TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2018

PREPARED FOR:

SHEPHERDS, INC. 299 WASHINGTON AVE BRIDGEPORT, CT 06604

PREPARED BY:

MARKS PANETH LLP 4 MANHATTANVILLE ROAD PURCHASE, NY 10577

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2019.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

	•	•			
or calendar year 2017, or fiscal year beginning	JUL 1	, 2017, and ending	JUN	30	, 20 18

OMB No. 1545-1878

Internal Revenue Service

Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number **-***4639 SHEPHERDS, INC. Name and title of officer LOUIS TAYLOR TREASURER Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b ______ 593,710. 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) _____ 2b ____ 2a Form 990-EZ check here 3a Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) _______ **3b** ______ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here **b** Balance Due (Form 8868, line 3c) _______ 5b _____ 5a Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize MARKS PANETH LLP 24639 to enter my PIN ERO firm name Enter five numbers, but as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III **Certification and Authentication ERO's EFIN/PIN.** Enter your six-digit electronic filing identification 13697410591 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Date
_

ERO's signature

e-file Providers for Business Returns.

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury

2018 A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change SHEPHERDS, INC. Name change **-***4639 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 299 WASHINGTON AVE (203) 367-4273670,656. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return BRIDGEPORT, CT 06604 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LOUIS TAYLOR for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) **◄** (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.SHEPHERDSINC.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1998 M State of legal domicile; CT ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO OPEN THE DOOR OF OPPORTUNITY **Activities & Governance** TO DISADVANTAGED INNER CITY CONNECTICUT YOUTH WITH A QUALITY COLLEGE if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** 551,150. 576,507. Contributions and grants (Part VIII, line 1h) 8 <u>15,</u>206. 17,321. Program service revenue (Part VIII, line 2g) 214. 1.848. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 149. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 568,685. 593,710. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 299,202. 293,622. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 177,195. 181,386. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 105,485. 117,769. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 581,882. 592,777. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -13,197.933. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 211,867. 213,072. Total assets (Part X, line 16) 8,800. 9,072. 21 Total liabilities (Part X, line 26) 三年 203,067. 204,000 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign LOUIS TAYLOR, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature SCOTT M. BRENNER SCOTT M. BRENNER P01247233 Paid self-employed Firm's name MARKS PANETH LLP Firm's EIN ▶ **-***8842 Preparer Firm's address 4 MANHATTANVILLE ROAD Use Only PURCHASE, NY 10577 Phone no. (914)524-9000 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROVIDE A QUALITY COLLEGE PREPARATORY EDUCATION AT A NON-PUBLIC	
	HIGH SCHOOL TO DISADVANTAGED INNER CITY CONNECTICUT YOUTH AND PROVIDE	
	A POSITIVE ROLE MODEL - A MENTOR - TO FILL A VOID IN THEIR LIVES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X 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 [If "Yes," describe these changes on Schedule O.	X No
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	t
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 502,878. including grants of \$ 293,622.) (Revenue \$ 15,2	06.
	SHEPHERDS PROVIDES INNER-CITY CONNECTICUT HIGH SCHOOL STUDENTS WITH T	HE
	FINANCING AND MENTORING SUPPORT TO OBTAIN A COLLEGE PREPARATORY	
	EDUCATION IN A NON-PUBLIC SCHOOL. SHEPHERDS RECRUITS SPONSORS WHO MAK	E
	A FOUR-YEAR COMMITMENT TO PAY PART OR ALL OF A STUDENT'S TUITION AND	
	MENTORS WHO WORK ONE-ON-ONE WITH A STUDENT PROVIDING DIRECTION AND	
	SUPPORT.	
	DURING 2018, SHEPHERDS, INC. PROVIDED FINANCIAL SUPPORT FOR SIXTY-TWO	,
	STUDENTS ENROLLED IN THE PROGRAM ACROSS TWO PARTNERSHIP HIGH SCHOOLS:	
	KOLBE CATHEDRAL IN BRIDGEPORT AND NOTRE DAME OF WEST HAVEN.	
	TWENTY-THREE STUDENTS GRADUATED FROM THEIR RESPECTIVE HIGH SCHOOLS	
	DURING THE YEAR ENDED JUNE 30, 2018.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	-
	Totaling grants of V	
	•	
_		
4c	(Code:) (Expenses \$	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 502,878.	

