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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	For th	e 2023 cal	endar year, or tax year beginning	07/01/2023	and ending			06,	/30/20	24	
Б.			C Name of organization				DE	mployer	identifica	tion nu	ımber
В 0	Check if a	applicable:	SHEPHERDS, INC								
	Addre	ss change	Doing business as				3.2	L-172	24639		
	Name	change	Number and street (or P.O. box if m	ail is not delivered to street address))	Room/su	ite E T	elephon	e number		
	Initial	return	299 WASHINGTON AVENUE	3			(2	203):	367-42	.73	
	Final r	eturn/terminated	City or town, state or province, cour	try, and ZIP or foreign postal code			G G	ross rec	eipts \$		
	Amend	ded return	BRIDGEPORT, CT 06604						1,25	6,48	84.
	Applic	ation pending	F Name and address of principal office	r: LOUIS TAYLOR			H(a) Is this a gro subordinates		or	Yes	X No
			299 WASHINGTON AVENUE	E, BRIDGEPORT, CT (06604		H(b) Are all subo		cluded?	Yes	No.
ī	Tax-ex	cempt status:	X 501(c)(3) 501(c)() (insert no.) 4947	(a)(1) or	527	If "No," att	ach a list.	See instruct	ions.	
J	Webs	ite: SH	HEPHERDSMENTORS.ORG				H(c) Group exe	mption n	umber		
K	Form	of organization	on: X Corporation Trust	Association Other	L Ye	ar of format	tion: 1998 N	I State	of legal dor	nicile:	CT
P	art I	Summ	nary		'						
	1	Briefly des	scribe the organization's mission o	r most significant activities: T	O PROVIDE	DISAD	VANTAGED	INNE	ER-CIT	Y	
ě			TICUT YOUTH WITH THE								
Governance		-	CION, AN ADULT MENTOR								
ern	2	Check this	s box if the organization	discontinued its operations	or disposed o	of more t	han 25% of	its n	et assets		
é	3	Number o	f voting members of the governing	•	•			3			16
	4		f independent voting members of t					4			15
Activities &	5		ber of individuals employed in cale					5			7
Εį	6		ber of volunteers (estimate if neces					6			64
Ac	7a		elated business revenue from Part V					7a			
	1		ated business taxable income from					7b			
							Prior Year		Curr	ent Ye	ear
	8	Contributi	ons and grants (Part VIII, line 1h)				616,7	775.		512	,065.
nue	9		service revenue (Part VIII, line 2g)					NONE			,420.
Revenue	10		nt income (Part VIII, column (A), line					569.			,321.
ď	11		enue (Part VIII, column (A), lines 5,					401.			,083.
	12		nue - add lines 8 through 11 (must				623,8	$\overline{}$,889.
_	13		d similar amounts paid (Part IX, col				257,5		<u> </u>		,300.
	14			NONE	NON						
	4.5		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2 Professional fundraising fees (Part IX, column (A), line 11e)							281	,229.
Expenses	16 a									201	NONE
ber	h		Iraising expenses (Part IX, column (NONE			110111
Ж	17		enses (Part IX, column (A), lines 11				152,2	083		1 2 3	,585.
	18		enses. Add lines 13-17 (must equal				656,7				,383. ,114.
	19		less expenses. Subtract line 18 from				-32,9				,775.
or		TKCVCIIGC I	ess expenses. Oubtract line to from	111110 12			ning of Current		End	of Yea	
ets	20	Total acce	ets (Part X, line 16)				598,6				,916.
Ass Bal	21		lities (Part X, line 26)			• •	114,2				,910.
Net Assets or Fund Balances	22		s or fund balances. Subtract line 21			• •	484,3				,998.
	art II		ture Block	HOITIMIC 20, 1, 1, 1, 1, 1, 1			101,5	70.		000	, , , , , .
			rjury, I declare that I have examined th	is return, including accompanying	schedules and st	tatements. a	and to the best	of mv k	nowledge	and be	elief. it is
true	e, corre	ect, and com	plete. Declaration of preparer (other than	officer) is based on all information	of which prepare	er has any k	nowledge.				
							0.8	/16/2	0024		
Sig	jn 📗	Signature of	of officer				Date	10/2	3024		
He	re	· ·	TAYLOR	סידי	EASURER						
			nt name and title	11	EASURER						
		, , ,	preparer's name	Preparer's signature	Date		Charl	if F	TIN		
Paid	d	1	C WHITE			16/202	Check self-emplo	┚ ".	P00058	220	
Pre	parer			סיי מיינו איינו איינו מיינו איינו איינ 	08/	10/202	· - ·				
Use	Only				7.0		Firm's EIN		$\frac{5-1402}{12}$		
Mar	v tha	Firm's add	ress 123 SOUTH MAIN ST., uss this return with the prepare	SUITE 140 NEWTOWN, CT 064			Phone no.		3-426		
$\overline{}$					IIUI IS						No (2023)
ror	rape	iwoik Kea	uction Act Notice, see the separat	e manuchons.					rorm	・フフリ	, (ZUZ3)

