Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A 1	For th	e 2022 cale	endar year, or tax year beginning	07/01/2022	and end	iing		100		/ 30 / 2023
В	Check if a	applicable:	C Name of organization					الا	mpioye	er identification number
	1		SHEPHERDS, INC							
	Addres	ss change	Doing business as	7						24639
	Name	change	Number and street (or P.O. box if m	iall is not delivered to street address)	Ro	oom/su	ite E	elephoi	ne number
	Initial r		299 WASHINGTON AVENU					(203)	367-4273
	Final re	eturn/terminated	City or town, state or province, cour	ntry, and ZIP or foreign postal code				G	Pross re	eceipts \$
	Amend	ded return	BRIDGEPORT, CT 06604							623,845.
	Applica	ation pending	F Name and address of principal office	er: LOUIS TAYLOR				H(a) Is this a gro subordinate		for Yes X No
			299 WASHINGTON AVENU	E, BRIDGEPORT, CT	06604			H(b) Are all sub-		included? Yes No
ī	Tax-ex	cempt status:	X 501(c)(3) 501(c) () (insert no.) 494	7(a)(1) or	527	7	If "No,"	attach a	list. See instructions.
J	Websi	ite: SH	HEPHERDSMENTORS.ORG					H(c) Group exe	emption r	number
K	Form	of organization	on: X Corporation Trust	Association Other		L Year of	format	ion: 1998 N	1 State	e of legal domicile: CT
Р	art I	Summ	ıary	•						
	1	Briefly des	scribe the organization's mission o	or most significant activities: 1	O PROV	IDE DI	ISAD	VANTAGED	INN	ER-CITY
ø		•	TICUT YOUTH WITH THE	_						
Governance			CION, AN ADULT MENTOR							
ern	2	Check this		discontinued its operations					its ı	net assets
98	3		f voting members of the governing	-	•				1 1	15
જ	4		f independent voting members of							14
Activities &	5		ber of individuals employed in cale						5	7
Ξ	6		ber of volunteers (estimate if neces						6	64
Act	72		elated business revenue from Part V	**					7a	01
			ated business taxable income from	, ,					7 b	
_	- 5	ivet unitera	ited business taxable income from	Form 990-1, Fart1, line 11				Prior Year	110	Current Year
		Contributi	one and grants (Dort \/III line 4h)						125	
ne	8		ons and grants (Part VIII, line 1h)					673,1		616,775.
Revenue	9		service revenue (Part VIII, line 2g)						834.	NONE
Re			nt income (Part VIII, column (A), line						268.	6,669.
	11		enue (Part VIII, column (A), lines 5,						NONE	
	12		nue - add lines 8 through 11 (mus					675,2		623,845.
	13		d similar amounts paid (Part IX, col					242,3		257,592.
	14	Benefits paid to or for members (Part IX, column (A), line 4)							NONE	
es	15		other compensation, employee ben					196,0	062.	246,878.
Expenses	16 a	Profession	nal fundraising fees (Part IX, columr						NONE	NONE
×	b		draising expenses (Part IX, column (· · · · · · · · · · · · · · · · · · ·						
	17	Other exp	enses (Part IX, column (A), lines 11	la-11d, 11f-24e)				136,2	258.	152,283.
	18		enses. Add lines 13-17 (must equal					574,6	565.	656,753.
	19	Revenue I	less expenses. Subtract line 18 fron	n line 12	<u></u>			100,	572.	-32,908.
Net Assets or Fund Balances							Begin	ning of Curren	t Year	End of Year
sets	20	Total asse	ets (Part X, line 16)					519,2	213.	598,657.
AB	21	Total liabil	lities (Part X, line 26)					6,	190.	114,281.
P.E.	22	Net assets	s or fund balances. Subtract line 21	1 from line 20				513,0	023.	484,376.
Pa	art II	Signat	ture Block							
Un	der pe	nalties of pe	rjury, I declare that I have examined th	nis return, including accompanying	schedules	and statem	nents, a	and to the best	of my	knowledge and belief, it is
true	e, corre	ect, and com	plete. Declaration of preparer (other than	n officer) is based on all information	n of which p	reparer nas	s any kr	nowleage.		
								11	/08/	2023
Sig		Signature of	of officer					Date		
He	re	LOUIS	TAYLOR	TF	REASURE	R				
			nt name and title							
_		Print/Type	e preparer's name	Preparer's signature		Date		Check	if	PTIN
Paid	d	BRTAN	C WHITE			11/08	/202	. ., -	一	P00058320
	parer	Firm's nam		ביידוחו.דע אינוחויים אינו		<u> </u>	, 202	Firm's EIN	-	6-1402749
Use	Only	Firm's add		SUITE 140 NEWTOWN, CT 064	70			Phone no.		03-426-8500
Ma	v the		uss this return with the prepare					i-none no.		. X Yes No
_			luction Act Notice, see the separate		, ciono					Form 990 (2022)
1 01	rape	I MOIV VEG	uction Act Notice, see the separa	に …るに はしにひいる。						FOIII 330 (2022)