Form 990 (2017) SHEPHERDS, INC. 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , , , , , , , , , , , , , , , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	,_		\ \ 7,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.
4 -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	,	19		x
	complete Schedule G. Part III	ו וש		_ 41

Form 990 (2017) SHEPHERDS, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) SHEPHERDS, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

ta Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b 1a 4 1b 0 0		Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>
be Enter the number of Forms W.2G included in line 1a. Enter of A not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wirnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lided for the catendar year ending with or within the year covered by this return Note, if the sum of lines I a and 2a is greater than 250, you may be required to e-tile (see instructions) 3a Did the organization have unrelated business gross is snored of \$1,000 or more during the year? 3b If 1*Yes, 1*Nest I filled a Form 990 T for this year? If YnO, 1*to time 3b, provide an explanation in Schedule O 3b If 1*Yes, 1*Nest I filled a Form 990 T for this year? If YnO, 1*to time 3b, provide an explanation in Schedule O 3c If Yes, 1*Nest I filled a Form 990 T for this year? If YnO, 1*to time 5b, provide an explanation in Schedule O 3c If Yes, 1*Nest I filled a Form 990 T for this year? If YnO, 1*to time 5b, provide an explanation in Schedule O 3c If Yes, 1*Nest The name of the Gregin country. 3c If Yes, 1*Nest The name of the Gregin country. 3c If Yes, 1*Nest The name of the Gregin country. 3c If Yes, 1*Nest The name of the Gregin country. 3c If Yes, 1*Nest The name of the Gregin country. 3c If Yes, 1*Nest The name of the Gregin country. 3c If Yes, 1*Nest The name of the Gregin country. 3c If Yes, 1*Nest The name of the Gregin country. 3c If Yes, 1*Nest The name of the Gregin country. 3c If Yes, 1*Nest The name of The Gregin School The Gregin School The Country of The Country of The School The Country of The Country of The School The Country of The School The Country of The Country of The School The Country of The School The Country of The Country of The School The Country of The Country of The Schoo	1a		-		
to X 2 2a Enfort the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return 5 bit at least one is reported on line 2a, did the organization lie all required federal employment tax returns? 5 bit of the calendar year ending with or within the year covered by this return 5 Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-(i) (see instructions) 5 bit of the organization have unrelated business gross income of \$1,000 or more during the year? 5 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5 a Vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? State 1 and a part of the provide an explanation in Schedule O 5 bit I*Yes,* enter the name of the foreign country. ► 5 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5 was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 c Vary bit of the organization that it was or is a party to a prohibited tax shelter transaction? 5 bit I*Yes,* did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5 c Vary bit I*Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a charlable contributions? 5 bit I*Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a charlable contribution and partly for goods and services provided to the payor? 5 bit I*Yes,* did the organization include with every solicitation an express provided? 6 bit of organization receive a payment in excess of \$75 made partly as a contribution of undersolation and the payor and the payor and th		Enter the number of Fernie W Za moladed in line fat. Enter of in Not applicable	-		
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filted for the calendar year ending with or within the year covered by this return 1 at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b If "Yes," this if filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3 b If "Yes," has if filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3 b If "Yes," has if filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3 b If "Yes," has if filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3 b If "Yes," to line name of the foreign country, level of Foreign Bank and Financial accountly? 4 b If "Yes," enter the name of the foreign country, level of Foreign Bank and Financial Accounts (FBAF). 5 was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party hority the organization file Form 8866-T? 5 b Did any taxable party hority the organization file Form 8866-T? 5 c If "Yes," to line 5a or 5b, did the organization file Form 8866-T? 6 c Jose the organization have were not tax deductible as charitable contributions? 6 lif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organization sell, exchange, or otherwise dispose of tangible personal property or which it was required to file Form 8882. Filed during the year 9 b If "Yes," did the organization in excess of \$75 made party as a contribution and party for good and services provided to the payor? 7 b If the organization receive a payment in excess of \$75 made party as a contribution and party for good and services provided to the payor? 7	С			7.7	
field for the calendar year ending with or within the year covered by this return. 2a 2 2 b			1c	X	
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 4a Did the organization receive any payments for indoor tanning services during the tax year? 14a X It is a donor related person? In the service of club facilities 10b 11a 11b 11a 11b 12a 12b 12a 13a 13a 13a 13a 13a 13b 13b 13			0-		
O Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 1 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.					
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 13c 14a 2X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b				
4aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			-		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					v
				-	_^
	D	ir "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		, gan	/2017