Form 990 (2023) Page 2

Pa	art III	Statement of Program Service Check if Schedule O contains a	Accomplishments a response or note to any line in this Pa	art III	х
1	Briefly o	escribe the organization's mission			21
	-	CHEDULE O			
2	Did the	organization undertake any sigr	ificant program services during the y	vear which were not listed on the	
	prior Fo	rm 990 or 990-EZ? describe these new services on t	Schedule O.		Yes X No
3	Did the	organization cease conducting	g, or make significant changes in		Yes X No
		describe these changes on Sche			
	expense	s. Section 501(c)(3) and 501(c	ervice accomplishments for each of)(4) organizations are required to re or each program service reported.		
4a	(Code:		644,637. including grants of \$		14,420.
			-RAISED SUFFICIENT FUNDS		
			TUDENTS TO ATTEND TWO PRIV		
			ONE IN BRIDGEPORT CT. AND		
	WEST	HAVEN CT. 14 SHEPHERI	OS STUDENTS GRADUATED FROM	THEIR HIGH	
	SCHOO	OLS AND HAD MULTIPLE CO	OLLEGE ACCEPTANCES WITH SU	FFICIENT	
	SCHO		AID TO ATTEND THE COLLEGE		
	CHOI	CE. RECRUITED AND TRA	INED 16 NEW ADULT MENTORS	AND COACHED 61	
	MENT	ORS IN THEIR ROLE. PRO	OVIDED EXTENSIVE ACADEMIC,	COLLEGE PREP,	
	AND S	SOCIAL AND LIFE SKILLS	TO STUDENTS THROUGHOUT TH	E YEAR,	
	INCLU	JDING COLLEGE TOURS, WE	RITING AND MATH SKILLS WOR	KSHOPS,	
	SPOR	TING EVENTS AND GAME N	IGHTS.		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	-	rogram services (Describe on Sci	•	**************************************	
40	(Expens	es \$ including g	rants of \$) (Reveni	ue φ)	

644,637.

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Part IV Checklist of Required Schedules

en	One chist of Nequired Ochedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		3.7
c	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		X
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.1		37
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Λ	
1 2 u	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		3.7
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	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	10	v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	X	
19	If "Yes," complete Schedule G, Part III	19		Х
2N 2	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV 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	Х	
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			
	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		Х
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		Х
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		Х
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			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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
	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
D	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
4 -	Enter the number reported in hex 2 of Form 4000. Fator 0 if not applicable		res	NO
	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			
C	reportable gaming (gambling) winnings to prize winners?	1c	y	
	TEDULGDIE GAITHIG (GAITDING) WITHINGS IO DITZE WITHEIS!	11.	_	1

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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		
	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		Х
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		
	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		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds. Did the appropriate organization make any tayoble distributions under section 40662	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	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 other sources. (Do not net amounts due or paid to other sources			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
	Enter the amount of reserves on hand	4.4		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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	15		v
	excess parachute payment(s) during the year?	15		X
16		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		Δ.
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Form 990 (2023) SHEPHERDS, INC 31-1724639 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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					21
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	ship with			
_	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
	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			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under					
	the year by the following:		J			
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.	be re	ached at	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte			_	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of					
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt po		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	3				
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					
	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	X	
13	Did the organization have a written whistleblower policy?			13	X	
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	id app	proval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and	decision?			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process 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 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 filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website Upon request Other (explain on Sc	ply.		(sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of	nents,	conflict o	f inter	est p	oolicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's temporary magerials and telephone available participation.	ooks	and record	S.		

