

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)

**2018**Department of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public  
Inspection****A For the 2018 calendar year, or tax year beginning** , 2018, and ending , 20

<b>B</b> Check if applicable	<b>C</b> Name of organization <b>121</b> <b>Christ the Good Shepherd Lutheran Endowment</b>	<b>D</b> Employer identification number <b>121</b> <b>930989646</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) <b>121</b>	Room/suite
<input type="checkbox"/> Name change	4440 State Street	
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	<b>H</b> Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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**I** Website: ► **J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **121**  
Check if the organization used Schedule O to respond to any question in this Part I **121**

	RECEIVED MAY 15 2019 OS	5a	1	31,539
			2	3
1	Contributions, gifts, grants, and similar amounts received . . . . .		1	31,539
2	Program service revenue including government fees and contract . . . . .		2	
3	Membership dues and assessments . . . . .		3	
4	Investment income . . . . .		4	7134
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) . . . . .			
6	Gaming and fundraising events: . . . . .		5c	
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) . . . . .			
7a	Gross sales of inventory, less returns and allowances . . . . .	7a		
b	Less: cost of goods sold . . . . .	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .			
8	Other revenue (describe in Schedule O) . . . . .			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►		9	38673
10	Grants and similar amounts paid (list in Schedule O) . . . . .		10	10219
11	Benefits paid to or for members . . . . .		11	
12	Salaries, other compensation, and employee benefits <b>121</b> . . . . .		12	
13	Professional fees and other payments to independent contractors <b>121</b> . . . . .		13	
14	Occupancy, rent, utilities, and maintenance . . . . .		14	
15	Printing, publications, postage, and shipping . . . . .		15	
16	Other expenses (describe in Schedule O) <b>121</b> . . . . .		16	269
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►		17	10488
18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .		18	28185
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	289794
20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .		20	24480
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ►		21	293499

**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	272121	274564
23	Land and buildings	n one	none
24	Other assets (describe in Schedule O)	17673	18934
25	<b>Total assets</b>	<b>289794</b>	<b>293499</b>
26	<b>Total liabilities (describe in Schedule O)</b>	<b>none</b>	<b>none</b>
27	<b>Net assets or fund balances (line 27 of column (B) must agree with line 21)</b>	<b>289794</b>	<b>293499</b>

**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?      Serve the needs of the church and surrounding community**

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; optional for others.)

28	Operational support for Christ the Good Shepherd \$269. Church soft ball team \$575 Down payment to secure caterer for church 125 anniversary \$700 (Grants \$ 1544) If this amount includes foreign grants, check here . . . . ► <input type="checkbox"/>	28a	1544
29	Scholarships for higher Education for 3 member students \$1834 Luther House, church ministry for students at Oregon State Un \$500 Camp Lutherwood - one scholarship to attend week long summer camp \$610 (Grants \$ 2944) If this amount includes foreign grants, check here . . . . ► <input type="checkbox"/>	29a	2944
30	Youth Mission -Support church youth to attend National Conference and mission work \$3000 Backpack Buddies Program. Every weekend in the school year we feed 50 students who fall below the poverty level and have no food at home. Each grammar school child receives a bag of food to take home \$2000 (Grants \$ 5000) If this amount includes foreign grants, check here . . . . ► <input type="checkbox"/>	30a	5000
31	Other program services (describe in Schedule O) . . . . . (Grants \$ 1000) If this amount includes foreign grants, check here . . . . ► <input type="checkbox"/>	31a	1000
32	Total program service expenses (add lines 28a through 31a) . . . . . ► <input type="checkbox"/>	32	10488

**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**

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  33 ✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions  34 ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35a ✓

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  35b ✓

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  35c ✓

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  36 ✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  37b ✓

b Did the organization file Form 1120-POL for this year?  38a ✓

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b  39a  39b  40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►  40b ✓

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  41 List the states with which a copy of this return is filed  42a The organization's books are in care of ► Telephone no. ► Located at ► ZIP + 4 ►  42b ✓

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  42c ✓

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a ✓

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b ✓

c Did the organization receive any payments for indoor tanning services during the year?  44c ✓

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  44d ✓

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a ✓

b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  45b ✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Yes	No
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46

21

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

47 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

Yes	No
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47

21

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Yes	No
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48

21

49a Did the organization make any transfers to an exempt non-charitable related organization?

Yes	No
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49a

21

b If "Yes," was the related organization a section 527 organization?

Yes	No
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49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ►  Yes  No

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 <input checked="" type="checkbox"/>	<i>Anne K. Clemens</i>	<i>5/13/19</i>
	Signature of officer	Date
	<i>Anne K. Clemens, Treasurer</i>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**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.

► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
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Name of the organization

Christ then Good Shepherd Lutheran Endowment

Employer identification number

930989646

**Part I 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 12, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. **01**

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)

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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10  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.)

11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .  

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) N/A						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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Page 1 Part1 Line1 Contributions \$31,539

\$29,650 gift from church, \$1,889 gift from deceased member

Investment income line 4, \$7,134

\$100 from publically traded securities and \$3,463 ELCA Fund A and InFaith community fnd. \$3,571

Total Expenses \$10,488 *Line 17*

\$1,834 - Scholarships for higher education 3 member students

\$575 - Church softball team fee

\$700 - Down payment to caterer for church 125th Anniversary dinner

\$500 - Luther house, church ministry to college students at OR State U.

\$3,000 - Youth missions - Support church youth to attend National Conference and do mission work

\$2,000 - Backpack Buddies - During the school year we feed 50 grammer school children who are below the poverty level and have no food

at home on the weekends. Each child is given a bag of food. The school is 3 blocks from the church.

\$1,000 - Discovery Day. We serve over 200 community school age children by supplying them free school supplies, backpacks, free lunch

and info on after school activities. Informed parents of community services available to them.

\$610 - Camp Lutherwood. Paid for 1 week scholarship for 1 church youth.

Operational Support \$269

\$48 - OR Dept of Justice

\$50 - Secretary of State Corp. Div.

\$24 - TD Ameritrade statements

\$36 - Coumbia Bank statements

\$111 - InFaith Comm. admin fee

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Page 1 Part 1 Line 20, Loss of value of publicly traded securities - \$24,480

Fidelity \$7,828 , InFaith Comm. and ELCA Fund A - \$16,652

Page 2 Part 2 Line 24, Net increase in whole life insurance policy \$1,261

Value whole life insurance #0425590 beginning \$13,690, end of year \$14,752

Value whole life insurance #059564 beginning \$3,983, end of year \$4,182