Department of the Treasury Internal Revenue Service

# 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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

A	For the 2016 (	alendar year, or tax year beginning , and ending						
В	Check if applicable:	C Name of organization	D	Employer	identification number			
	Address change	The Shepherd's House, Inc.						
Ħ	Management	Doing business as		35-20	50845			
$\sqcup$	Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E	E Telephone number				
$\sqcup$	Initial return	519 Tennessee Avenue		260-4	124-2500			
	Final return/	City or town, state or province, country, and ZIP or foreign postal code						
	terminated	Fort Wayne IN 46805	G	Gross rece	ipts\$ 637,021			
$\sqcup$	Amended return	F Name and address of principal officer:						
	Application pending	Lonnie Cox	his a group	return for su	bordinates? Yes X No			
_			all subor	dinates inclu	ded? Yes No			
					see instructions)			
		Fort Wayne IN 46805	11 140, 41	ttaori a list.	see mandenons/			
	Tax-exempt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527						
J	Website:			tion number				
K	Form of organization:	X Corporation Trust Association Other ► . L Year of formation	on: 19	98	M State of legal domicile: IN			
P	Part I Su	ımmary						
	1 Briefly de	escribe the organization's mission or most significant activities:						
d)	~	Schedule O	ES E ES E ES					
nc	* 51575 11 517 A 57		E14 E E14 E E141	* ** * *** ***	2.29 2 42 2 49 2 42 4 52 4 52 4 520 520 420 4			
Governance	* **** *** ***							
)Ve	O Charlet				CHES R RIS R			
Ö	2 Check th	is box I if the organization discontinued its operations or disposed of more than 25% of its n	et asset	1	-			
00		of voting members of the governing body (Part VI, line 1a)			7			
ies		of independent voting members of the governing body (Part VI, line 1b)		4	7			
Activities	5 Total nur	nber of individuals employed in calendar year 2016 (Part V, line 2a)		5	5			
Act		nber of volunteers (estimate if necessary)			15			
	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0			
	b Net unre	ated business taxable income from Form 990-T, line 34		7b	0			
			ior Year	1	Current Year			
	8 Contribut	ons and grants (Part VIII, line 1h)	117,	,558	139,493			
Revenue	9 Program	service revenue (Part VIII, line 2g)	475		495,936			
ave.		nt income (Part VIII, column (A), lines 3, 4, and 7d)		267	72			
å	11 Other rev	enue (Part VIII column (A) lines 5 6d 9c 0c 10c and 11c)	1	,170	1,520			
					637,021			
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	594,	, 522	037,021			
		nd similar amounts paid (Part IX, column (A), lines 1-3)		_	0			
		paid to or for members (Part IX, column (A), line 4)			0			
S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	170,	,516	214,726			
us	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0			
Expenses	b Total fund	draising expenses (Part IX, column (D), line 25) ▶ 1,280						
ш	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	420,	788	409,104			
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	591,	304	623,830			
		less expenses. Subtract line 18 from line 12		,218	13,191			
P 88	3	Beginning			End of Year			
Net Assets or Fund Balances	20 Total ass	ets (Part X, line 16)	855,	736	873,443			
Ass	21 Total liab	lities (Part X, line 26)		141	5,831			
E SE	22 Net asse	A A S. A.	837,		867,612			
		gnature Block	037,	, 555	007,012			
trı.	ue correct and co	perjury, I declare that I have examined this return, including accompanying schedules and statements, and to amplete. Declaration of preparer (other than officer) is based on all information of which preparer has any kno	the best	of my kno	wledge and belief, it is			
_		The second secon	wicage.					
0:	-							
Sig	,,,	gnature of officer		Date				
Hei		Lonnie Cox Executive	Dire	ector				
		/pe or print name and title						
		preparer's name Preparer's signature Da	ite	Check	if PTIN			
Paid	Corinn	a L. England, CPA	1/14/1	7 self-empl	oyed P00200690			
Prep	parer Firm's nar			s EIN	35-2083429			
Use	Only	6404 Constitution Drive	10000	C ENT F	20 2000120			
	Firm's ad	Total 17-11-11 46004	5.		260-434-1852			
May		s this return with the preparer shown above? (see instructions)	Phon	ne no.	V DV-			

