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# SCANNED JAN 0 2 2014

Department of the Treasury

## EXTENSION GRANTED UNTIL NOVEMBER 15, 2013

# **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)

OMB No 1545-0047 Open to Public

men	iai Heve	nue Service The Organization may have to use a copy of this return to satisfy	y state i	eporting requirements.	Inspection			
A F	or th	e 2012 calendar year, or tax year beginning and end	ding					
В	heck if	C Name of organization		D Employer identific	cation number			
	Addre							
	Name chang	e   Doing Business As		31-1190446				
	]Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number				
	Termı ated		on wount		)289-2861			
	Amen	ded C		G Gross receipts \$	134,731.			
F	اreturn  Applid   tion							
L	⊥tión pendi			H(a) Is this a group re				
		F Name and address of principal officer ROBERT L. GRUNDEY		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded?Yes No			
		empt status X 501(c)(3) 501(c)( ) ( (Insert no.) 4947(a)(1) or 1	527	If "No," attach a	list (see instructions)			
JV	<u>Vebsi</u>	te: ► WWW . FGSMO . COM		H(c) Group exemption	number -			
KF	orm o	organization: X Corporation Trust Association Other	L Year o	of formation: 1985 M	State of legal domicile: OH			
Pa	rt I	Summary		-				
	1	Briefly describe the organization's mission or most significant activities: PROVID	ING	RESIDENTIAL	SUPPORT &			
Activities & Governance		SERVICES TO ADULT MEN WHO ARE DISABLED MEN						
Ē	2	Check this box  if the organization discontinued its operations or disposed			ente			
Ķ		Number of voting members of the governing body (Part VI, line 1a)	OI IIIOIE	1 1				
တ္တ				3	10			
త	l	Number of independent voting members of the governing body (Part VI, line 1b)		4	10			
Ë	l	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0			
₹		Total number of volunteers (estimate if necessary)		6	10			
Ş	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	b	Net unrelated business taxable income from Form 990-T, ine 34		7b	<u> </u>			
				Prior Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)		45,087.	100.			
Š	9	Program service revenue (Part VIII, line 2g)		4,998,152.	0.			
Revenue	l .	Investment income (Part VIII-column (A), lines 3, 4, and 7d)	<u> </u>	20,031.	32,345.			
æ	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,008.	1,283.			
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,089,278.	33,728.			
_								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1,3)		0.	0.			
	14	Benefits paid to or for members (Part IX column (A), line 4)		0.	0.			
es	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,225,325.	30,714.			
ens	I	Professional fundraising fees (Part IX, column (A), fine 1.1e),		0.	<u> </u>			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	<u>.</u>					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 1-1f-24e)		1,684,005.	60,040.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		4,909,330.	90,754.			
	19	Revenue less expenses. Subtract line 18 from line 12		179,948.	<57,026.>			
or Ses			Beo	inning of Current Year	End of Year			
ales	20	Total assets (Part X, line 16)	<b>-</b>	1,797,949.	2,217,854.			
Ass	21	Total liabilities (Part X, line 26)	-	5,850.	0.			
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	<del></del>	1,792,099.	2,217,854.			
Pa	rt II	Signature Block		1,134,033.	4,411,034.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which i	preparer	has any knowledge.				
Sign	1	Signature of officer		Pate	15 13			
Her	е	ROBERT L. GRUNDEY, BOARD CHAIR		1100	15.13			
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Di	ate Check	PTIN			
Paid		BERNIE OSTROWSKI	/	1-15-13 of self-employed	P00366367			
Prep		Firm's name PLANTE & MORAN, PLLC		Firm's EIN	38-1357951			
Use		Firm's address 65 EAST STATE ST, STE 600		THUE SEIN	20-132132T			
USE	Jiii <b>y</b>			D	14\ 040 2000			
		COLUMBUS, OH 43215		Phone no. (6	514) 849-3000			
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
23200	12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2012)			