Form 990 (2023) 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	l '	(C) Position					(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week	1				is both		compensation from the	compensation from related	of other compensation
	(1)-1		Key employee	Highest compensated employee	, 	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations		
(1) TIMOTHY MAGEE	40.00									
EXECUVE DIRECTOR	NONE	1			X			NONE	100,625.	NONE
(2) BARNET PHILLIPS IV ESQ	1.00							-	,	
VICE-CHAIR & CO-FOUNDING DIR.	NONE	X		Х				NONE	NONE	NONE
(3) CARRIE SINDELAR	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(4) DANIEL MCAULIFFE JR	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) FREDERICK MCMULLEN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) GREG DILLON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) HUGH MCCRORY	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(8) LISY CURRIER MARTINEZ	1.00									
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(9) LOUIS W. TAYLOR	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(10) THOMAS WYNNE	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) TIMOTHY J. STUART	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) JANE ALBANO PURCELL	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) JAMES O'NEIL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) SARA TIEKE	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Tru	stees, Ne	;y ⊏11	ibic	ye	es,	anu r	ııyı	ilest Compensat	ea Lilipioye	563 (C	<i>Jillillueu)</i>	
(A)	(B)			((C)			(D)	(E)		(F	•)
Name and title	Average			-	sition			Reportable	Reportabl	e	Estim	-
	hours per	(do i	not cl			e than o	ne	compensation	compensation		amou	
	week (list any	box,	unles	ss pe	erson	is both	an	from	related		oth	er
	hours for					or/trust		the	organizatio	ns	comper	nsation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co employee	Former	organization	(W-2/1099-M	(ISC)	from	the
	organizations	dire	ŧ	ice	er er	Plo:) He	(W-2/1099-MISC)	`	´	organi	
	below dotted	dividual t	ti		ಠ	st c	~				and re	
	line)	7 5	<u>a</u>)ye	<u> </u>					organiz	ations
		ste	.rus		Ф) en						
		0	tee			compensated ee						
						ed						
15) GLENN XAVIER	1.00											
DIRECTOR	NONE	X						NONE	,	NONE		NONI
		Α.						INOINE	_	NOINE		NON
16) GINA GARZON	1.00_	-										
DIRECTOR	NONE	X						NONE]	NONE		NON
		1										
		4										
		1										
		-										
		4										
		1										
		-										
		1										
		-										
		1										
				<u> </u>				NONTE	100	COF		
1b Sub-total								NONE				NONI
c Total from continuation sheets to Part VII, Se	ection A							NONE]	NONE		NON
d Total (add lines 1b and 1c)								NONE	100,	525.		NONI
2 Total number of individuals (including but not li							re	ceived more than	\$100 000 of			
reportable compensation from the organization		11000		u u		•		ocivoa moro man	φ 100,000 01			
reportable compensation from the organization					NO	NE						
											Y	es No
3 Did the organization list any former office	er, directo	or. or	tru	ıste	e.	kev e	ame	lovee, or highes	t compensat	ted		
employee on line 1a? If "Yes," complete Schedu											3	Х
• •												- 21
4 For any individual listed on line 1a, is the s												
organization and related organizations gre	ater than	\$15	0,0	00?	P If	"Yes	s," (complete Schedu	le J for su	ıch		
individual											4	X
5 Did any person listed on line 1a receive or									on or individ	uol		
											_	37
for services rendered to the organization? If "Ye	s, compie	te Sci	теац	iie J	<i>TOT</i>	sucn	per	son			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest comp	oensated i	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100,0	000 of	f	
compensation from the organization. Report co	ompensati	on fo	the	ca	lend	dar ye	ar e	ending with or with	nin the organ	izatior	า's tax	
year.	•					-		· ·	J			
, ou							_					
(A)								(B)			(C)	
Name and business addr	ress							Description of se	ervices	C	ompensati	ion
							+					
2 Total number of independent contractors (in	alualie e E		ı Bə	.:4-	ـ ا ا	41		interest of the control of the contr	roccined.			

