الــا
	designate) of each state as required by General Instruction G? If "No," attach explanation		8ь		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			7	
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV in instructions)?	' If "Yes	,"	<u>.</u> .	1
	complete Part XIV		9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10	Х	

4 F	orm	1990-PF(2011) The Shepherds Way	84-1	5893	15	Р	age 5
I	Pai	rt VII-A Statements Regarding Activities (continued)					
_	11						
		within the meaning of section 512(b)(13)?		ļ			
		If "Yes," attach schedule (see instructions)		1	11		X
	12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		, ,			
		person had advisory privileges? If "Yes," attach statement (see instructions)			12		X
	13	Did the foundation comply with the public inspection requirements for its annual returns and exemption appli	cation?	·	13	X	
		Website address ► N/A		·			
	14		no ▶	303	-88	4-5	555
		Located at ▶ 4780 W Fremont Ct CO Littleton ZIP+4 ▶					
	15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here					▶⊤
		and enter the amount of tax-exempt interest received or accrued during the year	15			••••	· L
1	16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	-			Yes	No
		over a bank, securities, or other financial account in a foreign country?		- 1	16		X
		See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the		}	* ģ* *	- X	
		foreign country					
E	ar	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<u></u>		الاد درسه	13° 2 280
ш	-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		T		Yes	No
	12	During the year did the foundation (either directly or indirectly):		ŀ	<u> </u>	163	7 3
	14		∕es 🏻		7	-	
		(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	∕es X	No	. , ,	# 5	1. J. S.
			res 🛚	Na	* %		
		H	H-1	No	12.00		1
			/es X	No	art.	4	
			es X	No	1	(4), ^	1
		(5) Transfer any income or assets to a disqualified person (or make any of either available			,	, . , .	ļ° . ``.
			∕es ⊠	No			7. 3
		(6) Agree to pay money or property to a government official? (Exception. Check "No"				, 4,1	
		offer termination of reversions to access if the more than within 20 days.	. 🖂	.		ļ, , ·	
	_		∕es X	No	. •	ç.	1
	D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			لسم	<u> </u>	. L. 3
		Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?		⊦	1b		
		Organizations relying on a current notice regarding disaster assistance check here	▶ 📙	ľ	<u>.</u>	, pg.	*
	С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,		ŀ	بعذبعب	وكالمع المعالمة	in 2.3
	_	that were not corrected before the first day of the tax year beginning in 2011?		∤	1c		X
	2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		l		٠, ١	- 4
		operating foundation defined in section 4942(j)(3) or 4942(j)(5))		ŀ			1
	а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d	57				
			es 🛚	No	. 1	-	1
		If "Yes," list the years ▶ 20, 20, 20, 20		İ		-	1
	D	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					1
		(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)					
		to all years listed, answer "No" and attach statement - see the instructions)		-	2b		X
		If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		į	,	-	
		▶ 20, 20, 20		ļ		- ′	
•			-			- '	9
			es X	No			
		If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation			İ		4
		or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			_ ,		
		by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)		-	İ	,	
		the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			.		į
		if the foundation had excess business holdings in 2011)		L	3b		
4	la	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos	es?	[4a		X
		Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize if	s charita	ble			
_		purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?			4b		_X_