31-1724639

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SHEPHERDS, INC Form 990 (2022)

P	art III	Statement of Program Service Check if Schedule O contain		is Part III	х
1	Briefly c	describe the organization's mis			
	SEE SO	CHEDULE O			
2	prior Fo	orm 990 or 990-EZ?		he year which were not listed on the	Yes X No
3	Did the		cting, or make significant changes	in how it conducts, any program	
		describe these changes on S			Yes X No
4	expense	es. Section 501(c)(3) and 50		n of its three largest program service o report the amount of grants and a	
4a) (Expenses \$	556,803. including grants of \$) (Revenue \$	401)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
					· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	-	rogram services (Describe on			
40	(Expens	ses \$ includin rogram service expenses		evenue \$)	
40	i otal pr	ogram service expenses	556,803.		

Page 3
Part IV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 2 3	X X	No X
Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	Х	х
candidates for public office? If "Yes," complete Schedule C, Part I. 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.			Х
candidates for public office? If "Yes," complete Schedule C, Part I. 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.			Х
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> .			
election in effect during the tax year? If "Yes," complete Schedule C, Part II			
	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
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		X
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
complete Schedule D, Part III	8		X
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		X
Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
·	11a		X
	11b		X
			3.7
	11C		X
-	444		37
·			X
	116		X
	116	v	
	111	- 21	
	12a	x	
	1.24		
·	12b		Х
			X
Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	_		
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
	1		
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	, ,		
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>			
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
	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. 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. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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. Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V. If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, IV, IVI, IV, X, x, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 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 VIII. 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 VIII. Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization slability for un	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. 10 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 III. 11 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 12 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 12 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, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not liability, serve as a custodian for amounts not listed organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V \ 13	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,

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Part	Checklist of Required Schedules (continued)			
			Yes	No
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	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
274	\$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		v
L				X
	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		
25 a	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		- 21
C		200		v
00	"Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c	х	
	1 0 0 (0.00 0) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 7						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
_	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	00					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders						
	Gross income from members or shareholders						
D	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	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						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47					
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17					

Form 990 (2022) SHEPHERDS, INC 31-1724639

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management						
0000	1011711 Coverning Body and management				Yes	No	
		1a	15				
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	ıa					
	if the governing body delegated broad authority to an executive committee or similar						
_	committee, explain on Schedule O.	1b	14				
b	Enter the number of voting members included on line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel		-	_		37	
	any other officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or ur			_		3.7	
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets	?	5		X	
6	Did the organization have members or stockholders?			6		X	
7a							
	one or more members of the governing body?					X	
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,				
	stockholders, or persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during				
	the year by the following:						
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot						
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		X	
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code			
					Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
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 po	ırpose	s?	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form?	11a	X		
b	Describe on 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	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat c	ould give				
	rise to conflicts?			12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"				
	describe on Schedule O how this was done			12c	Х		
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 ar	d app	oroval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?				
а	The organization's CEO, Executive Director, or top management official			15a	Х		
b	Other officers or key employees of the organization			15b		X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement				
	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 eva	aluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to						
	organization's exempt status with respect to such arrangements?			16b			
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedCT,						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-7	(sec	tion 5	01(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap						
	Own website Another's website X Upon request Other (explain on Sc	hedule	e O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	nents,	conflict o	f inter	est p	olicy,	
	and financial 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 be	ooks	and record	s			
	DANIEL MCAULIFFE 299 WASHINGTON AVENUE BRIDGEPORT, CT 06604						