Pai	art III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III		<del></del>	
	Briefly describe the organization's mission.	DIII M MEN MIA	HALLE MODD WITH	an
	TO PROVIDE A SAFE AND NURTURING HOME FOR A EACH INDIVIDUAL CAN LEAD A LIFE OF DIGNITY			
	EACH INDIVIDUAL CAN DEAD A DIFE OF DIGNIII	, DEVELOPMENT	AND PURPOSE.	•
		<del></del>		
	Did the organization undertake any significant program services during the year which	h were not listed on		
	the prior Form 990 or 990-EZ?		☐ Yes [	$\mathbf{X}$
	If "Yes," describe these new services on Schedule O			
	Did the organization cease conducting, or make significant changes in how it conductif "Yes," describe these changes on Schedule O	cts, any program services?	XYes	
	Describe the organization's program service accomplishments for each of its three la	rgest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grarevenue, if any, for each program service reported			nd
— а		0 • ) (Reven	1,2	283
	THE ORGANIZATION PROVIDES RESIDENTIAL CARE	. ACTIVITIES	AND HABILTTAT	rTO
	PROGRAMS TO ITS RESIDENTS WHO HAVE MENTAL	RETARDATION A	ND DEVELOPMEN	ATV
	DISABILITIES. THE ORGANIZATION ALSO PROVI	DES VOCATIONA	L TRAINING.	
		<u></u>		
•	(Code) (Expenses \$ including grants of \$	) (Revenu	ue \$	
			<del></del>	
		<del></del>		
			**** <u>*</u>	
		<u> </u>		
			<del></del>	
;	(Code) (Expenses \$ including grants of \$	) (Revenu	e \$	
		·- ·- ·- ·- ·-		
	· · · · · · · · · · · · · · · · · · ·			
			·	
ı	Freg			
_	(Expenses \$ including grants of \$	) (Revenue \$	)	
	Total program service expenses ► 63,346.			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ľ	İ _	
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<del> </del> -	<u> X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		77
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Ì	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	İ		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		<b> </b>	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable  Did the ergenization report on amount for land, buildings, and equipment in Part V, line 102 if "Ves." complete Schodule D.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		i	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
<b>.</b>	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u> </u>
Ь	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	ĺ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		47
13	complete Schedule G, Part III	19		_X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (	(2012)

Part IV Checklist of Required Schedules (continued)

		Γ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			-110
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K if "No", go to line 25	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	í I		
<b>~</b>	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		İ	
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00.	j	v
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
		28b		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	ŀ		
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form 9	990 (2	2012)

FRIENDS OF GOOD SHEPHERD MANOR, 31-1190446 Form 990 (2012) INC. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans

Form 990 (2012)

14a

Х

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13c

c Enter the amount of reserves on hand

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{x}$	
Sec	tion A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year 10				
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 10				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2	X		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		Х	
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	7a		X	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7b		<u> </u>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_		
а	The governing body?	8a	X		
b	Each committee with authority to act on behalf of the governing body?	8b	_X_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		<u> </u>	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				
	Delth a supposition have least about the stars have been as efficience.	40.	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406			
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X	
11a		11a			
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120			
·	in Schedule O how this was done	12c	x		
13	Did the organization have a written whistleblower policy?	13	X		
14	Did the organization have a written document retention and destruction policy?	14	X		
15	Did the process for determining compensation of the following persons include a review and approval by independent	<u> </u>			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a		X	
	Other officers or key employees of the organization	15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16a	]	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b			
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶OH				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	avaılab	le		
	for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial		
	statements available to the public during the tax year				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨			
	ROBERT GRUNDEY - 740-289-2861				
23200			000	(00.40)	
12-10-		rorm	990	(2012)	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	oox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	-	cer an	dad	recto	or/trus	iee)	from	from related	other
	(list any hours for	Irrect				L		the	organizations (W-2/1099-MISC)	compensation
	related	e 01 (	stee			satec		organization (W-2/1099-MISC)	(VV-2/1099-IVIISC)	from the organization
	organizations	trust	al tru:		e d	mbei		(11 2/ 1000 111100)		and related
	below	Individual trustee or director	institutional trustee	-a	Key employee	Highest compensated employee	듈			organizations
	line)	Ę	Insti	Officer	Key	돌	Богшег			
(1) BOB GRUNDEY	1.00									
CHAIRMAN		X		X				0.	0.	0.
(2) ROBERT KAMMER	1.00									
TREASURER		X		X				0.	0.	0.
(3) LINDA KAMMER	1.00									
SECRETARY		X		X				0.	0.	0.
(4) MICHAEL LUKOWSKI	1.00		,							
VICE CHAIRMAN		X		X			ļ	0.	0.	0.
(5) JUDY LAWRENCE	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) JOSEPH LUKOWSKI	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) JERRY KURSBAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) DALE TARASCO	1.00							_		
BOARD MEMBER		X						0.	0.	0.
(9) SCOTT SHER	1.00							_	_	
BOARD MEMBER	1 00	X						0.	0.	0.
(10) STEVE JUDGE	1.00									_
BOARD MEMBER		X						0.	0.	<u>0.</u>
	·	-								<del></del>
	·									
	<del></del>									
	<del> </del>		-		_	-			<del></del>	
		$\vdash$								