Form	990-PF(2011) The Shepherds W	lav			84.	-158	3 Y 3 I	כ	Page 6
	VII-B Statements Regarding Acti		orm 4720 May Be R	equired					
	During the year did the foundation pay or incu		Omit Trad may 20 1		100		~/		4
-	(1) Carry on propaganda, or otherwise attempt	•	n (section 4945(e))?	П	Yes	X N	lo	1	1
	(2) Influence the outcome of any specific public	-	•			□.			,
		•	• • •	П	Yes	₩ .	lo	4	ı
	on, directly or indirectly, any voter registra			· · · H		ե	i	∜'	- * ! . *
	(3) Provide a grant to an individual for travel,	•	•	· · · ·	Yes	M L	lo	.]	4
	(4) Provide a grant to an organization other th		-			₽.	_	· (3)	
	in section 509(a)(1), (2), or (3), or section	, . , , ,	•	· ··· · 📙	Yes	M	lo		']
	(5) Provide for any purpose other than religiou	us, charitable, scientific	, literary, or	_				<u> </u>	
	educational purposes, or for the prevention	n of cruelty to children of	or animals?	📙	Yes	X N	lo T	,	
b	If any answer is "Yes" to 5a(1)-(5), did any of the	the transactions fail to o	qualify under the exception	ns described	nı b		14. 140	التأنية	ـــــــا النعب
	Regulations section 53 4945 or in a current no	tice regarding disaster	assistance (see the instru	ctions)?			. L	5b	
	Organizations relying on a current notice regal	rding disaster assistanc	e check here		>				
С	If the answer is "Yes" to question 5a(4), does	the foundation claim ex	emption from the						
	tax because it maintained expenditure respons			П	Yes	\prod N	lo -		
	If "Yes," attach the statement required by Reg	•				Ч	*	777	
6a	Did the foundation, during the year, receive ar								
ou		•	· · · · · · · · · · · · · · · · · · ·		Vac		lo		
	Did the foundation, during the year, pay premi							6b	X
D		ums, directly of maneci	ny, on a personal beliefit c	Unitractr			∵	00	P 3
_	If "Yes" to 6b, file Form 8870					₽ .			
	At any time during the tax year, was the found						1177		نست النعاد
	If "Yes," did the foundation receive any proceed							7b	
Par	VIII Information About Officers	, Directors, Truste	ees, Foundation Ma	nagers, i	Highi	y Pai	a Em	pioy	ees,
	and Contractors								
1 L	st all officers, directors, trustees, foundation			T			1		
		(b) Title, and average	(a) Campanashan	(d) Cont	ributioi	ns to	1/0\ =		
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee and defe	benefi	t plans	1 ' '	•	se account owances
H	ayden P French	hours per week	(a) componication	employee	benefi	t plans	1 ' '	•	
		hours per week devoted to position	(a) componication	employee	benefi	t plans	1 ' '	•	
4	ayden P French 780 W Fremont Ct	hours per week devoted to position	(If not paid, enter -0-)	employee	benefi	t plans	1 ' '	•	
	ayden P French 780 W Fremont Ct acquelyn R French	hours per week devoted to position President 1	(If not paid, enter -0-)	employee	benefi	t plans	1 ' '	•	
	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct	hours per week devoted to position President 1 VP Treasur 1	(If not paid, enter -0-)	employee	benefi	t plans	1 ' '	•	
	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French	hours per week devoted to position President 1 VP Treasur 1 Secretary	(If not paid, enter -0-)	employee	benefi	t plans	1 ' '	•	
	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct	hours per week devoted to position President 1 VP Treasur 1	(If not paid, enter -0-)	employee	benefi	t plans	1 ' '	•	
	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French	hours per week devoted to position President 1 VP Treasur 1 Secretary	(If not paid, enter -0-)	employee	benefi	t plans	1 ' '	•	
4 J 4 P	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr	hours per week devoted to position President 1 VP Treasur 1 Secretary 1	(If not paid, enter -0-) 0 0	employee and defe	benefi rred co	t plans	1 ' '	•	
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr	hours per week devoted to position President 1 VP Treasur 1 Secretary 1	(If not paid, enter -0-) 0 0	employee and defe	benefi rred co	t plans	1 ' '	•	
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr	hours per week devoted to position President 1 VP Treasur 1 Secretary 1	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	employee and defe	benefi rred co	t plans	1 ' '	•	
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE."	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	employee and defe	benefi rred co	ns to	oth	ner all	owances
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE." Name and address of each employee.paid more than \$50,000	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	owances se accoun
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE."	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	owances se accoun
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE." Name and address of each employee.paid more than \$50,000	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	owances se accoun
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE." Name and address of each employee.paid more than \$50,000	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	owances se accoun
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE." Name and address of each employee.paid more than \$50,000	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	owances se accoun
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE." Name and address of each employee.paid more than \$50,000	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	owances se accoun
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE." Name and address of each employee.paid more than \$50,000	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	owances se accoun
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE." Name and address of each employee.paid more than \$50,000	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	owances se accoun
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE." Name and address of each employee.paid more than \$50,000	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	owances se accoun
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE." Name and address of each employee.paid more than \$50,000	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	owances se accoun
4 J A A A A A A A A A A A A A A A A A A	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE." Name and address of each employee.paid more than \$50,000	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in hours per week	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	owances se accoun
4 J J 4 P P P P P P P P P P P P P P P P	ayden P French 780 W Fremont Ct acquelyn R French 780 W Fremont Ct 1 French 2470 Leeds Dr ompensation of five highest-paid employee none, enter "NONE." Name and address of each employee.paid more than \$50,000	hours per week devoted to position President 1 VP Treasur 1 Secretary 1 s (other than those in (b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	structions) (d) Conti employ	benefi rred co	ns to efit	(e) E	xpens	owances se accoun