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Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
is,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
عَ ق	c	Fundraising events 1c					
ts,	d	Related organizations 1d					
≣ë							
⊒.'n	e	Government grants (contributions) 1e					
ဥ်လ	f	All other contributions, gifts, grants,					
얼		and similar amounts not included above . 1f	512,065.				
Ξŏ	g	Noncash contributions included in					
g		lines 1a-1f <u>1g</u>	\$ 51,037.				
<u>م</u> م	h	Total. Add lines 1a-1f		512,065.			
			Business Code				
ප	2a	PRPGRAM FEES	900099	14,420.	14,420.		
ه ≧	b						
S Z							
E S	C						
Reg	d						
Program Service Revenue	е						
ш.	f	All other program service revenue		14 400			
	g	Total. Add lines 2a-2f		14,420.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		29,321.			29,321.
	4	Income from investment of tax-exempt bond	d proceeds	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other	110112			
	l 'a	Oroso amount from	(ii) Othor				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
è	С	Gain or (loss) 7c					
	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
Ó		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	700,678.				
	_	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	101,595.				
	b	Less: direct expenses	· ·	599,083.			599,083.
	С			333,003.			333,003.
	9a	Gross income from gaming	17077				
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses9b	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				
		Net income or (loss) from sales of inventory		NONE			
s			Business Code				
g a	110						
ne nu	11a						
¥e ₹	b						+
Miscellaneous Revenue	C .	All all					+
Ë	d	All other revenue					
		Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		1,154,889.	14,420.		628,404.

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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		
	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	292,300.	292,300.		
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	143,539.	102,258.	12,876.	28,405
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	113,986.	88,311.		25,675
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9	Other employee benefits	23,704.	17,541.	1,185.	4,978
10	Payroll taxes	NONE			
	Fees for services (nonemployees):	110112			
	Management	NONE			
	Legal	NONE			
	Accounting	NONE			
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	f Investment management fees	NONE			
	J Other. (If line 11g amount exceeds 10% of line 25, column	110112			
9	(A), amount, list line 11g expenses on Schedule O.)	24,850.	12,425.	7,952.	4,473
12	Advertising and promotion	NONE	12,1201	.,,,,,,,,	1,1,5
	Office expenses	39,261.	26,305.	4,319.	8,637
	·	NONE	20,3001	1,010.	0,00.
15		NONE			
	Occupancy	17,727.	14,181.	1,773.	1,773
	Travel	NONE			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	NONE			
	Insurance	9,990.		9,990.	
	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	44,101.	43,660.	441.	
	COLLEGE PREP & WORKSHOPS	32,627.	32,627.		
	STUDENT SERVICES	15,029.	15,029.		
d		,	,		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	757,114.	644,637.	38,536.	73,941
	Joint costs. Complete this line only if the organization reported in column (B) joint costs		,	-,	-,-=
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	J \	1		1	

Form 990 (2023) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	103,322.	1	165,742.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	6,000.	3	60,000.
	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	_	NONE
Assets	7	Notes and loans receivable, net	NONE		NONE
SS	8	Inventories for sale or use	NONE		NONE
	9	Prepaid expenses and deferred charges SEE SCHEDULE .Q	34,564.	9	3,326.
1	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation	NONE		600 040
	11	Investments - publicly traded securities SEE SCHEDULE .O	454,771.	11	670,848.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	5 6	Other assets. See Part IV, line 11	NONE		NONE
_		Total assets. Add lines 1 through 15 (must equal line 33)	598,657. 16,256.	16 17	899,916. 10,918.
	17	Accounts payable and accrued expenses	NONE		
	18 19	Grants payable	98,025.	19	NONE
	20	Deferred revenue	NONE		NONE
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
	22	Loans and other payables to any current or former officer, director,	NOINE	41	NOIVE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
2 ا≝	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	110112		110112
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE	25	NONE
2	26	Total liabilities. Add lines 17 through 25	114,281.	26	10,918.
Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>교</u> 2	27	Net assets without donor restrictions	352,961.	27	826,552.
<u>m</u> 2	28	Net assets with donor restrictions	131,415.	28	62,446.
		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
Ö 2	29	Capital stock or trust principal, or current funds		29	
Sets	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	484,376.	32	888,998.
$z _3$	33	Total liabilities and net assets/fund balances	598,657.	33	899,916.

