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**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** 2012, **and ending** 20

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C Name of organization** SHEPHERDS HOME FOUNDATION INC  
**Doing Business As** \_\_\_\_\_

**D Employer identification number** 82-0536009

Number and street (or P.O. box if mail is not delivered to street address) PO BOX 2011 Room/suite \_\_\_\_\_  
**E Telephone number** (208) 634-1152

City, town or post office, state, and ZIP code MCCALL ID 83638-2011  
**G Gross receipts \$** 118,861

**F Name and address of principal officer:** SEE ATTACHMENT #1  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I Tax-exempt status:**  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527  
**H(c)** Group exemption number ▶ \_\_\_\_\_

**J Website:** ▶ N/A

**K Form of organization**  Corporation  Trust  Association  Other ▶ \_\_\_\_\_  
**L Year of formation** 2001 **M State of legal domicile** ID

**Part I Summary**

|   |  |                |                |
|---|--|----------------|----------------|
| <b>ACTIVITIES &amp; GOVERNANCE</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><u>SECURE AND INVEST FUNDS FOR THE SUPPORT OF A FOSTER CARE HOME AND CRISIS CARE SHELTER FOR CHILDREN IN A REMOTE, RURAL AREA.</u> |                |                |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                |                |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <u>3</u>       | <u>5</u>       |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <u>4</u>       | <u>5</u>       |
|   | <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)  | <u>5</u>       |                |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <u>6</u>       |                |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <u>7a</u>      |                |
| <b>b</b> Net unrelated business taxable income from Form 990-E, line 34 | <u>7b</u>  | <u>0</u>       |                |
| <b>REVENUE</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <u>1,123</u>   |                |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  |                |                |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <u>-25,480</u> | <u>9,813</u>   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <u>31,661</u>  | <u>45,879</u>  |
|   | <b>12</b> Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <u>7,304</u>   | <u>55,692</u>  |
|   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <u>28,000</u>  | <u>20,000</u>  |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |                |                |
| <b>EXPENSES</b>   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                |                |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                |                |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶   |                |                |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <u>2,970</u>   | <u>4,451</u>   |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <u>30,970</u>  | <u>24,451</u>  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | <u>-23,666</u>   | <u>31,241</u>  |                |
| <b>NET ASSETS OR FUND BALANCES</b>                                      | <b>20</b> Total assets (Part X, line 16)   | <u>456,907</u> | <u>488,148</u> |
|   | <b>21</b> Total liabilities (Part X, line 26)  |                |                |
|   | <b>22</b> Net assets or fund balances Subtract line 21 from line 20  | <u>456,907</u> | <u>488,148</u> |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Jim Trino Signature of officer Date 5/17/13  
JIM TRINO PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**

Preparer's name RANDOLPH C MCMAHAN Preparer's signature Randy C Mcmah Date 5-15-13 Check  if self-employed PTIN P00123851  
 Firm's name ▶ RANDY C MCMAHAN CPA Firm's EIN ▶ 11-3669003  
 Firm's address ▶ P O BOX 869 Phone no. (208) 634-7086  
MCCALL ID 83638

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SECURE AND INVEST FUNDS FOR THE SUPPORT OF A FOSTER CARE HOME AND CRISIS CARE SHELTER FOR CHILDREN IN A REMOTE, RURAL AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ) (Expenses \$ 24,451 including grants of \$ 20,000 ) (Revenue \$ 55,692 )

SEE ATTACHMENT #2

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 24,451

**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)? If "Yes," complete Schedule A  | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  |     | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   |     | 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | N/A |    |
| 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   |     | 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   |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV           |     | 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  |     | 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.   |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  |     | X  |
| b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   |     | X  |
| c 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   |     | X  |
| 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   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | 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 \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV |     | 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   |     | 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   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | N/A |    |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .   | X   |    |
| 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 . . . . .   |     | 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 . . . . .  |     | 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 . . . . .                            |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . N/A  |     |    |
| 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? . . . . . N/A   |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . N/A  |     |    |
| 25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .   |     | X  |
| 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 . . . . .  |     | X  |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .  |     | X  |
| 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 of any of these persons? If "Yes," complete Schedule L, Part III . . . . . |     | X  |
| 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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  |     | 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 . . . . .  |     | 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 . . . . .  |     | 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 . . . . .  | X   |    |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  |     | 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 . . . . .  |     | X  |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .   |     | X  |
| 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 . . . . .   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

0

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, members/stockholders, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest policy, whistleblower policy, document retention, and compensation review.