Form 990 (2012)

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
	the example to Poport component on for the colondar year and ing with or within the example to your

(A) Name and business address <b>N</b>	ONE Description	(B) (C) n of services Compensation
2 Total number of independent contractors (including but not in \$100,000 of compensation from the organization	mited to those listed above) who recei	ved more than

Form 990 (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue ifts, Grants r Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 100 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 100 h Total, Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and 30,252. other similar amounts) 30,252. Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 103,096. assets other than inventory b Less cost or other basis 101,003 and sales expenses c Gain or (loss) 2,093. 2,093. 2,093. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities See Part IV, line 19 b Less. direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 1,283. 11 a OTHER INCOME 623000 1,283. d All other revenue 1,283. e Total. Add lines 11a-11d 33.728. 32,345. Total revenue See instructions.

Form 990 (2012) FRIENDS OF GOOD SHEPHERD MANOR, INC. 31-1190446 Page 10
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a responsion to the contains a responsion to the contains and the contains a responsion to the contains		(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<del></del>
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	18,800.	10 000		
8	Pension plan accruals and contributions (include	10,000.	18,800.		
0	section 401(k) and 403(b) employer contributions)		1		
9	Other employee benefits	11,914.	11,914.		·
10	Payroll taxes	11,314.			
11	Fees for services (non-employees):				
''	Management				
b	Legal	10,239.		10,239.	
c	Accounting	12,615.		12,615.	
d	Lobbying			12/0131	<del></del>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,554.		4,554.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	16,041.	16,041.		
14	Information technology				
15	Royalties				
16	Occupancy	1,713.	1,713.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization	1 501	1 501		
23	Insurance	1,591.	1,591.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STATE OF OHIO	12,922.	12,922.		
b	FOREIGN TAXES	365.	365.		<u> </u>
c					
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	90,754.	63,346.	27,408.	0.
26	Joint costs. Complete this line only if the organization			•	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

**Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X Beginning of year End of year 920,029. 1 141,734. Cash · non-interest-bearing Savings and temporary cash investments 1,400. 2 2 3 Pledges and grants receivable, net 3 809,694. 61,288. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 15,703. 0. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 45,273. 11 Investments - publicly traded securities 48,845. 11 Investments - other securities See Part IV, line 11 1,965,987. 12 12 13 Investments · program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 5,850. 0. 15 1,797,949. 2,217,854. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 5,850. Schedule D 25 5,850. Total liabilities. Add lines 17 through 25 26 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,792,099. Unrestricted net assets <u>2,2</u>17,854. 27 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 1,792,099. 1,797,949. 2,217,854. Total net assets or fund balances 33 33

2,217,854. Form 990 (2012)

34

Total liabilities and net assets/fund balances

· Form	990 (2012) FRIENDS OF GOOD SHEPHERD MANOR, INC.	31-11	90446	Page <b>12</b>
	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33	,728.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90	,754.
3	Revenue less expenses Subtract line 2 from line 1	3	<57	,026.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,792	,099.
5	Net unrealized gains (losses) on investments	5	42	,184.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	440	,597.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	2,217	,854.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990.   Cash X Accrual Other			Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_	_2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			İ
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	adula O	_2c	<del></del>
20	If the organization changed either its oversight process or selection process during the tax year, explain in Sch.			
sa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Act and OMB Circular A-133?	igie Auuit	20	x
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	rod audit	3a	
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	iieu auuii	3b	
	or addits, explain why in ochedule o and describe any steps taxen to dilidelyo such addits			90 (2012)
			r Onn S	(2012)

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

# **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

ions.