Form 990 (2017) SHEPHERDS, INC.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 8b belo

	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 or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable)	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DANIEL MCAULIFFE - (203) 367-4273			
	299 WASHINGTON AVENUE, BRIDGEPORT, CT 06604			

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Form 990 (2017) SHEPHERDS, INC.

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

Check if Schedule O contains a response or note to any line 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.

(A)	(B)	organization compensate (C)						(D)	(E)	(F)
Name and Title	Average	Positio				ne	Reportable	Reportable	Estimated	
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of
	week	-	l an	uau	lecto	ii/ii us	.00)	from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	nsate			(W-2/1099-MISC)	(** 2, 1000 111100)	organization		
	organizations	trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BARNET PHILLIPS IV	line) 1.00	르	su	#0	.e	훈	For			
FOUNDING DIRECTOR	1.00	Х						0.	0.	0.
(2) CARRIE SINDELAR	1.00							•	•	•
DIRECTOR	200	х						0.	0.	0.
(3) DAVID MORAN	1.00									
DIRECTOR		Х						0.	0.	0.
(4) FRED MCMULLEN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) LOUIS TAYLOR	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) MARK MILANO	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) MICHAEL GRIFFIN	1.00									
FORMER VICE CHAIRMAN	1 00	Х		Х				0.	0.	0.
(8) RUBY MELTON	1.00	.,							•	0
DIRECTOR	1 00	Х						0.	0.	0.
(9) TAMMY TAYLOR DIRECTOR	1.00	Х						0.	0.	^
(10) THOMAS WYNNE	1.00	Λ						· ·	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(11) TIMOTHY STUART	1.00	25						•	•	•
CHAIRMAN AND FOUNDING DIRE	1100	х		Х				0.	0.	0.
(12) DANIEL MCAULIFFE	40.00								•	
EXECUTIVE DIRECTOR				Х				100,000.	0.	0.
		1								
		<u> </u>								
		-								
		-								
		$\frac{1}{2}$								
		<u> </u>			l			<u> </u>		

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Par	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C	I .	s (continued)		ı		
	(A)	(B)			•	C)	_		(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable		l	timate	
		hours per week					is bot or/trus		compensation	compensatio		l	othor)t
		(list any	tor					Ĺ	from the	from related organization		l	other pensa	tion
		hours for	direct				l,		organization	(W-2/1099-MIS			om the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 mile	,0,	l	anizati	
		organizations	trust	al tru		yee	om pe						d relate	
		below	Individual trustee or director	Institutional trustee	Je Je	Key employee	Highest compensated employee	ner				orga	ınizatio	ons
		line)	Indi	Insti	Officer	Key	High	Former						
			-											
			-											
			1											
							-							
			-											
					-			-						
			-											
							-							
			-											
							-	-						
			-											
								_	100 000					_
	Sub-total								100,000.		0.			0.
	Total from continuation sheets to Part VI								100,000.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>		000 ()				0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed an	oove	e) wr	10 re	eceived more than \$100,	000 of reportable	;			0
	compensation from the organization											1	Yes	No
3	Did the organization list any former officer,	director or tru	ıoto	a ka	on	مامم		٥٢	highest compensated or	nnlovoo on			103	140
3		-			•	•	•		•			3		Х
4	line 1a? If "Yes," complete Schedule J for s											3		-22
4	For any individual listed on line 1a, is the su											4		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		- 22
3	rendered to the organization? If "Yes," com	•				,			J	idal loi selvices		5		Х
Sec	tion B. Independent Contractors	piete Scrieduit	3 J I	or st	ICII Į	oers	SOLL							
1	Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ntr	acto	rs th	nat received more than \$	100 000 of comr	nensa	tion fro	m	
·	the organization. Report compensation for	•	•								701100			
	(A)			,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	. <u>g</u>				(B)			(C	;)	
	Name and business	address	NO	INC	3				Description of s	ervices	C	comper		า
2	Total number of independent contractors (in	ncluding but n	ot lir	nited	d to		_	sted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation >				()						200	