Section C. Disclosure

- List of disclosure questions: 17. List the states with which a copy of this Form 990 is required to be filed. 18. Section 6104 requires an organization to make its Forms 1023... 19. Describe in Schedule O whether... 20. State the name, physical address, and telephone number...

**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.
- 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.

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

| (A)<br>Name and Title            | (B)<br>Average hours per week (list any hours for related organizations below) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |          |               |         |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|--|----------|---------------|---------|---------|--------------|------------------------------|--|---|---|
|                                  |  | INDIVIDUAL   | DIRECTOR | INSTITUTIONAL | TRUSTEE | OFFICER | KEY EMPLOYEE | HIGHEST COMPENSATED EMPLOYEE |  |   |   |
| JIM TRINO<br>PRESIDENT           | 5.00   | X  |          |               | X       |         |              |                              |  |   |   |
| MIKE KOHOUT<br>SECRETARY         | 2.50   | X  |          |               | X       |         |              |                              |  |   |   |
| MARK ROBINSON<br>TREASURER       | 0.50   | X  |          |               | X       |         |              |                              |  |   |   |
| GORDON COLBURN<br>VICE-PRESIDENT | 0.50   | X  |          |               | X       |         |              |                              |  |   |   |
| DON JASPERSON<br>DIRECTOR        | 0.50   | X  |          |               |         |         |              |                              |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |          |         |         |              |                     |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|----------|---------|---------|--------------|---------------------|--------|--|---|---|
|  |  | INDIVIDUAL   | DIRECTOR | TRUSTEE | OFFICER | KEY EMPLOYEE | HIGHEST COMPENSATED | FORMER |  |   |   |
|  |  |  |          |         |         |              |                     |        |  |   |   |
| <b>1b</b> Sub-total .....  |  |  |          |         |         |              |                     |        |  |   |   |
| <b>c</b> Total from continuation sheets to Part VII, Section A ..... |  |  |          |         |         |              |                     |        |  |   |   |
| <b>d</b> Total (add lines 1b and 1c) .....                           |  |  |          |         |         |              |                     |        |  |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....  |     | X  |
| <b>4</b> 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 ..... |     | X  |
| <b>5</b> 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 .....                       |     | X  |