203-367-4273

Form 990 (2022) SHEPHERDS, INC 31-1724639 Page **7**

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Position check more than one ess person is both an and a director/trustee) Officer Officer Officer Officer Officer		an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
(4) DANIEL MOALLITEEE	40.00									
(1) DANIEL MCAULIFFE EXECUTIVE DIRECTOR	40.00 NONE				X			113,400.	NONE	NONE
(2) BARNET PHILLIPS IV ESQ	1.00							113,400.	NONE	NOINE
VICE-CHAIR & CO-FOUNDING DIR.	NONE	Х		Х				NONE	NONE	NONE
(3) CARRIE SINDELAR	1.00	Λ.		Λ				NONE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(4) FREDERICK MCMULLEN	1.00	21						NONE	IVOIVE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
(5) GREG DILLON	1.00							110112	110112	110112
DIRECTOR	NONE	X						NONE	NONE	NONE
(6) HUGH MCCRORY	1.00							110112	1,01,1	1,01,2
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(7) LISY CURRIER MARTINEZ	1.00							-	-	
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(8) LOUIS W. TAYLOR	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(9) THOMAS WYNNE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) TIMOTHY J. STUART	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) JANE ALBANO PURCELL	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) JAMES O'NEIL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) SARA TIEKE	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) GLENN XAVIER	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE

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SHEPHERDS, INC

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (C) (D) (B) Name and title Position Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation from amount of week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Highest compensated employee Individual trustee or director Institutional trustee related from the organization (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) and related below dotted organizations 15) GINA GARZON 1.00 DIRECTOR NONE NONE NONE Χ NONE 113,400. NONE NONE 1b Sub-total c Total from continuation sheets to Part VII, Section A NONE NONE NONE 113,400. NONE NONE Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Χ For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Х 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization NONE

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S, S	1a	Federated campaigns 1a					
an	b	Membership dues 1b					
ع ق	c	Fundraising events 1c					
Contributions, Gifts, Grants, and Other Similar Amounts							
	d	Related organizations 1d					
s, (III)	е	Government grants (contributions) 1e					
Son	f	All other contributions, gifts, grants,					
e E		and similar amounts not included above • 1f	616,775.				
들	g	Noncash contributions included in					
عتوا		lines 1a-1f 1g	46,171.				
ಶ ರ	h	Total. Add lines 1a-1f		616,775.			
			Business Code				
ဗ	2a						
ه ≧	b						
Se							
E S	С.						
gr. Re	d						
Program Service Revenue	е						
ъ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,					
		other similar amounts)		6,669.			6,669.
	4	Income from investment of tax-exempt bond	proceeds .	NONE			
	5			NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
Ð	b	Less: cost or other basis					
evenue		and sales expenses 7b					
) Ve		Gain or (loss) 7c					
~				NONE			
Jer	a	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
_		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold 10b	NONE				
	C	Net income or (loss) from sales of inventory		NONE			
'n		•	Business Code				
oŭ.	14-	OTHER REVENUE	900009	401.	401.		
ne	11a			101.	101.		
¥ a	b						
Miscellaneous Revenue	C	All other revenue					
Ē	d	All other revenue		400			
	12	Total. Add lines 11a-11d		401.	401		6 669
	1/	TOTAL PROPERTY SEE INSTRUCTIONS		677 845	4n1		6 660