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Form 990 (2023) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1	54,	<u>889</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		7	57 <u>,</u>	<u>114</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		3	97,	<u>775</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4	84,	<u> 376</u>
5	Net unrealized gains (losses) on investments	5			6,	<u>847</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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		8	88,	<u>998</u>
Part	<u> </u>					
	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	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	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	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	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	the			
	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 und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

SHI	[PH]	ERDS,	INC						31-1	724639
Pa	rt I	Re	eason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) Se	e instruction	is.
The	orga	anizatio	on is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A chu	irch, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)	A)(i).	
2		A sch	ool described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)			
3		A hos	pital or a cooperative	hospital service o	rganization described	in sectio	n 170(b))(1)(A)(iii).	
4		A med	dical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section	170(b)(1)(A)	(iii). Enter the
	_		tal's name, city, and st							
5		An or	ganization operated	for the benefit of	a college or universit	ty owner	d or ope	erated by	a governme	ental unit described in
			on 170(b)(1)(A)(iv). (C							
6			eral, state, or local go	J			•		•	
7	X		ganization that norma	-	•	ipport fro	om a go	vernmen	tal unit or fro	om the general public
			ibed in section 170(b)							
8			nmunity trust describe							
9		_	ricultural research or	=			-	-		
			iversity or a non-land-	grant college of ac	griculture (see instruct	tions). Ei	nter the i	name, cit	y, and state of	f the college or
		unive								
10		receip suppo acqui	ganization that norma ots from activities rela ort from gross investmed or the organization organization	ited to its exempt finent income and uiten after June 30, 19	unctions, subject to conrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions me (less complete	s; and (2) s section e Part III.)	no more thar 511 tax) from	n 331/3 % of its
11 12			ganization organized	•	•	•				ry out the nurneese of
12			ganization organized a r more publicly suppo	•	•					• • • • •
			ox on lines 12a throug	•			•	•		
_	Г		=						-	
а	L		e I. A supporting organization	•		-		-		
			supported organization vorting organization.				ajonty of	i the dire	ciors or truste	es of the
b	Г		porting organization. •e II. A supporting org	-			with ite	eunnort	ad organizatio	on(e) by baying
b	_		trol or management of	•					_	
			anization(s). You must		=	tric sam	c person	is that co	milior or man	age the supported
С	Г	_ ~	e III functionally inte	-		ated in co	onnectio	n with a	nd functional	lly integrated with
·			supported organization							,g.a.a,
d	Г		e III non-functionally							ted organization(s)
	_		is not functionally into			-				
			uirement (see instruct		•				'	
е			eck this box if the orga	· ·	-				Type I, Type I	I, Type III
		func	ctionally integrated, or	Type III non-funct	ionally integrated sup	porting o	rganizat	tion.		
f	En	ter the	number of supported	l organizations						
g	Pro	ovide t	he following information	on about the suppo	orted organization(s).					
	(i) N	ame of s	supported organization	(ii) EIN	(iii) Type of organization	` '	organization	` '	nt of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?		port (see ructions)	other support (see instructions)
						Yes	No			
(A)										
(B)										
(C)										
								-		
(D)										
								-		
(E)										
Tota	al									

Schedule A (Form 990) 2023 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	457,449.	570,638.	630,961.	616,775.	492,065.	2,767,888.
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	457,449.	570,638.	630,961.	616,775.	492,065.	2,767,888.
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						2,767,888.
	tion B. Total Support						2,707,000.
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	457,449.	570,638.	630,961.	616,775.	492,065.	2,767,888.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1.	2,431.	268.	6,669.	29,321.	38,690.
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.)						NONE
11	Total support. Add lines 7 through 10						2,806,578.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2023 (lin		-			14	98.62 %
15	Public support percentage from 2022	Schedule A, Pa	ırt II, line 14			15	98.98 %
16a	331/3% support test - 2023. If the org	•					
	box and stop here. The organization qu						
b	33 1/3 % support test - 2022. If the org						
	this box and stop here . The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets			•	•	•	
_	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the organiz					•	•
	in Part VI how the organization meets			_	-		
4.0	organization						
18	Private foundation. If the organization						
	instructions						<u> </u>

