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

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	29,876	22	8,447
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	29,876	25	8,447
26	**Total liabilities** (describe in Schedule O)	1,958	26	1,337
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	27,918	27	7,110

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? **Religious (Biblical Financial & Marriage Counseling/Tng)**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 **Through paid and volunteer counselors and staff, SSM served our community by providing Biblically-based counseling, training, and seminars, along with direct pastoral ministry to individuals & families. SSM oversaw volunteer budget counselors, providing them with administrative support, ministry/counseling, and training.**
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a 103,487

29
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 103,487

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Peter J DeGraaf				
President	5	0	0	0
Jeffrey L Willis				
Secretary	1	0	0	0
Johnston H Wickham				
Treasurer	12	0	0	0
Peter J DeGraaf				
Key Employee	30	11,620	6,808	17,430

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7/1 , 2013, and ending 6/30 , 20 14

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Shepherd's Staff Ministries, Inc.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 321

City or town, state or province, country, and ZIP or foreign postal code
Mulvane, KS 67110

D Employer identification number
48-1195820

E Telephone number
316-777-1414

F Group Exemption Number ▶

G Accounting Method ☐ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ www.shepherdsstaffministries.org

J Tax-exempt status (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 82,679

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	32,126
	2	Program service revenue including government fees and contracts		2	50,309
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a 244		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	244
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	82,679
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	78,745
	13	Professional fees and other payments to independent contractors		13	2,595
	14	Occupancy, rent, utilities, and maintenance		14	111
	15	Printing, publications, postage, and shipping		15	12,547
	16	Other expenses (describe in Schedule O)		16	9,489
	17	**Total expenses.** Add lines 10 through 16 ▶		17	103,487
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(20,808)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	27,918
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	7,110

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SHEPHERD'S STAFF MINISTRIES INC
PO BOX 321
MULYANE KS 67110

018654

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee — Date: 2/18/15

Treasurer
Title