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any line	in this Part IX	<u> </u>	
	not include amounts reported on lines 6b, 7b, 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				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	257,592.	257,592.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	113,400.	81,648.	9,072.	22,680
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	112,291.	85,363.	2,213.	24,715
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	21,187.	15,679.	1,059.	4,449
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	NONE			
С	Accounting	NONE			
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	34,066.	17,033.	10,901.	6,132
12	Advertising and promotion	NONE			
13	Office expenses	22,179.	14,860.	2,440.	4,879
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	5,450.	4,360.	545.	545
17	Travel	NONE			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	9,965.		9,965.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM DEVELOPMENT	35,521.	35,166.	355.	
b	COLLEGE PREP & WORKSHOPS	39,913.	39,913.		
С	STUDENT SERVICES	5,189.	5,189.		
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	656,753.	556,803.	36,550.	63,400
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 following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	458,559.	1	516,678.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	11,000.	3	6,000.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
)ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ĭ	9	Prepaid expenses and deferred charges . SEE SCHEDULE .O	3,000.	9	34,564.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	NONE	10c	
	11	Investments - publicly traded securities SEE SCHEDULE .O	46,654.	11	41,415.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	NONE	15	NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	519,213.	16	598,657.
	17	Accounts payable and accrued expenses	6,190.	17	16,256.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue . SEE SCHEDULE O	NONE	19	98,025.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	6,190.	26	114,281.
Seou		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	433,603.	27	352,961.
ñ	28	Net assets with donor restrictions	79,420.	28	131,415.
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	513,023.	32	484,376.
Net	33	Total liabilities and net assets/fund balances	519,213.	33	598,657.

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Form **990** (2022)

SHEPHERDS, INC 31-1724639

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6	23,	845
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	56,	<u>753</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		_	32,	908
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5	13,	023
5	Net unrealized gains (losses) on investments	5			4,	<u> 262</u>
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 on Schedule O)	9				<u>-1</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		4	84,	376
Part	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," ex	ĸplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?		L	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	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 over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		

Form 990 (2022)

SCHEDULE A (Form 990)

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SHEPHERDS, INC

Employer identification number

31-1724639

Рa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	is.			
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)				
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).				
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	00).)					
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).				
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the			
		hospital's name, city, and st									
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in			
	_	section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local go				-					
7	X	_	zation that normally receives a substantial part of its support from a governmental unit or from the general public								
	_	described in section 170(b)		,							
8		A community trust describe									
9		An agricultural research org									
		or university or a non-land-	grant college of ac	griculture (see instruct	ions). Ei	nter the	name, city, and state of	f the college or			
		university:									
10		An organization that normally receives (1) more than 331/3 % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) . (Complete Part III.)									
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).				
12		An organization organized a	•	•							
		one or more publicly suppo	=			-					
	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а	L	Type I. A supporting orga	•		-		• , ,				
		the supported organization				ajority of	the directors or truste	es of the			
		supporting organization.	-								
b	L	Type II. A supporting org	•				· · ·	· · · · · -			
		control or management of		=	the sam	e persor	ns that control or man	age the supported			
	Г	organization(s). You must						De Catalonia ta de 206			
С	L	Type III functionally integ						lly integrated with,			
	Г	its supported organization		•				tod organization(s)			
d	_	Type III non-functionally that is not functionally into			-						
		requirement (see instruct	•	•			•	a an attentiveness			
е	Г	Check this box if the orga	•	•				I Type III			
C	_	functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	i, type iii			
f	Er	nter the number of supported	7 1	, , ,		•					
g		ovide the following information									
		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
				above (see instructions))	Yes	No	instructions)	man delicita)			
(A)											
<u></u>											
(B)											
(C)											
(D)											
(E)											
Tota	al										

Schedule A (Form 990) 2022 Page **2**

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,033,503.	457,449.	570,638.	630,961.	616,775.	3,309,326.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,033,503.	457,449.	570,638.	630,961.	616,775.	3,309,326.
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)						NONE
6	Public support. Subtract line 5 from line 4						3,309,326.
	tion B. Total Support						3,303,320.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,033,503.	457,449.	570,638.	630,961.	616,775.	3,309,326.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	308.	1.	2,431.	268.	6,669.	9,677.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE SUPP PAGE	24,500.					24,500.
11	Total support. Add lines 7 through 10						3,343,503.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	24,500.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (li	. , ,		, ,		14	98.98 %
15	Public support percentage from 2021					15	99.15 %
16a	331/3% support test - 2022. If the organization of						
	box and stop here. The organization q						
D	331/3% support test - 2021. If the org this box and stop here. The organization						
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	organization			•	•		
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990) 2022 Page **3**

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.)

Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Citis, grants, contributions, and membership fees received. (b) not include any invasial grants for contributions and membership fees received. (b) not include any invasial grants for contributions and membership fees received. (b) not include any invasial grants for contributions are contributed in any actively part a related to the organizations the sevenpt purpose — . 3. Gross receipts from activates that are not an unrelated trade of business and excellent of 15 and of the organizations benefit and either paid to or expended on its behalf. 4. Tax revenues levied for the organization shear 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	Sec	tion A. Public Support			-			
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line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	b							
	20	•		•		. ,		

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31-1724639 SHEPHERDS, INC

Part IV **Supporting Organizations**

Schedule A (Form 990) 2022

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

Se

	on A. All Supporting Organizations		Yes	N
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
10 a	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			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2022 Page **5**

Part	V 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 on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	445		
Section	on B. Type I Supporting Organizations	11c		
50011	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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, supervised, or controlled the supporting organization.	2		
Section	on C. Type II 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 the supported organization(s).	1	162	NO
Section	on D. All Type III Supporting Organizations			
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		Yes	No
2	provided? 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	1		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, 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		
Section	on 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 in	structi	ons).	
a b c	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	ee instr	ructions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	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.	2 a		
b	Did the activities described on line 2a, above, 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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	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		

Schedule A (Form 990) 2022 Page **6**

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ			
Se	ection 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		
	ection 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	lly integra	ited Type III supporting	g organization
	(see instructions).	=	• • • •	

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(2)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2022	s	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990) 2022

a Excess from 2018...
b Excess from 2019...
c Excess from 2020...
d Excess from 2021...
e Excess from 2022...

Schedule A (Form 990 or 990-EZ) 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, Section C, line 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 1e; Part V, 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.)

SCHEDULE A PART II, LINE 10 EXPLANATION FOR OTHER INCOME

FUNDRAISING INCOME

2017 AMOUNT: \$ 325

2018 AMOUNT: \$24,500

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

e organization Employer identification number

SHE	PHERDS, INC			31-1724	1639	
Pa	rt I Organizations Maintaining Donor Advi			or Accounts.		
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 6.			
		(a) Donor advis	sed funds	(b) Funds ar	nd 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 writing th	at the assets hel	d in donor advised	t	_
	funds are the organization's property, subject to the	organization's exclusi	ve legal control?.		. Yes	No
6	Did the organization inform all grantees, donors, a	nd donor advisors in v	writing that grant	funds can be used	Ł	
	only for charitable purposes and not for the benef					\neg
	conferring impermissible private benefit?				. Yes	No
Pa	rt II Conservation Easements.					
	Complete if the organization answered					
1	Purpose(s) of conservation easements held by the	= :				
	Preservation of land for public use (for example,	recreation or education)		n of a historically in	-	area
	Protection of natural habitat		Preservatio	n of a certified hist	oric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he	eld a qualified conserv	ation contribution			.,
	easement on the last day of the tax year.				e End of the Ta	ax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified h		` '	2c		
d	Number of conservation easements included in (c)					
_	a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, tran	nsferred, released, ext	inguished, or ter	minated by the or	ganization du	iring the
	tax year	niction accoment is les	ata d			
4 5	Number of states where property subject to conser Does the organization have a written policy reg			otion bandling of		
5	violations, and enforcement of the conservation eas			_		☐ No
6	Staff and volunteer hours devoted to monitoring, inspe					
U	Stan and volunteer nours devoted to monitoring, inspe	cuing, framuling of viola	tions, and emorcin	ig conservation ease	ments during t	ille year
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violatio	ons, and enforcing	conservation ease	ments during (the vear
-	7 can car carponed a mount of morning, more car			001100114110110400		
8	Does each conservation easement reported on line 2	(d) above satisfy the re	equirements of sec	ction 170(h)(4)(B)(i)	1	
	and section 170(h)(4)(B)(ii)?	•	•	. , . , . , . ,	. Yes	☐ No
9	In Part XIII, describe how the organization rep				-	ent and
	balance sheet, and include, if applicable, the text			-		
	organization's accounting for conservation easemer	nts.				
Pa	rt III Organizations Maintaining Collections			er Similar Asset	s.	
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 8.			
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asset	SB ASC 958, not to	eport in its rever	nue statement and	balance shee	et works
	of art, historical treasures, or other similar asset service, provide in Part XIII the text of the footnote t	s held for public ext o its financial stateme	ilbition, education	n, or research in t these items	furtherance o	t public
b	If the organization elected, as permitted under FA				dance sheet v	vorks of
	art, historical treasures, or other similar assets help					
	provide the following amounts relating to these item				-	
	(i) Revenue included on Form 990, Part VIII, line 1.					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of ar			r assets for financ	ial gain, prov	vide the
	following amounts required to be reported under FA				_	
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X				\$	
b	Assets included in Form 990, Part X.				D	