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

Open to Public Inspection

Name of t	the organizat	ion						E	Employer	dentificat	ion numb	er
		FRIENDS	OF GOOD SHE	EPHERI	MANO	R, IN	ic.		3	1-1190	<u>)446</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions				
Part I The organ 1	Ization is not a A church, co A school des A hospital or A medical recity, and stat An organizat section 170 A federal, sta An organizat section 170 A community An organizat activities rela income and in See section An organizat more publicly describes the a Type By checking foundation in If the organiz supporting o Since Augus (i) A perso the gove	for Public Chara private foundation invention of churches cribed in section 17 a cooperative hospin search organization of the properties	because it is. (For lines is, or association of chur (O(b)(1)(A)(ii). (Attach Sotal service organization operated in conjunction benefit of a college or unete Part II ) sent or governmental uniterves a substantial part of Part II ) section 170(b)(1)(A)(vi). Service (1) more than 33 inctions - subject to certain axable income (less section Part III ) berated exclusively to tenderated exclusively for the ations described in section organization and complete the organization is not than one or more publicly then determination from the control of the determination from the control of the determination from the control of the determination from the control of the determination from the control of the determination from the control of the determination from the control of the contr	through the chest described with a hose the dule E described with a hose the described of its support of the chest for public the benefit described to 509(a) (determines 1 described by supported the IRS that any gift or colone or together the controlled the last for public controlled the last for public described the last for public d	ist completed and in section in s	te this par only one to ction 170 170(b)(1) ribed in se perated by on 170(b)( government or contri 2) no more sinesses a See section or 509(a)(a on 11h integrated or indirectly ations desippe I, Type	t.) See ins box.) b(b)(1)(A)(iii). ction 170 a govern 1)(A)(v). ental unit of than 33 acquired be bon 509(a)(anctions of constitutions of by one of cribed in second of the follow	mental un or from the nembersh 1/3% of its y the orga 1). or to care ction 509 r more dis section 50 e III owing per	e general spring fees, as support anization ry out the (a)(3). Ch could fied 9(a)(1) or	the hospital persons off section 509	cribed in celepts from a investmen and that than 9(a)(2)	ed
		•	person described in (i) o		<u>-</u> ?					11g(iii)	1	_
L		•	•							1 19(11)	<u> </u>	—
h	Provide the i	ollowing information	about the supported or	ganization	(S)							
	of supported anization	(ii) EIN	(described on lines 1-9	in col. (i) lis governing	document?	organizat (i) of you	ion in col. r support?	(i) organizati U.S	zed in the	(vii) Amount sup	t of monetar	r <b>y</b>
			, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No			_
												_ _ _
										ı		
Total LHA For F	Paperwork Re	duction Act Notice	see the Instructions fe	or				Schedul	le A (Fori	m 990 or 99		_  2

232021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2012 FRIENDS OF GOOD SHEPHERD MANOR, INC. 31-1190446 Page 2

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	127,981.	77,256.	63,402.	45,087.	100.	313,826.
2	Tax revenues levied for the organ-						
	ızatıon'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	127,981.	77,256.	63,402.	45,087.	100.	313,826.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included	1					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						80,687.
6	Public support. Subtract line 5 from line 4					l	233,139.
	ction B. Total Support				<del></del>	<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 4	127,981.	77,256.	63,402.	45,087.	100.	313,826.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2 004	c 0.67	6 007	10 705	20 050	F0 04F
_	and income from similar sources	3,084.	6,967.	6,927.	10,785.	30,252.	58,015.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on	-					
10	Other income. Do not include gain						
	or loss from the sale of capital			67,146.	41,358.	1,283.	100 707
44	assets (Explain in Part IV)  Total support. Add lines 7 through 10			07,140.	41,330.	1,403.	
	Gross receipts from related activities,	etc. (eee instructio	ne)	<u>-</u>		12 21	481,628. ,452,093.
	First five years. If the Form 990 is for	•	•	t fourth or fifth to	v voor as a sootio		,434,033.
13	organization, check this box and stor	-	mst, second, triit	z, rourtri, or mitti ta	x year as a section	11 30 1(0)(3)	ightharpoonup
Se	ction C. Computation of Publ	ic Support Per	centage	<del></del>			
	Public support percentage for 2012 (			olumn (f))		14	48.41 %
	Public support percentage from 2011	• • • • • • • • • • • • • • • • • • • •		<b>(</b> ))		15	44.69 %
	33 1/3% support test - 2012. If the o			line 13, and line 1	4 is 33 1/3% or n	·	
	stop here. The organization qualifies			•		,	▶X
b	33 1/3% support test - 2011. If the o	organization did not	t check a box on li	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual					·	
17a	10% -facts-and-circumstances tes	t - 2012. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the "fac						·
	meets the "facts-and-circumstances"			•	· ·	J	ightharpoons
b	10% -facts-and-circumstances tes	t - 2011. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	_				•	
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box a	ind see instructions	s <b>&gt;</b>
					Sche	edule A (Form 990	or 990-EZ) 2012