Schedule A (Form 990) 2023 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) Gills, panso, constitutions, and memberate presented (the not include any "unsural grants") Gross receipts from adviscosis, membrandine solution and the properties of the angular control of the properties of	Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	·	·	
1 client grants contribution, and membrathly tests reseated flow from include any vinus grants 1 client search grants and contributions are contributed in any activity that is retained to the ungunization's lase-exempt purpose. 3 clients received from activities that we not an unrelated trade or business under section 513 clients and unrelated trade or business under section 513 clients and unrelated trade or business under section 513 clients and unrelated trade or business under section 513 clients and unrelated trade or business under section 513 clients and unrelated trade or trade and unrelated and unrelated trade and unrelated and unrelated and unrelated unrelated and unrelated unrelated unrelated and unrelated			(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
received. (To not include any functional principles of Cross receipts from admissions, mechanises and or services, performed, or fucilities furrished in any activity that is related to the organization's tax exemple purpose. 3 Gross receipts from admissions, mechanises and or services, performed, or function is a service purpose. 4 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge . 6 Total. Add lines 1 through 5 . 7 a Announts included on lines 2 and 3 received from disqualified pursons . 9 Amounts included on lines 2 and 3 received from disqualified pursons . 9 Arounts included on lines 2 and 3 persons lither decord the greated of \$5.000 or 1% of the amount on line 13 for the year co. Add lines 7 and 7b. 8 Public support. (Subtract line 7c from line 8) . 9 Arounts from line 6. 10 Gross income from increased, deletions, payments received from securities loans, rents, ryogallies, and income from similar sources. 10 Arounts from line 6. 10 Gross income from increased developed and lines and the securities of the securi	_	, , , , , , ,						
2 Gross receptor from administrants, merchandles sold or services, performed, of the state of the services and services, performed, of the state of the services and services, performed, or state of the services and services and services. 3 Gross receptor from administration that services are services and services and services and services are services. 4 Tax revenues leviced for the organizations benefit and either paid to or expended on its behalf in through 5. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total Add lines 1 from services and 3 received from disqualified persons		,						
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trunsitated in any activity that is related to the organization's tax-eatment purpose		sold or services performed, or facilities						
organization's tincement purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 , 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of the amount of line 13 for the year of the amount of line 13 for the year of \$5,000 or 1% of the amount of line 13 for the year of \$5,000 or 1% of the amount of line 13 for the year of \$5,000 or 1% of the amount of line 13 for the year of \$5,000 or 1% of the amount of line 13 for the year of \$5,000 or 1% of the amount of line 13 for the year of \$5,000 or 1% of the amount of line 13 for the year of \$5,000 or 1% of the amount of line 13 for the year of \$5,000 or 1% of the amount of line 13 for the year of \$5,000 or 1% of the amount of line 13 for the year of \$5,000 or 1% of the amount of line 13 for the year of \$5,000 or 1% of the amount of line 16 to 10 for 10 fo		·						
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organization without charge								
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received from disqualified persons		· · · · · · · · · · · · · · · · · · ·						
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	h			_				
into to to not more than out to be shown this box and step nere. The organization qualifies as a publicly supported organization is a	b							
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20			•				

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SHEPHERDS, INC 31-1724639

Part IV Supporting Organizations

Schedule A (Form 990) 2023

(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.)

Section A. All Supporting Organizations

			Yes	No
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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
O	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	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 500(a)(1) or (2)(2) If "Yea" provide detail in Part V .	92		
b	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . 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 .	9a 9b		

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit

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

9c

10a

10b

Schedule A (Form 990) 2023 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.	44.		
Section	on B. Type I Supporting Organizations	11c		
500111	on on the result of the second		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	INO
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		Yes	No
2	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023 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 qualifying			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		
	Fair market value of other non-exempt-use assets	1c		
C	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		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		lly integra	ited Type III supporting	g organization
	(see instructions).	-		· -

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Page **7**

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
	on D - Distributions		, , , , , , , , , , , , , , , , , , ,		Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide 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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				

Schedule A (Form 990) 2023

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

Excess from 2023 . . .

and 4c.

Schedule A (Form 990 or 990-EZ) 2023

lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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,

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, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number SHEPHERDS, INC 31-1724639 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included on line 2a . . . Number of conservation easements included on line 2c acquired after July 25, 2006, and 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$_ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2023 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 in Part XIII. **Endowment Funds** Part V Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (c) Two years back (b) Prior year (d) Three years back (e) Four years back 41,415. 45,589. 55,780. 55,759. Beginning of year balance c Net investment earnings, gains, 1,031. 272. 1,031. 38. 646 and losses 5,000 10,000. 5,000. d Grants or scholarships Other expenditures for facilities 205 229 251. 272 f Administrative expenses 42,446. 41,415. 45,589. 55,780. 55,759. 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) 1a Land...... **b** Buildings