**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 organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

**Part VIII Statement of Revenue**

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

|   |  |  | (A)  | (B)                                | (C)                        | (D)   |  |
|---|--|--|--|------------------------------------|----------------------------|---|--|
|   |  |  | Total revenue                                | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |  |
| GO<br>T<br>H<br>E<br>R<br>C<br>O<br>N<br>T<br>R<br>I<br>B<br>U<br>T<br>I<br>O<br>N<br>S<br>S<br>I<br>M<br>I<br>L<br>A<br>R<br>A<br>M<br>O<br>U<br>N<br>T<br>S | <b>1a</b>  | Federated campaigns  | <b>1a</b>                                    |                                    |                            |   |  |
|   | <b>b</b>   | Membership dues  | <b>1b</b>                                    |                                    |                            |   |  |
|   | <b>c</b>   | Fundraising events   | <b>1c</b>                                    |                                    |                            |   |  |
|   | <b>d</b>   | Related organizations  | <b>1d</b>                                    |                                    |                            |   |  |
|   | <b>e</b>   | Government grants (contributions)  | <b>1e</b>                                    |                                    |                            |   |  |
|   | <b>f</b>   | All other contributions, gifts, grants, & similar amounts not included above | <b>1f</b>                                    |                                    |                            |   |  |
|   | <b>g</b>   | Noncash contributions included in lines 1a-1f                                | \$   |                                    |                            |   |  |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f  |  |                                    |                            |   |  |
| P<br>R<br>O<br>G<br>R<br>A<br>M<br>M<br>I<br>C<br>E<br>N<br>U<br>E  |  |  | <b>Business Code</b>                         |                                    |                            |   |  |
|   | <b>2a</b>  |  |  |                                    |                            |   |  |
|   | <b>b</b>   |  |  |                                    |                            |   |  |
|   | <b>c</b>   |  |  |                                    |                            |   |  |
|   | <b>d</b>   |  |  |                                    |                            |   |  |
|   | <b>e</b>   |  |  |                                    |                            |   |  |
|   | <b>f</b>   | All other program service revenue  |  |                                    |                            |   |  |
| <b>g</b>  | <b>Total.</b> Add lines 2a-2f  |  |  |                                    |                            |   |  |
| O<br>T<br>H<br>E<br>R<br>R<br>E<br>V<br>E<br>N<br>U<br>E  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) |  | 8,530                              | 8,530                      |   |  |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds                           |  |                                    |                            |   |  |
|   | <b>5</b>   | Royalties  |  |                                    |                            |   |  |
|   | <b>6a</b>  | Gross Rents  | (i) Real                                     |                                    |                            |   |  |
|   |  |  | (ii) Personal                                |                                    |                            |   |  |
|   |  |  |  |                                    |                            |   |  |
|   | <b>b</b>   | Less: rental expenses  |  |                                    |                            |   |  |
|   | <b>c</b>   | Rental income or (loss)  |  |                                    |                            |   |  |
|   | <b>d</b>   | Net rental income or (loss)  |  |                                    |                            |   |  |
|   | <b>7a</b>  | Gross amount from sales of assets other than inventory                       | (i) Securities                               | 64,452                             |                            |   |  |
|   |  |  | (ii) Other                                   |                                    |                            |   |  |
|   |  |  |  |                                    |                            |   |  |
|   | <b>b</b>   | Less: cost or other basis and sales expenses                                 |  | 63,169                             |                            |   |  |
|   | <b>c</b>   | Gain or (loss)   |  | 1,283                              |                            |   |  |
|   | <b>d</b>   | Net gain or (loss)   |  | 1,283                              | 1,283                      |   |  |
| <b>8a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>   |  |                                    |                            |   |  |
| <b>b</b>  | Less: direct expenses  | <b>b</b>   |  |                                    |                            |   |  |
| <b>c</b>  | Net income or (loss) from fundraising events   |  |  |                                    |                            |   |  |
| <b>9a</b>   | Gross income from gaming activities. See Part IV, line 19  | <b>a</b>   |  |                                    |                            |   |  |
| <b>b</b>  | Less: direct expenses  | <b>b</b>   |  |                                    |                            |   |  |
| <b>c</b>  | Net income or (loss) from gaming activities  |  |  |                                    |                            |   |  |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances  | <b>a</b>   |  |                                    |                            |   |  |
|   |  | <b>b</b>   | Less: cost of goods sold                     | <b>b</b>                           |                            |   |  |
|   |  | <b>c</b>   | Net income or (loss) from sales of inventory |                                    |                            |   |  |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b>   |  |                                    |                            |   |  |
| <b>11a</b>  | NET UNREALIZED G/L: FM   |  | 45,879                                       | 45,879                             |                            |   |  |
| <b>b</b>  |  |  |  |                                    |                            |   |  |
| <b>c</b>  |  |  |  |                                    |                            |   |  |
| <b>d</b>  | All other revenue  |  |  |                                    |                            |   |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d  |  | 45,879                                       |                                    |                            |   |  |
| <b>12</b>   | <b>Total revenue.</b> See instructions   |  | 55,692                                       | 55,692                             |                            |   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . .   | 20,000                | 20,000                          |  |                             |
| 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 . . . . .   |                       |                                 |  |                             |
| 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 . . . . .  |                       |                                 |  |                             |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  |                       |                                 |  |                             |
| 9  | Other employee benefits . . . . .   |                       |                                 |  |                             |
| 10   | Payroll taxes . . . . .   |                       |                                 |  |                             |
| 11   | Fees for services (non-employees):  |                       |                                 |  |                             |
| a  | Management . . . . .  |                       |                                 |  |                             |
| b  | Legal . . . . .   |                       |                                 |  |                             |
| c  | Accounting . . . . .  |                       |                                 |  |                             |
| d  | Lobbying . . . . .  |                       |                                 |  |                             |
| e  | Professional fundraising services. See Part IV, line 17 . . .   |                       |                                 |  |                             |
| f  | Investment management fees . . . . .  |                       |                                 |  |                             |
| g  | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . .  |                       |                                 |  |                             |
| 12   | Advertising and promotion . . . . .   |                       |                                 |  |                             |
| 13   | Office expenses . . . . .   |                       |                                 |  |                             |
| 14   | Information technology . . . . .  |                       |                                 |  |                             |
| 15   | Royalties . . . . .   |                       |                                 |  |                             |
| 16   | Occupancy . . . . .   |                       |                                 |  |                             |
| 17   | Travel . . . . .  |                       |                                 |  |                             |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings . . . . .  |                       |                                 |  |                             |
| 20   | Interest . . . . .  |                       |                                 |  |                             |
| 21   | Payments to affiliates . . . . .  |                       |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization . . . . .   |                       |                                 |  |                             |
| 23   | Insurance . . . . .   |                       |                                 |  |                             |
| 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 O.)  |                       |                                 |  |                             |
| a  | SERVICE FEES  | 4,451                 | 4,451                           |  |                             |
| b  |   |                       |                                 |  |                             |
| c  |   |                       |                                 |  |                             |
| d  |   |                       |                                 |  |                             |
| e  | All other expenses  |                       |                                 |  |                             |
| 25   | <b>Total functional expenses.</b> Add lines 1 through 24e   | 24,451                | 24,451                          |  |                             |
| 26   | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X** Balance Sheet