Form 990-PF (2011) The Shepherds way		309313 Page 7
Part VIII Information About Officers, Directors, Trustees, Fo and Contractors (continued)	undation Managers, Highly F	Paid Employees,
3 Five highest-paid independent contractors for professional services (see the	he instructions). If none, enter "NO	NE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		1
		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	
List the foundation's four largest direct charitable activities during the tax year. Incl.	ude relevant statistical info such	
as the number of organizations and other beneficiaries served, conferences conve		Expenses
1 See Part XV Question 3a		
		•
		28,569.
2		20,000.
		•
		
3	· · · · · · · · · · · · · · · · · · ·	
4		
Part IX-B Summary of Program-Related Investments (see in	structions)	
Describe the two largest program-related investments made by the foundation di	uring the tax year on lines 1 and 2	Amount
1		
2		
<u></u>		
All other program-related investments. See instructions		
3		
<u> </u>		
7.1.1 Add		
Total Add lines 1 through 3		l

Form 990-PF (2011)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ations, s	see instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1a	
b Average of monthly cash balances	1b	
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	4	
(attach detailed explanation)	- 455 Mar.	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount,		
see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		
6 Minimum Investment return. Enter 5% of line 5	6	
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ıs	
and certain foreign organizations check here ▶ and do not complete this part)		
1 Minimum investment return from Part X, line 6	1	
2 a Tax on investment income for 2011 from Part VI, line 5	.]	
b Income tax for 2011 (This does not include the tax from Part VI) 2b	N Newskins	
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see instructions)		
	·4	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	1 71	28,569.
a Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	20,309.
b Program-related investments-total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the	1 1	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	20 560
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.	4	28,569.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
Enter 1% of Part I, line 27b (see instructions)	5	20 5 60
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	28,569.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	undation	1
qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2011)

1

	ant XIII Undistributed income (see in	structions)			
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
	line 7		-	, , , , , , , , , , , , , , , , , , , ,	
2	Undistributed income, if any, as of the end of 2011				
а	Enter amount for 2010 only		,		•
b	Total for prior yrs 20, 20, 20			-	`
3	Excess distribs carryover, if any, to 2011	Age to a	٠,	-	
а	From 2006			:	
b	From 2007			,	
	From 2008			1 1 3 1	
	From 2009			, , , , , , , , , , , , , , , , , , , ,	
	From 2010		* * * * * * * * * * * * * * * * * * * *		
f	Total of lines 3a through e	عَدْ اللَّهُ مِنْ مِنْ مُنْ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ اللَّهُ			
4	Qualifying distributions for 2011 from Part XII,	25 to 25 5 5 to 1 2 1	A fee of the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	7.7%
7	line 4 ▶\$ 28,569.				\$
_			**************************************	The same of the same of the same	we sail u
	Applied to 2010, but not more than line 2a		1	* : 2/15	
D	Applied to undistributed income of prior	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	years (Election required - see instructions)		,	· · · · · · · · · · · · · · · · · · ·	
С	Treated as distributions out of corpus		*		
	(Election required - see instructions)		*	* * * * * * * * * * * * * * * * * * * *	
	Applied to 2011 distributable amount				
0	Remaining amt. distributed out of corpus	28,569.	,		1
5	Excess distribs carryover applied to 2011 .		* /,	· · · · · · · · · · · · · · · · · · ·	
	(If an amount appears in column (d), the				
	same amount must be shown in col (a))				
6	Enter the net total of each column as	1 100			
	indicated below:	سيد معتشد المستشارة			
а	Corpus Add lines 3f, 4c, & 4e Subtract line 5	28 , 569.	, , <u>, , , , , , , , , , , , , , , , , </u>		, , , , , , , , , , , , , , , , , , ,
b	Prior years' undistributed income Subtract	, ,		, , , , ,	
	line 4b from line 2b			***	· '',
С	Enter the amount of prior years' undistributed				A 3
	income for which a notice of deficiency	, 13 , 15 <u>s</u>			
	has been issued, or on which the section	, , ,			
	4942(a) tax has been previously assessed.	, ,			
d	Subtract line 6c from line 6b Taxable				, ,
	amount - see instructions	· ,		,	ļ
е	Undistributed income for 2010 Subtract				
	line 4a from line 2a Taxable amount -		- ,		, ,
	see instructions				
f	Undistributed income for 2011 Subtract		 ,		
-	lines 4d and 5 from line 1. This amount	· · ·			
	must be distributed in 2012	. ,	• ,	,	
7	Amounts treated as distributions out of	* 10		,	-4
	corpus to satisfy requirements imposed by				1
	section 170(b)(1)(F) or 4942(g)(3) (see				1
	instructions)	28,569.	, 4		j
8	Excess distributions carryover from 2006	20,303.			
U		•			
	not applied on line 5 or line 7 (see				į
	Instructions)			*	
9	Excess distributions carryover to 2012.		•	~ '	1
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9	,	•	ļ	4
	Excess from 2007	,	•		
	Excess from 2008			}	
	Excess from 2009 .	٠,			į
	Excess from 2010		, .		•
е	Excess from 2011	I	. 1		1