Form 990 (2017) SHEPHER
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Y,G	С	Fundraising events	1c					
ar /	d	Related organizations	1d					
s, (imil	е	Government grants (contributi	ons) 1e					
r Si	f	All other contributions, gifts, grant	ts, and					
but		similar amounts not included above	/e 1f	576,507.				
d di	g	Noncash contributions included in lines	1a-1f: \$	81,946.				
<u> ၁</u> မ	h	Total. Add lines 1a-1f			576,507.			
				Business Code				
စ္ပ	2 a	SERVICE REVENUE		900099	15,206.	15,206.		
e Ķ	b							
Se	С							
am	d							
Program Service Revenue	е							
ᇫ	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			15,206.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶ ↓	314.			314.
	4	Income from investment of tax	exempt bond p	roceeds 🕨				
	5	Royalties		······				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b							
	С	Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	78,304.					
	b	Less: cost or other basis	76 770					
		and sales expenses	76,770.					
		Gain or (loss)			1 524			1 524
		Net gain or (loss)			1,534.			1,534.
e	8 a	Gross income from fundraising including \$						
Other Reven								
Be		contributions reported on line		325.				
Jer	h	Part IV, line 18 Less: direct expenses		-				
₽		Net income or (loss) from fund		D	149.			149.
		Gross income from gaming ac	-					
	Ju	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold		1				
		Net income or (loss) from sales						
Ī		Miscellaneous Revenue		Business Code				
Ī	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			593,710.	15,206.	0.	1,997.

Form 990 (2017) SHEPHERDS, IN Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		одропосо	goriora, experiess	скропосо
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	293,622.	293,622.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 000	75 000	г 000	20 000
	trustees, and key employees	100,000.	75,000.	5,000.	20,000.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	60,500.	45,375.	3,025.	12,100.
7 8	Other salaries and wages	00,500•	±3,3/3•	3,023.	14,100.
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,000.	4,500.	300.	1,200.
10	Payroll taxes	14,886.	11,165.	744.	2,977.
11	Fees for services (non-employees):	21,000	22,2000	, , , ,	
	Management				
b	Legal				
		16,103.		12,046.	4,057.
d				·	•
е	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 Sch O.)	12,977.		9,705.	3,272.
12	Advertising and promotion				
13	Office expenses	16,749.	10,975.	955.	4,819.
14	Information technology				
15	Royalties	2 512			
16	Occupancy	3,649.	2,555.	547.	547.
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 23	Depreciation, depletion, and amortization	10,127.	2,532.	7,595.	
23 24	Other expenses. Itemize expenses not covered	10,127.	2,332.	7,3331	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COLLEGE PREP AND WORKSH	29,905.	29,905.		
b	PROGRAM DEVELOPMENT	16,834.	15,824.	505.	505.
c	STUDENT SERVICES	11,425.	11,425.		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	592,777.	502,878.	40,422.	49,477.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			46,559.	1	104,133.
	2	Savings and temporary cash investments			968.	2	22,569.
	3	Pledges and grants receivable, net			6,450.	3	5,188.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted em	oloyees. Complete			
		Part II of Schedule L	•	,		5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
v		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).		· ·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	B				9	21,663.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,969.			
	b	Less: accumulated depreciation		7,969.	0.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		157,890.	12	59,519.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal	211,867.	16	213,072.		
	17	Accounts payable and accrued expenses			8,800.	17	213,072. 9,072.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Ø	22	Loans and other payables to current and former	officers	, directors, trustees,			
<u>i</u> ‡i		key employees, highest compensated employee	s, and c	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			8,800.	26	9,072.
		Organizations that follow SFAS 117 (ASC 958), check	k here ▶ X and			
S		complete lines 27 through 29, and lines 33 an	d 34.				
ğ	27	Unrestricted net assets			117,384.	27	106,317.
ala	28	Temporarily restricted net assets		85,683.	28	97,683.	
ē	29	Permanently restricted net assets			29		
五		Organizations that do not follow SFAS 117 (A), check here ▶Ш				
٥		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
1SS.	31	Paid-in or capital surplus, or land, building, or ed	uipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, o	r other funds	202 22=	32	001.00
Z	33				203,067.	33	204,000.
	34	Total liabilities and net assets/fund balances			211,867.	34	213,072.