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

|   |   | (A)               |         | (B)         |
|---|---|-------------------|---------|-------------|
|   |   | Beginning of year |         | End of year |
| <b>ASSETS</b>   | 1 Cash -- non-interest-bearing  | 46,201            | 1       | 36,239      |
|   | 2 Savings and temporary cash investments  |                   | 2       |             |
|   | 3 Pledges and grants receivable, net  |                   | 3       |             |
|   | 4 Accounts receivable, net  |                   | 4       |             |
|   | 5 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 instructions). Complete Part II of Schedule L |                   | 6       |             |
|   | 7 Notes and loans receivable, net   |                   | 7       |             |
|   | 8 Inventories for sale or use   |                   | 8       |             |
|   | 9 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         |
|   | 11 Investments -- publicly traded securities  | 410,706           | 11      | 451,909     |
|   | 12 Investments -- other securities. See Part IV, line 11  |                   | 12      |             |
|   | 13 Investments -- program-related. See Part IV, line 11   |                   | 13      |             |
|   | 14 Intangible assets  |                   | 14      |             |
|   | 15 Other assets. See Part IV, line 11   |                   | 15      |             |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 456,907   | 16                | 488,148 |             |
| <b>LIABILITIES</b>  | 17 Accounts payable and accrued expenses  |                   | 17      |             |
|   | 18 Grants payable   |                   | 18      |             |
|   | 19 Deferred revenue   |                   | 19      |             |
|   | 20 Tax-exempt bond liabilities  |                   | 20      |             |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D  |                   | 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      |             |
|   | 23 Secured mortgages and notes payable to unrelated third parties   |                   | 23      |             |
|   | 24 Unsecured notes and loans payable to unrelated third parties   |                   | 24      |             |
|   | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  |                   | 25      |             |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25  | 0                 | 26      | 0           |
| <b>FUND BALANCES</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                   |         |             |
|   | 27 Unrestricted net assets  | 27,058            | 27      | 7,058       |
|   | 28 Temporarily restricted net assets  |                   | 28      |             |
|   | 29 Permanently restricted net assets  | 429,849           | 29      | 481,090     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                   |         |             |
|   | 30 Capital stock or trust principal, or current funds   |                   | 30      |             |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund   |                   | 31      |             |
|   | 32 Retained earnings, endowment, accumulated income, or other funds   |                   | 32      |             |
|   | 33 <b>Total net assets or fund balances</b>   | 456,907           | 33      | 488,148     |
| 34 <b>Total liabilities and net assets/fund balances</b>            | 456,907   | 34                | 488,148 |             |