7

P	art XIV Private Operating Found	lations (see instr	uctions and Part VII-	A, question 9)		
1a	If the foundation has received a ruling or d	etermination letter th	nat it is a private oper	rating		
	foundation, and the ruling is effective for 2	011, enter the date of	of the ruling	▶		
b	Check box to indicate whether the foundat	ion is a private opera	ating foundation desc	cribed in section	4942(J)(3	or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	investment return from Part X for each year listed					
b	85% of line 2a					
	Qualifying distributions from Part XII,		<u> </u>			
•	line 4 for each year listed	28,569.	21,747.	20,824.	8,450.	79,590.
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					,
	Subtract line 2d from line 2c	28,569.	21,747.	20,824.	8,450.	79,590.
3	Complete 3a, b, or c for the alternative				,	
•	test relied upon.					
9	"Assets" alternative test - enter					
a	(1) Value of all assets					
	(2) Value of assets qualifying					
h	under section 4942(j)(3)(B)(i) "Endowment" alternative test - enter					
-	2/3 of minimum investment return shown					
	in Part X, line 6 for each year listed · ·					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties) · · · ·					
	(2) Support from general public and 5		ļ			
	or more exempt organizations as		1			
	provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income			-		
P	art XV Supplementary Informat	ion (Complete t	his part only if	the foundation	had \$5,000 or m	ore in
	assets at any time during	g the year - see	instructions.)			
1	Information Regarding Foundation Man	agers:				
а	List any managers of the foundation who h of any tax year (but only if they have contri				red by the foundation	before the close
	List and manager of the foundation who a	400/ 64		-A (
b	List any managers of the foundation who o partnership or other entity) of which the foundation		•	ation (or an equally la	arge portion of the ow	nership or a
2	Information Regarding Contribution, Gra	ant, Gift, Loan, Sch	olarship, etc., Prog	rams:		
	Check here ▶ ☐ if the foundation only	makes contribution	s to preselected char	ritable organizations	and does not accept	unsolicited
	requests for funds If the foundation makes	gifts, grants, etc (s	ee instructions) to inc	dividuals or organiza	tions under other con-	ditions,
	complete items 2a, b, c, and d					
a	The name, address, and telephone number	r of the person to wh	om applications sho	uld be addressed		
		,				
На	yden French 303-884-5	555 4780 W	Fremont L	ittleton C	0 80128	
_	The form in which applications should be si					
				•		
No	formal application R	equests su	bmitted by	letter No	materials	required
	Any submission deadlines					<u> </u>
	•					
No	ne					
	Any restrictions or limitations on awards, su	ich as by geographic	cal areas, charitable	fields, kinds of institu	tions, or other factors	
No	one					

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient or substantial contributor Name and address (home or business) a Paid during the year Assisting babys 9,586. Quinn An 2848 E P 85296 Public None 16,443. Public Juarez home bui 7501 Vil 80108 Mission None Soup kitchen 1,327. Hayden F 4780 W F 80128 None Public Public Food for kids 1,213. Water Wi 8130 S U 80122 None 28,569. Total ▶ 3a **b** Approved for future payment Total 3b

	gross amounts unless otherwise indicated		ted business income	Excluded	by section 512, 513, or 514	(e)
	•	(a)	(b)	(c)	(d)	Related or exempt
		Business	Amount	Excl	Amount	function income (See instructions)
1	Program service revenue	code		code		(See instructions)
·		- 3030		1 3033		
b				 		
				 		
C				ļ		
ď			 	<u> </u>		
8						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:	393	1 6 2 4 2 2 2 2 2 2 2 2 2 2 2	10° 15° 15° 15° 15° 15° 15° 15° 15° 15° 15	The state of the s	
		~ 40 L M 4 L L	デントルを対象なるという いっ	87.582	FUNDAMENTAL ACTION	The way the same and the way
	• • •					
_	Not debt-financed property			 		
6	Net rental income or (loss) from personal property			<u> </u>		
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a					
b				1		
C				1	<u>. </u>	
ď						
-				 		
е				+ ,		
		1		~	• • • • • • • • • • • • • • • • • • • •	
13	Total. Add line 12, columns (b), (d), and (e)				13	
						
	worksheet in line 13 instructions to verify calculation	s)	······································			
Par	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to t	s) he Accor		mpt Pu		
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation t XVI-B Relationship of Activities to t	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	
Par Lin	worksheet in line 13 instructions to verify calculation XVI-B Relationship of Activities to t No. Explain below how each activity for wh	he Accor	s reported in column (e)	mpt Pu	(VI-A contributed import	