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2	59	2,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>33.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	3,0	67.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	20	4,0	00.
Pai	t XII Financial Statements and Reporting	•		-	
	Check if Schedule O contains a response or note to any line in this Part XII				
	·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schen	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?	_	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

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 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** **-***4639 SHEPHERDS INC Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	719,301.	589,796.	611,776.	551,150.	576,507.	3048530.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	719,301.	589,796.	611,776.	551,150.	576,507.	3048530.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						247,248.		
6	Public support. Subtract line 5 from line 4.						2801282.		
	ction B. Total Support				ı				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 4	719,301.	589,796.	611,776.	551,150.	576,507.	3048530.		
8	Gross income from interest,	1 2 7 2 2 2 2	, , , , , ,	,	, , , , , , , , , , , , , , , , , , , ,				
Ū	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	107.	78.	9.	214.	314.	722.		
9	Net income from unrelated business	20,0	, 0 0			3220	,,,,,		
3	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	·					325.	325.		
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10					323.	3049577.		
		eta (eco inetruetio	no)			12	59,752.		
12	First five years. If the Form 990 is for	•	,	t fourth or fifth to	v vear as a soction		35,132.		
13	organization, check this box and stor	-			•		ightharpoonup		
Sec	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2017 (I			olumn (f))		14	91.86 %		
	Public support percentage from 2016		•	***		15	90.36 %		
	33 1/3% support test - 2017. If the o								
	stop here. The organization qualifies	· ·		•		ore, ericeit triis ser	▶ [7]		
r	33 1/3% support test - 2016. If the o		•						
~	and stop here. The organization qual	_					▶ □		
17:	10% -facts-and-circumstances test					and line 14 is 10% (
116	and if the organization meets the "fac								
	meets the "facts-and-circumstances"			-	•	_	. —		
L	10% -facts-and-circumstances test	-		*	-	7a and line 15 is 1			
L		ū				•			
	more, and if the organization meets the organization meets the "facts-and-circ		•				, 		
18	-		-	· ·					
10	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	siow, picase comp	olete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year				+		
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	(a) 2012	(b) 0014	(a) 2015	(4) 2016	(a) 0017	(f) Total
Calendar year (or fiscal year beginning in) ► 9 Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired ofter June 20, 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d. fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) organiza	ation.
check this box and stop here	•		*	•	. , . ,	. —
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2017 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2017. If the						7 is not
more than 33 1/3%, check this box ar	=	-	•	• •		
b 33 1/3% support tests - 2016. If the	· ·			•	•	
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶∟_

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
0-		
3c		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
30		
6		
7		
-		
8		
9a		
9b		
35		
9с		
10a		
10b		
990 or 99	0-EZ	2017

Par	rt IV Supporting Organizations _(continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		11a		
h		11b		
	• • • • • • • • • • • • • • • • • • • •	11c		
Sect	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
S001	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	tion 6. Type it Supporting Organizations		, ,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations	I	1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	Ily integrated	d Type III supporting oras	nization (see
	instructions).	. 0		,

Schedule A (Form 990 or 990-EZ) 2017

	dule A (Form 990 or 990-EZ) 2017 SHEPHERDS, IN	С.		*-***4639 Page 7
Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	,
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
<u>10</u>	Line 8 amount divided by line 9 amount	T	T	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 SHEPHERDS, INC. **-***46 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Seline 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	12; ection C,