**Part 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  | 55,692  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 24,451  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 31,241  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 456,907 |
| 5  | Net unrealized gains (losses) on investments   | 5  |         |
| 6  | Donated services and use of facilities   | 6  |         |
| 7  | Investment expenses  | 7  |         |
| 8  | Prior period adjustments   | 8  |         |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  |         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 488,148 |

**Part XII Financial Statements and Reporting**

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

|  | Yes | No  |
|--|-----|-----|
| 1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |     |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X   |
| b Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            |     | X   |
| c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |     | N/A |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X   |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     | N/A |

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **SHEPHERDS HOME FOUNDATION INC** Employer identification number **82-0536009**

**Part III Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III--Functionally integrated
  - d  Type III--Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| SEE ATTACHMENT                     |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    | 20,000                           |

**SCHEDULE I (Form 990)**  
 Department of the Treasury Internal Revenue Service  
**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
 Attach to Form 990.

Name of the organization  
**SHEPHERDS HOME FOUNDATION INC**  
 Employer identification number  
**82-0536009**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SHEPHERDS HOME INC<br>260 N MISSION ST<br>MCCALL ID 83638 | 82-0490618 | 501 (C) (3)                   | 20,000                   |                                   | BOOK  |  | FOSTER CARE<br>HOME SUPPOR         |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 instructions  
 3 Enter total number of other organizations listed in the line 1 instructions  
**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**  
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**Schedule I (Form 990) (2012)**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

SHEPHERDS HOME FOUNDATION INC

Employer identification number

82-0536009

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS  
AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012



Name of the organization

SHEPHERDS HOME FOUNDATION INC

Employer identification number

82-0536009

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization                   | (b)<br>Primary activity | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled entity? |    |
|---|-------------------------|---|----------------------------|--|-------------------------------------|---|----|
|   |                         |   |                            |  |                                     | Yes   | No |
| SHEPHERDS HOME INC<br>260 N MISSION ST<br>MCCALL ID 83638<br>82-0490618 | FOSTER CAR<br>HOME      | IDAHO   | 501(C)(3)                  |  |                                     |   | X  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
|   |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|   | 1a | 1b | 1c | 1d | 1e | 1f | 1g | 1h | 1i | 1j | 1k | 1l | 1m | 1n | 1o | 1p | 1q | 1r | 1s | Yes | No |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|----|
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)                                |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)                              |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)                                     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s)  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>f</b> Dividends from related organization(s)   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>g</b> Sale of assets to related organization(s)  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>h</b> Purchase of assets from related organization(s)  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>i</b> Exchange of assets with related organization(s)  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)                     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)                   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s)   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses                                     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses                                     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s)                                  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s)                                |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of other organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------|-------------------------------|------------------------|--|
|                                   |                               |                        |  |

990 PRINCIPAL OFFICER NAME AND ADDRESS

ATTACHMENT 1: FORM 990 PAGE 1, LINE F

OPEN TO PUBLIC INSPECTION For calendar year 2012, or tax period beginning , and ending

Name of Organization SHEPHERDS HOME FOUNDATION INC Employer Identification Number 82-0536009

990, Page 1, Line F

Principal officer name..... JIM TRINO

or

Business Name:

Street Address .. PO BOX 2011

U.S. Address.

Zip code 83638- City MCCALL State ID

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

**990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

ATTACHMENT 2: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2012, or tax period beginning , and ending

Name of Organization SHEPHERDS HOME FOUNDATION INC Employer Identification Number 82-0536009

**Part III - Statement of Program Service Accomplishments**

Code: Expenses: 24,451 including Grants of: 20,000 Revenue: 55,692

Exempt Purpose Achievements

SECURE AND INVEST FUNDS FOR THE SUPPORT OF A FOSTER CARE HOME AND CRISIS CARE SHELTER FOR CHILDREN IN A REMOTE, RURAL AREA.