Schedule D (Form 990) 2022 SHEPHERDS, INC 31-1724639 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Loan or exchange program а Public exhibition Scholarly research Other b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. **Endowment Funds.** Part V Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back 45,589. 55,780. 55,759. 60,385. 59.519. Beginning of year balance c Net investment earnings, gains, 1,031. 38 272. 646 1,134. and losses 5,000. 10,000. 5,000. d Grants or scholarships Other expenditures for facilities 205 229 251 272. 268 f Administrative expenses 41,415. 45,589. 55,780. 55,759. 60,385. g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?......... Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value depreciation (investment) (other) **b** Buildings

c Leasehold improvementsd Equipment

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

<u>Schedule D (Form 990) 2022 SHEPHERDS</u>, <u>INC 31-1724639 Page 3</u>

Part VII	Investments - Other Securities.	"Voo" on Form 000	Dart IV line 11h See Form 000	Dort V line 12
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	(h) must squal Form 000. Part V. sal. (P) line 12.)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.)			
I alt VIII	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered		, Part IV, line 11d. See Form 990	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	al income taxes	,		(.,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2022 SHEPHERDS, INC 31–1724639 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	628,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	4,262.
3	Subtract line 2e from line 1	3	623,845.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•
·	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	623,845.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	656,753.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	656,753.
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 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	656,753.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

<u>Schedule D (Form 990) 2022 SHEPHERDS , INC 31-1724639 Page 5</u>

Part XIII Supplemental Information (continued)

PART X LINE 2

THE ORGANIZATON EVALUATES ALL SIGNIFICANT TAX POSITIONS AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA.

AS OF JUNE 30, 2023, 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.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization						Employer identificati	on number
SHEPHERDS, INC						31-1724639	
Part I General Information on Grants an	d Assistanc	e					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proces 	ts or assistand	ce?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

Schedule I (Form 990) (2022) SHEPHERDS, INC 31-1724639 Page **2**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 KOLBE CATHEDRAL HIGH SCHOOL		184,150.		FMV	
2NOTRE DAME HIGH SCHOOL		87,000.		FMV	
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I LINE 2

SHEPHERDS PROVIDES PAYMENTS DIRECTLY TO THE PARTICIPATING HIGH SCHOOLS

AND IS NOTIFIED BY EACH SCHOOL AS TO THE ONGOING ELIGIBILTY OF EACH

STUDENT WHO IS BEING ASSISTED.