<u>SHEPHERDS</u>, <u>INC</u>. **-***4639

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
GRIFFIN, MICHAEL	97,237.	36,245.
LACROIX, KATHLEEN	80,000.	19,008.
PHILLIPS, BARNET & SHARON	120,500.	59,508.
STUART, TIM	130,533.	69,541.
TAYLOR, LOUIS & TAMMY	94,930.	33,938.
WILLIAM H. PITT FOUNDATION	90,000.	29,008.
Total Excess Contributions to Schedule A, Part II, Line 5		247,248.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SHEPHERDS, INC. **Employer identification number** **-***4639

Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(1) = 1
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
Pai		rapization answered "Ves" on Form 900	
1	Purpose(s) of conservation easements held by the organization		raitiv, iiile 1.
'	Preservation of land for public use (e.g., recreation or ed	· — ; , , ,	torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	i reservation of a cer	tilled Historic structure
2	Complete lines 2a through 2d if the organization held a qualification of open space.	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	od dender varion dentingation in the form	Held at the End of the Tax Year
а	Total number of conservation easements		
b			_
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
_	listed in the National Register	· ·	1 1
3	Number of conservation easements modified, transferred, rele		
	year >	, , ,	
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for
Da	conservation easements.	Aut Historical Transcures or Of	they Similar Assets
Pai	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC	,,	·
	historical treasures, or other similar assets held for public exhi		ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
D	If the organization elected, as permitted under SFAS 116 (ASC	•	
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
0		pourse, or other similar appets for financia	· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea		argani, provide
_	the following amounts required to be reported under SFAS 11		L \$
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
IJ	A NOOCIO IN IOIUUCU III I OIIII OOO, I AILA		🕶 Ψ

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or (Other S	Simila	Assets	(contin	upd)	igc –
3	Using the organization's acquisition, accession							,		
	(check all that apply):	,	,	3	3					
а	Public exhibition	d	Loan or exch	nange program	ıs					
b	Scholarly research	e								
С	Preservation for future generations	_								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	s exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	•	•	ū	•					
•	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par						, , .	,		
	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other asset	ts not inc	luded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
_			g					Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.				•]
Par										
	·	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	vears	back
1a	Beginning of year balance	64,180.	69,344.		664.		79,683.	(=/:====		667.
b	Contributions	,	·	·						
С	Net investment earnings, gains, and losses	597.								
d	Grants or scholarships									
e	Other expenditures for facilities									
•	and programs	5,000.	5,000.	5,	000.		5,000.		4,	550.
f	Administrative expenses	258.	164.	·	320.		20.			334.
g	End of year balance	59,519.	64,180.	69,	344.		74,664.		79,	683.
2	Provide the estimated percentage of the curre		(line 1g. column (a)		I					
a	Board designated or quasi-endowment	• 00	%	, , , , , , , , , , , , , , , , , , , ,						
b	Permanent endowment ▶ .00	%								
С	Temporarily restricted endowment ▶ _100									
	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	•	tion that are held an	d administered	d for the	organiza	ation			
	by:	3-				9		ſ	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the								'	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. So	ee Form 990, F	Part X, lin	e 10.				
	Description of property	(a) Cost or o			(c) Acc		ed	(d) Bool	c value	
	, , , , , , , , , , , , , , , ,	basis (investm				eciation	-	,=, 200		-
1a	Land									
b	Buildings									
c	Leasehold improvements									
ď	Equipment									
_	Other			7.969.		7.96	59.			0.

Schedule D (Form 990) 2017

0.