990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20

OPEN TO PUBLIC INSPECTION For calendar year 2012 or tax period beginning , and ending

Name of Organization SHEPHERDS HOME FOUNDATION INC Employer Identification Number 82-0536009

Part VI - Line 20

Individual Name or

Business Name: RANDY C MCMAHAN CPA PC

Street Address 318 MCBRIDE STREET

U.S. Address:

Zip code 83638 City MCCALL State ID

Foreign Address

City

Province or State

Country

Postal code

Phone Number (208) 634-7086

Fax Number (208) 634-4866

## 990 INFORMATION ABOUT SUPPORTED ORGANIZATIONS

ATTACHMENT 4: SCH A PAGE 1, PART I, LINE 11H - INFO ABOUT SUPPORTED ORGS

OPEN TO PUBLIC

INSPECTION

For calendar year 2012 or tax period beginning

, and ending

Name of Organization

Employer Identification Number

SHEPHERDS HOME FOUNDATION INC

82-0536009

| (a) Name(s) of Supported Organization(s) | Employer EIN | Line No. (1 to 9) or IRC Section | Governing Documents | Notify Org. of Support | Organization in the U.S. | Amount of Support |
|--|--------------|----------------------------------|---------------------|------------------------|--------------------------|-------------------|
| SHEPHERDS HOME INC                       | 82-0490618   | 501 (C) (3)                      | X                   | X                      | X                        | 20,000            |

**2012 DETAIL STATEMENTS**

SHEPHERDS HOME FOUNDATION INC  
82-0536009

| STATEMENT #1 - LNV. PUB. TRADED SEC. BEG YR (990-EO PG 11 | LINE 11A) |             |             |
|---|-----------|-------------|-------------|
|   |           | BEGINNING   | ENDING      |
| UNITS GMAC - DEF INT DEB.....                             |           | 66,600      | 81,468      |
| STANDARD & POORS.....                                     |           | 9,663       | 10,965      |
| CALAMOS INVT NEW GROWTH.....                              |           | 14,621      | -           |
| DODGE & COX - INTL STK.....                               |           | 19,791      | 21,810      |
| GROWTH FUND AMERICA.....                                  |           | 26,261      | 21,580      |
| JANUS INVT OVERSEAS.....                                  |           | 12,093      | 12,890      |
| JANUS INVT PERKINS MID CAP.....                           |           | 15,544      | 12,652      |
| LEGG MASON INC NAV VALUE.....                             |           | 26,900      | 21,764      |
| MUTUAL SER - GLOBAL DISC.....                             |           | 13,895      | 14,320      |
| JP MORGAN US GOVT MM.....                                 |           | 44,207      | 31,285      |
| PIMCO - TOTAL RETURN.....                                 |           | 16,263      | 17,915      |
| PIMCO - COMMODITY REAL RET.....                           |           | 12,265      | 10,613      |
| VANGUARD FIXED INCOME.....                                |           | 23,930      | 26,831      |
| VANGUARD TOTAL INTL STK.....                              |           | 13,733      | 14,527      |
| VANGUARD SMALL CAP INDEX.....                             |           | 28,284      | 30,904      |
| VANGUARD 500 INDEX.....                                   |           | 27,100      | 42,675      |
| VANGUARD MID CAP INDEX.....                               |           | 15,512      | 26,010      |
| VANGUARD ST BOND INDEX.....                               |           | 15,973      | 17,888      |
| VANGUARD TOTAL BOND MKT.....                              |           | 8,071       | 8,953       |
| HIGHMARK GENEVA MID CAP                                   |           | -           | 12,412      |
| TRP - INTL DISCOVERY FD                                   |           | -           | 14,447      |
|   |           | <hr/>       | <hr/>       |
| TOTAL CARRIED TO 990-EO PG 11 LINE 11A                    |           | 410,706     | 451,909     |
|   |           | <hr/> <hr/> | <hr/> <hr/> |

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number, see instructions**

|  |  |  |
|--|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>SHEPHERDS HOME FOUNDATION INC</b>                  | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>82-0536009</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>PO BOX 2011</b>                           | Social security number (SSN)<br><input type="checkbox"/>   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>MCCALL ID 83638-2011</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return)  **01**

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 of Form 990-EZ                  | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 4720 (individual)                   | 03          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

- The books are in the care of ▶ SEE ATTACHMENT #1

Telephone No. ▶ \_\_\_\_\_ FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2012 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |           |    |   |
|--|-----------|----|---|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0 |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0 |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> | \$ | 0 |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**