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Name of the organization

SHEPHERDS, INC

S1-1724639

Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contrib	terminin	
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		4	46,171.	FAIR MARKET	VALU:	E
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	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for			
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29		
	, ,					Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least the	nree years f	rom the date of the initial	contribution, and which is	sn't required		
	to be used for exempt purposes for	the entire h	olding period?)a	X
b	If "Yes," describe the arrangement i	n Part II.					
31	Does the organization have a		tance policy that require	es the review of any	nonstandard		
	contributions?	•		•		1 X	
32a	Does the organization hire or use	third part	ies or related organization	s to solicit, process, or s	sell noncash		
	contributions?					2a	Х
b	If "Yes," describe in Part II.	-					
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a	is checked,		
	describe in Part II		() 31 1	. , , , , , , , , , , , , , , , , , , ,	,		

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INC

SHEPHERDS,

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

31-1724639

FORM 990 PART VI SECTION B LINE 11B:

THE FORM 990 WAS PREPARED BY THE CERTIFIED PUBLIC ACCOUNTANT AND WAS REVIEWED BY THE EXECUTIVE COMMITTEE AND SUBSEQUENTLY DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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 ORGANIZATIONS. THE EXECUTIVE DIRECTOR DOES NOT TAKE PART IN DETERMINING HIS COMPENSATION.

FORM 990 PART VI SECTON C LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR VIEWING UPON PRIOR WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE.

FORM 990 PART XII LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990 PART VI SEC B LINE 12C

THE BOARD OF DIRECTORS ARE ASKED TO ANNUALLY DOCUMENT THAT THEY HAVE NO CONFLICTS OF INTEREST EITHER REAL OR PERCEIVED.

PART XI LINE 9

ROUNDING

Name of the organization

SHEPHERDS, INC

Employer identification number

31-1724639

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SHEPHERDS' THREE PART PROGRAM PROVIDES FINANCIAL SUPPORT FOR STUDENTS TO ATTEND A PRIVATE, COLLEGE PREPARATORY HIGH SCHOOL IN THEIR LOCAL COMMUNITY, TRAINS AND COACHES ADULT VOLUNTEERS TO MENTOR EACH OF THESE STUDENTS ON A ONE-ON-ONE BASIS, AND ORGANIZES NUMEROUS EVENTS AND WORKSHOPS TO INTRODUCE ACADEMIC AND CAREER OPPORTUNITIES TO THE STUDENTS.

Name of the organization

SHEPHERDS, INC

S1-1724639

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

2022-2023 ACCOMPLISHMENTS -RAISED SUFFICIENT FUNDS TO PROVIDE FINANCIAL SUPPORT FOR 59 STUDENTS TO ATTEND TWO PRIVATE, COLLEGE PREPARATORY HIGH SCHOOLS, ONE IN BRIDGEPORT CT. AND THE OTHER IN WEST HAVEN CT.

14 SHEPHERDS STUDENTS GRADUATED FROM THEIR HIGH SCHOOLS AND HAD MULTIPLE COLLEGE ACCEPTANCES WITH SUFFICIENT SCHOLARSHIPS AND FINANCIAL AID TO ATTEND THE COLLEGE OF THEIR CHOICE.

RECRUITED AND TRAINED 16 NEW ADULT MENTORS AND COACHED 61 MENTORS IN THEIR ROLE.

PROVIDED EXTENSIVE ACADEMIC, COLLEGE PREP, AND SOCIAL AND LIFE SKILLS TO STUDENTS THROUGHOUT THE YEAR, INCLUDING COLLEGE TOURS, WRITING AND MATH SKILLS WORKSHOPS, SPORTING EVENTS AND GAME NIGHTS.

Page 2 Name of the organization Employer identification number SHEPHERDS, INC 31-1724639 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS ______ ENDING DESCRIPTION BOOK VALUE ----------PREPAID EXPENSES 6,000. PREPAID 25TH ANNIV GALA 28,564.

34,564.

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TOTALS

Name of the organization

SHEPHERDS, INC

Employer identification number
31-1724639

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

COMMUNITY FUND GREATER NH 41,415. FMV

TOTALS 41,415.

TOTALS

98,025.

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Schedule O (Form 990 or 990-EZ) 2022	Page Z
Name of the organization	Employer identification number
SHEPHERDS, INC	31-1724639
FORM 990, PART X - DEFERRED REVENUE	
	ENDING
DESCRIPTION	BOOK VALUE
DEFERRED REVENUE	98,025.