Sched	lule D (Form 990) 2017	SHEPHERDS	S, INC.		**	-***4639	Page
		s - Other Securities					g.
	Complete if the	organization answered "	Yes" on Form 990, Part	IV, line 11b. See Form 9	990, Part X, line 12.		
(a) D		Category (including name of secu			d of valuation: Cost or end	d-of-year market v	/alue
(1) Fi	nancial derivatives					•	
	osely-held equity intere						
(3) Of		ests					
(A)		FDN FOR GREAT	ER				
(B)	NEW HAVEN	DIV TOIL CILDIII		519. END-OF	-YEAR MARKET	VALITE	
(C)	11211 11111 111			SIST DIVE OF		V11202	
(D)							
(E)							
(F)							
(G)							
(H)							
$\overline{}$	(Col. (b) must squal Form	990, Part X, col. (B) line 12	\ > 59	519.			
Parl	t VIII Investments	s - Program Related		J + J •			
		-		IV line 11e Coe Form (200 Dort V line 12		
	(a) Description	organization answered "`n of investment	(b) Book value		d of valuation: Cost or end	d-of-vear market v	/alue
		TO INVOSTINCIA	(b) Book van	(c) Wellion	Tor valuation. Cost or one	a or your marker v	raido
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
<u>(9)</u>		. 000 Part V and (D) Part 40	\ \				
Part	t IX Other Asset	1 990, Part X, col. (B) line 13.	.) 🖊				
ı aı			Vaall on Farm 000 Dort	IV line 11d Coe Form	200 Dort V line 15		
	Complete ii trie	organization answered "	(a) Description	iv, line i iu. See Form s	390, Part A, line 15.	(b) Book va	alue
			(a) Description			(B) Book ve	aiuc
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Parl	(Column (b) must equal X Other Liabil	al Form 990, Part X, col. (b	<u> 3) line 15.) </u>		<u></u>	<u>l</u>	
I all			./	N/ Par 44 446 Occ	F 000 P+ V I' 05		
	· · · · · · · · · · · · · · · · · · ·	organization answered "` a) Description of liability	res" on Form 990, Part	(b) Book value	Form 990, Part X, line 25	•	
1.	•	, ,		(b) Book value	_		
(1)	Federal income taxes	S			_		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(8) (9)

1	Total expenses and losses per audited financial statements		1	592,777.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	a		
b	Prior year adjustments 2	b		
	Other losses 2	С		
d	Other (Describe in Part XIII.)	d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	592,777.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	а		
b	Other (Describe in Part XIII.)	b		
	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	592,777.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES. 30, 2018, THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT YEAR. THE ORGANIZATION IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING AUTHORITIES FOR THE PERIOD PRIOR TO 2013.

Schedule D	(Form 990) 2017	SHEPHERDS,	INC.	**-***4639 Pag	ae 5
Part XIII	Supplemental	SHEPHERDS, Information (continued)			
		(sonanasa)			

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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public

Inspection

Name of the organization SHEPHERDS	, INC.						Employer identification number **-***4639
Part I General Information on Grants an	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's prod 	tance?				-		
Part II Grants and Other Assistance to D					anization answered "\	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.			-
(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 noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) an	nd government org	I ganizations listed in th	e line 1 table				>
3 Enter total number of other organizations	listed in the line 1	table					

(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 noncash assistance
TUITION ASSISTANCE TO PRIVATE HIGH SCHOOLS FOR					
DISADVANTAGED INNER CITY STUDENTS.	62	293,622.	0.		
Part IV Supplemental Information. Provide the information red	<u> </u>	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:		•			
SHEPHERDS PROVIDES PAYMENTS DIRECT	LY TO THE	PARTICIPA	ATING HIGH	SCHOOLS AND	
IS NOTIFIED BY EACH SCHOOL AS TO T	HE ONGOIN	G ELIGIBII	TTY OF EAC	н стиремт	
	111 01100111	0 1110111	01 1110		
WHO IS BEING ASSISTED.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Part I

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization SHEPHERDS, INC.

Types of Property

Employer identification number **-***4639

		(a)	(b) Number of	(c)	(d)		_	
		Check if applicable	Language and the control of the cont	Noncash contribution amounts reported on	Method of de noncash contribu		_	:
		аррисавіс	items contributed	Form 990, Part VIII, line 1g	Tioriodori contribo	- arric		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	9	81,946.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25								
26	,							
	Other ()							
27	Other ()							
28	Other () Number of Forms 8283 received by the organi							
29	, ,	,	,					
	for which the organization completed Form 82	83, Part IV, I	Jonee Acknowledg	gement 29			,T	
00-	Date the second of the second			and a district Dental Property of House	l- 00 411-1	Y	es	No
зua	During the year, did the organization receive b							
	must hold for at least three years from the date		il contribution, and	which isn't required to be us	sed for			v
	exempt purposes for the entire holding period	?				30a		<u> </u>
	If "Yes," describe the arrangement in Part II.							X
31								
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				37
	contributions?					32a		_X_
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) for	r a type of property	for which column (a) is chec	ked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule M	I (Form 9	990)	2017