	,	Exempt Org	ganizations					•			
1 Dic	the org	anization directly of	or indirectly engage	ge in any of t	he following with a	ny other or	ganization de	scribed in sec	ction	Yes	No
50	1(c) of th	e Code (other tha	n section 501(c)(3) organizatio	ons) or in section 5	27, relating	g to political o	rganizations?		1	1
a Tra	ansfers f	rom the reporting f	oundation to a no	oncharitable (exempt organizatio	n of					ا :ا
(1) Cash	١								1a(1)	X
(2) Othe	rassets								1a(2)	X
b Ot	ner trans	actions									4:
(1) Sales	s of assets to a no	ncharitable exem	pt organizati	on					1b(1)	X
					ganization					1b(2)	X
										1b(3)	X
										1b(4)	X
										1b(5)	X
(6) Perfo	rmance of service	s or membership	or fundraisin	ig solicitations					1b(6)	X
c Sh	aring of	facilities, equipmei	nt, mailing lists, o	ther assets,	or paid employees	, .				1c	X
d If t	he answ	er to any of the ab	ove is "Yes," com	plete the foll	lowing schedule C	olumn (b) s	should always	show the fail	r market v	value of the	
go	ods, othe	er assets, or servic	es given by the r	eporting four	ndation If the found	lation recei	ived less than	n fair market v	alue in a	ny transactior	ו
or	sharing a	arrangement, show	v in column (d) th	e value of the	e goods, other asse	ets, or serv	received	I			
a) Line	no (b)	Amount involved	(c) Name of no	ncharitable e	exempt organization	(d)Desc	of transfers	, transactions,	and sha	ring arrangen	nents
						l"					
						<u> </u>		<u>.</u>			
	_					ļ					
		-				<u> </u>					
		<u> </u>				ļ					
		<u> </u>				-					
	-				·	-					
	-										
											
a I	the fou	ndation directly or	Indirectly affiliate	d with or rel	ated to, one or mor	a tay ayan	nnt organizati	lone describe	1.0		
			•		or in section 527?.		···· ·			∏ Yes 🏻	No
		complete the follow		11 30 1 (0)(3))	or in section 527 : .		••••	•••		∏ ies F	y 140
		Name of organiza		(b)	Type of organization	on		(c) Description	on of relat	tionship	
				· · · · · · · ·	-,,		1	(+/ =			
									-		
	-		-	_							
					,,,,						
					, including accompanying than taxpayer) is based					and	
Sigr			omplete Declaration o	n preparer (orner	man taxpayer) is pased t	n an morman	lion of which prepa	arer nas any know	eage		
Here		H. 11	T 0						May the IR	S discuss this reti	ntu
1101		Region	rench		08/09/2	2012	Presi	dent	with the pri	eparer shown belo	
	s	ignature of officer	or trustee	1	Date		Title		(see instru	ctions)? X Yes	No
aid		Print/Type prepa		Preparer	's signature		Date	Check		PTIN	
repa	rer	Carl Gent			1 XXXX		3/09/20			0003739)
Jse C		Firm's name	▶Flatiro		Service 1	nc		Firm's EIN ▶			
_	•	Firm's address	▶735 38t		202		İ	Phone no 3	03-4	40-5541	
		L	BOULDER	CO 803	303-						
									FΛ	rm 990-DE /2	0111

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Employer identification number

84-1589315 The Shepherds Way Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, . .. charitable, etc., contributions of \$5,000 or more during the year . . . Caution. An organization that is not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

•				
chedule B	(Form 990,	990-EZ,	or 990-PF)	(2011)

Ĺ	1	Page	2
_	_	raye	~

Name of organization
The Shepherds Way

Employer identification number 84-1589315

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	Al and Pat French 12470 Leeds Dr	s 5,000.	Person X Payroll Noncash		
	AUBURN CA 95603-		(Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		s	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II If there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		s	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		

1				
US 990PF	Substantial C	2011		
Name	Address			
Al French	12470 Leeds Dr	nter street, zip code, state, an 95603-	CAAUBURN	
	:			
				i
				i