Schedule D (Form 990) 2023

c Leasehold improvementsd Equipment

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

<u>Schedule D (Form 990) 2023 SHEPHERDS</u>, <u>INC 31-1724639 Page 3</u>

Part VII	Investments - Other Securities		Dowt IV line 44h Coe Ferm 000	Dort V. line 40
	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	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
	(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)				
	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.
	(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, line 15, o	col. (B))		
Part X	Other Liabilities Complete if the organization answered	l "Yes" on Form 990	Part IV line 11e or 11f See For	m 990 Part X
	line 25.			
1.		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, line 25, col. (B))			

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) 2023
 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.	1	
1	Total revenue, gains, and other support per audited financial statements	1	1,161,736.
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	6,847.
3	Subtract line 2e from line 1	3	1,154,889.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, - ,
a	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. (This must equal Form 990, Part I, line 12.)	5	1,154,889.
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	757,114.
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	757,114.
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		
b	Other (Describe in Part XIII.) 4b		
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	757,114.
	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) 2023 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, 2024, 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 G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury In N

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

OMB No. 1545-0047 Open to Public

	of the organization	GO to www.irs.gov/Forms	990 IOI IIISIII	ictions and ti	ie iatest information.	Employer identification	on number
	PHERDS, INC					31-172463	
Part	Fundraising Activities. Co				Yes" on Form 9		
1	Form 990-EZ filers are no Indicate whether the organization				activities Chack	all that apply	
' a	Mail solicitations	e e		_	non-government g		
b	Internet and email solicitation				government grant		
c	Phone solicitations	g .		-	ising events		
d	In-person solicitations	3			g		
	Did the organization have a writte or key employees listed in Form 9 If "Yes," list the 10 highest paid compensated at least \$5,000 by the	990, Part VII) or entity individuals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
6							
7							
8							
9							
10							
Total 3	List all states in which the organ registration or licensing.				contributions or	has been notified	it is exempt from

Schedule G (Form 990) 2023 SHEPHERDS, INC 31-1724639 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through GALA col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 630,678. 630,678. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 630,678. 630,678. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 35,338. 35,338. 10 Direct expense summary. Add lines 4 through 9 in column (d) 35,338. 11 Net income summary. Subtract line 10 from line 3, column (d) 595,340. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 4 Rent/facility costs 5 Other direct expenses ____ Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 9 Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? а If "No," explain: b Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

Sched		L-1724639	9 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	s No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	s No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gamin		
	revenue?		s No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the standard of the st	16	
_	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:		
С	if res, enter hame and address of the third party.		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceed		
	retain the state gaming license?		s No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizat	ons	
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional ir (see instructions).		I

SCHEDULE I (Form 990)

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

2023

OMB No. 1545-0047

Open to Public Inspection

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.

Name of the organization Employer identification number SHEPHERDS, INC 31-1724639 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of (q) Description of (b) EIN (h) Purpose of grant (if applicable) noncash assistance noncash assistance or assistance or government grant (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)

Schedule I (Form 990) (2023) 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		192,300.		FMV	
2 NOTRE DAME HIGH SCHOOL		100,000.		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

2023

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.

Employer identification number

SHEPHERDS, INC

31-1724639

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	Method of noncash cont			
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		4	61.040	DATE MADE	D. 7.7		
9	Securities - Publicly traded		4	61,048.	FAIR MARK	ET. A	ALUE	
10	Securities - Closely held stock Securities - Partnership, LLC,							
11	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 27	Other () Other ()							
28	Other ()							
	Number of Forms 8283 received	hv the ora:	anization during the tax v	ear for contributions for				
	which the organization completed I				29			
	e a.e e.ga <u>-</u> a.e eep.e.ee.	0200,	. a 1, 201.007.0101049.				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 3 years from the date of the initial contribution, and which isn't required to be							
	used for exempt purposes for the e	ntire holding	period?			30a		X
b	If "Yes," describe the arrangement i	n Part II.						
31								
	contributions?					31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			

SCHEDULE O (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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 31-1724639

SHEPHERDS, INC

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.

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.

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 3,326. PREPAID 25TH ANNIV GALA

3,326.

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TOTALS

Name of the organization

SHEPHERDS , INC

SHEPHERDS 31-1724639

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

TOTALS 670,848.