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

SHEPHERDS, INC. Employer identification number **-***4639

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PREPARATORY EDUCATION AT A NON-PUBLIC HIGH SCHOOL AND THE INTRODUCTION
OF A POSITIVE ROLE MODEL - A MENTOR - WHO FILLS A VOID IN THEIR LIVES.
FORM 990, PART VI, SECTION A, LINE 2:
RELATED PARTY INFORMATION AMONG TRUSTEES
LOUIS TAYLOR, TRUSTEE, AND TAMMY TAYLOR, TRUSTEE, HAVE A FAMILY
RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WAS REVIEWED BY THE EXECUTIVE COMMITTEE AND SUBSEQUENTLY
DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12A:
THE ORGANIZATION DOES NOT HAVE A FORMAL WRITTEN CONFLICT OF INTEREST
POLICY, HOWEVER, THEY DO MONITOR CONFLICTS. ANY POTENTIAL CONFLICTS ARE
DISCUSSED AND ADDRESSED BY THE FULL BOARD OF TRUSTEES AS NEEDED.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATION COMMITTEE AND DETERMINES
THE COMPENSATION FOR THE EXECUTIVE DIRECTOR BY COMPARING SALARIES OF
COMPARABLE POSITIONS IN OTHER NOT-FOR-PROFIT COMPANIES. THE EXECUTIVE
DIRECTOR DOES NOT TAKE PART IN DETERMINING HIS COMPENSATION.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization SHEPHERDS, INC.	Employer identification number **-**4639
THE GOVERNING DOCUMENTS, FORM 990, AND FORM 1023 ARE MADE	AVAILABLE FOR
VIEWING UPON WRITTEN REQUEST AT THE ORGANIZATION'S HEADQUA	ARTERS.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying	ı number	
Туре	e or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print						4.500	
File by t	SHEPHERDS, INC.		**-**4639				
due date filing yo return. S	e for Number, street, and room or suite no. If a P.O. box, seur 299 WASHINGTON AVE.	ee instruct	ions.	Social se	Social security number (SSN)		
instructi		reign addı	ress, see instructions.				
Enter	the Return Code for the return that this application is for (file	a separat	e application for each return)			0 1	
Applic	cation	Return	Application			Return	
ls For	•	Code	Is For			Code	
Form	990 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form	990-BL	02	Form 1041-A			80	
Form	4720 (individual)	03	Form 4720 (other than individual)			09	
Form	990-PF	04	Form 5227				
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	
Tel ● If t	DANIEL MCAULIFF e books are in the care of ▶ 299 WASHINGTON lephone No. ▶ (203) 367-4273 the organization does not have an office or place of business the is far a Cross Pattern actor the organization's four digit (AVENU	Fax No. ▶ted States, check this box			▶	
box 🎚	his is for a Group Return, enter the organization's four digit 0 ■ If it is for part of the group, check this box				_	•	
	I request an automatic 6-month extension of time until		7 15, 2019 , to file				
	for the organization named above. The extension is for the o			THE EXECUT	ipt organization	Trotain	
	calendar year or X tax year beginning JUL 1, 2017 If the tax year entered in line 1 is for less than 12 months, check that the control of the contro	, an	d ending <u>JUN 30, 2018</u>	Final retur	 n		
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
	nonrefundable credits. See instructions.		· · · · · · · · · · · · · · · · · · ·	3a	\$	0.	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069	069, enter any refundable credits and					
	estimated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.	
С	Balance due. Subtract line 3b from line 3a. Include your page	yment with	n this form, if required,				
	by using EFTPS (Electronic Federal Tax Payment System). S	See instruc	ctions.	3c	\$	0.	

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)