232022 12-04-12

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						}
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
-	Total. Add lines 1 through 5			·	<del>                                     </del>		
	a Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						1
ł	3 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	c Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6				_		
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŧ	unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (Add lines 9, 10c, 11, and 12)				L	<u> </u>	L
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organız	zation,
Se	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage				<b></b>
	Public support percentage for 2012 (			column (f))		15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inves						<del></del>
17	Investment income percentage for 20	112 (line 10c, colur	nn (f) divided by lir	ie 13, ∞lumn (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than 3		
	more than 33 1/3%, check this box a						▶ □
k	33 1/3% support tests - 2011. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	
_	line 18 is not more than 33 1/3%, che					-	
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in:	structions	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

Employer identification number

ENDS OF GOOD SHEPHERD MANOR TNC 31-1190446

		EPHERD MANOR, INC.	31-1190446				
Pa	t I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds or	Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, lin	ne 6					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5							
	are the organization's property, subject to the organization's exclusive legal control?						
6	are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only						
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
	impermissible private benefit?		Yes No				
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	V, line 7				
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)					
	Preservation of land for public use (e.g., recreation or	education) Preservation of an historic	ally important land area				
	Protection of natural habitat	Preservation of a certified	historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last				
	day of the tax year						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic st	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure					
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax						
	year ▶						
4	Number of states where property subject to conservation ea						
5							
_	violations, and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, and						
8							
0							
9							
	include, if applicable, the text of the footnote to the organiza	mon's imancial statements that describes the o	rganization's accounting for				
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Other	Similar Assets				
	Complete if the organization answered "Yes" to Form		Cirillar 7,000tb.				
	If the organization elected, as permitted under SFAS 116 (AS		and halance sheet works of art				
			•				
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, pr the text of the footnote to its financial statements that describes these items							
ь							
_	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount						
	relating to these items	,	erroe, provide the following amounts				
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$				
	(ii) Assets included in Form 990, Part X		► \$ ► \$				
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial dain					
_	the following amounts required to be reported under SFAS 1	•	· · · · · · · · · · · · · · · · · · ·				
а	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	<b>&gt;</b> \$				
b	Assets included in Form 990, Part X		► \$ ► \$				
	•		· · · · · · · <del>- · · · · · · · · · · · ·</del>				

