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Check if the organization used Schedule O to respond to any question in this Part II ☒

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.**A** For the 2013 calendar year, or tax year beginning 7/1, 2013, and ending 6/30, 2014**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.shepherdstaffministries.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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

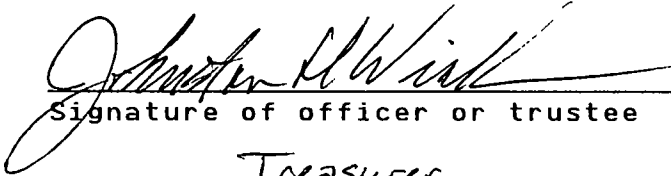
Form **990-EZ** (2013)

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Jan. 23, 2015 LTR 2695C O R
48-1195820 201406 67
00022385

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

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

2/18/15
Date

Treasurer

Title