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Schedule D (Form 990) 2012

		OF GOOD S								Page 2
Par										
3	Using the organization's acquisition, accessi	on, and other reco	rds, checl	k any of th	e following t	hat are a si	gnificant i	use of its	collection	items
	(check all that apply).									
а	Public exhibition		a <u> </u>	Loan or ex	change pro	grams				
b	Scholarly research		e []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain how th	ney further	the organiza	ation's exer	npt purpo	se in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical tre	asures, or o	ther sımılar	assets		_	
	to be sold to raise funds rather than to be ma								_ Yes	No.
Par	t IV Escrow and Custodial Arran		lete if the	organizati	ion answere	d "Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other interme	ediary for	contribution	ons or other	assets not	ıncluded		_	
	on Form 990, Part X?								<b>」Yes</b>	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing 1	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance								<del></del>	
	Did the organization include an amount on Fe							Ļ	」Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII									Ш.
Par	t V Endowment Funds. Complete		1						1 _	<del>-</del>
	•	(a) Current year	(b) P	rior year	(c) Two ye	ears back (	( <b>d)</b> Three y	ears back	(e) Four	years back
1a	Beginning of year balance		-							
b	Contributions		<del></del>						ļ	
С	Net investment earnings, gains, and losses		<del> </del>	<del></del>	-					<del></del>
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		ļ						<del></del>	
f	Administrative expenses		<del> </del>							
g	End of year balance		1	<del></del>	<del></del>					
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as									
<b>a</b>	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should be a sh									
За	Are there endowment funds not in the posse	ssion of the organi	zation tha	at are held	and adminis	stered for th	ne organiz	ation	Г	
	by								1 1	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		0	l. 1- D0					3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
Bar	t VI Land, Buildings, and Equipm									<del></del>
Fai						1 4 3 4 -			400	
	Description of property	(a) Cost or basis (invest	ı	• •	st or other s (other)	1 1.	cumulate reciation	a	(d) Book	value
1a	Land									
b	Buildings				-					
С	Leasehold improvements									
d	Equipment									
<u>         e                           </u>	Other					_				
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colun	nn (B), line	10(c).)					0.

Schedule D (Form 990) 2012

on: Cost or end-of-year market value
Sit. Good of Grid of your market value
MARKET VALUE
HARRET VALUE
<del></del>
-
on Cost or end-of-year market value
- Cost of end-or-year market value
(b) Book value
<del></del>
<u> </u>
ments that reports the organization's
 e

232053 12-10-12

Chedule D (Form 990) 2012 FRIENDS OF GOOD SHEPHERD Part XI Reconciliation of Revenue per Audited Financial States		31-1190446 Page
1 Total revenue, gains, and other support per audited financial statements	ments with Revenue pe	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		1
a Net unrealized gains on investments	<sub>2a</sub>	
b Donated services and use of facilities	2b	<b>⊣</b> !
c Recoveries of prior year grants	2c	<del> </del>
d Other (Describe in Part XIII.)	2d	<b>⊣</b>
e Add lines 2a through 2d	20	
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990. Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	<del>-</del>
c Add lines 4a and 4b	75	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Part XII Reconciliation of Expenses per Audited Financial State	ments With Expenses p	
Total expenses and losses per audited financial statements	· · ·	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Part XIII Supplemental Information		
line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	t to provide any additional infori	mation
		Schedule D (Form 990) 20

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

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

FRIENDS OF GOOD SHEPHERD MANOR, INC.

Employer identification number 31 – 1190446

FRIENDS OF GOOD SHEFHERD MANOR, INC.   31-1130440
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
FRIENDS OF GOOD SHEPHERD MANOR, INC.'S ASSETS WERE SOLD ON DECEMBER 29,
2011 ACCORING TO A PURCHASE AGEREMENT WITH THE BUYER, SCIOTO GROUP HOME
REALTY, LLC EIN 45-3781857. THE ORGANZIATION WAS WINDING UP OPERATIONS
DURING 2012 AND PLANS ON TRANSFERRING ALL REMAINING ASSETS BY THE END
OF 2013.
FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS JOSEPH LUKOWSKI &
MICHAEL LUKOWSKI ARE FATHER & SON.
BOARD MEMBERS JERRY KURSBAN & JUDY LAWRENCE ARE BROTHER & SISTER.
BOARD TREASURER ROBERT KAMMER & BOARD SECRETARY LINDA KAMMER ARE HUSBAND & WIFE.
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD CHAIR WILL REVIEW A COPY
OF FORM 990 PRIOR TO FILING. A COPY OF FORM 990 WILL BE PROVIDED TO EACH
BOARD MEMBER POST FILING.
FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS REVIEW AND SIGN THE
CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS. IT IS THE RESPONSIBILTY
OF DIRECTORS TO DISCLOSE THE EXISTENCE OF A CONFLICT AND SHALL LEAVE THE
BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF THE CONFLICT IS
DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL
DECIDE IF A CONFLICT OF INTEREST EXISTS. THOSE WITH CONFLICTS ARE SUBJECT
TO VOTING AND PARTICIPATION RESTRICTIONS.  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

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