orm 990 (2016) The Shepherd'		35-2050845	Page
	Service Accomplishments		v
	entains a response or note to a	ny line in this Part III	X
1 Briefly describe the organization's miss	ion:		
See Schedule O	· *** *** * * * * * * * * * * * * * * *	77 (58 (60 C) C) 1 (7 C) 1 (4 C) 1 (4 C) 2 (4 C) 2 (4 C) 4 (4	
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	* FOR FOR E 10 E 1	** **** ***	
2 Did the organization undertake any sign	pificent program acquiece during the ve	or which were not listed on the	
2 Did the organization undertake any sigr prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services o	n Schedule O	THE TOTAL TOTAL CONTENTION OF THE STREET OF THE THE ALL CONTENTS OF THE STREET OF THE STREET OF THE STREET OF THE	☐ Tes 🔼 NO
3 Did the organization cease conducting,		conducts any program	
services?	or make significant changes in now it		Yes X No
If "Yes," describe these changes on Sc	hedule O	9 8 6 5 6 8 8 8 6 6 6 6 6 6 6 6 6 6 6 6 6	163 [24] 140
_		three largest program services, as measured	by
		rt the amount of grants and allocations to other	
the total expenses, and revenue, if any		are amount or grante and anocations to our	,,,,,
	1 3 1 11 11 11 11		
4a (Code: ) (Expenses \$	565,051 including grants	of \$ ) (Revenue	\$ 495,936
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ensure that they lead	d sober, productive	e, independent lives; t	hat they
successfully complete	rehabilitation an	d develop a solid foun	dation to
build their future up	non		
			THE RESIDENCE WAS A SERVICE AS A RESIDENCE OF SERVICES.
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d Other program services (Describe in Sci	hedule () )		
(Expenses \$	including grants of \$	) (Revenue \$	\
le Total program service expenses ▶	565,051	) (Increnide ψ	1

			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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		X
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
0	complete Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		22
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
h	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		37
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the organization maintain an office ampleyons or agents cutaids of the United States?	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144	_	21
	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			
	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	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

	onedance of required contenues (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	V/190		
24-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			v
h		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?	24-		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a		24d		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		25
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		45
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
35a	or IV, and Part V, line 1	34	_	X
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			37
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	_	X
	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 in Schedule O for Part VI, lines 11b and	31	_	22
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		X
		00		

Entire the number reported in Box 3 of Form 1009. Enter 40-1f not applicable   1	Гс	Check if Schedule O contains a response or note to any line in this Part V	/				
16 Einter the number reported in Box 3 of from 1068. Einter -0- if not applicable  17 Einter the number of Forms W250 included in line 1. Einter -0- if not applicable  28 Einter the number of Forms W250 included in line 1. Einter -0- if not applicable  29 Einter the number of employees reported on Form W3. Transmittal of Wage and Tax  20 Statements. Red for the calendar year excling with or within the year covered by this return  20 If all least one is imported on the 2.6 did the organization file all required federal employment tax returns?  20 If all least one is imported on the 2.6 did the organization file all required federal employment tax returns?  20 If the organization have unrelated business goes all one of the 2.0 or one during the year?  30 If the organization have unrelated business goes all one of the 2.0 or one during the year?  31 If the organization have unrelated business goes all one or one during the year?  32 If the comparization have an interest one of \$1.000 or one during the year?  33 If the organization have an interest one of \$1.000 or one during the year?  34 If year is finding the calendar year, did the organization have an interest in. or a signature or che authority over, a financial account in a foreign country year.  35 If year is find the same of the foreign country year organization in a foreign country year.  36 If year is find the same of the foreign country year.  37 If year is find the same of the foreign country year.  38 If year is find the organization a party to a prohibited tax shelter transaction at any time during the tax year?  39 If year is find the organization on party to a prohibited tax shelter transaction on the year year.  40 If year is find the organization in Endows 88817  50 If year is find the organization in Endows 88817  51 If year is find the organization in Endows 88817  52 If year is find the organization in Endows 88817  53 If year is find the organization in Endows 88817  54 If year is find the organization in Endows 88817  55 If year is the organ				** ** * * * * * * * * * * * * * * * * *		Yes	No
b. Enter the number of Forms W-2G included in line 1s. Enter 0-1 find applicable of 20 fit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) writings to prize winners?  2 Enter the number of employees reported of Form W-3, Transcribtal of Wage and Tax Statements, flied for the calendar year cording with or within the year covered by this neturn.  3 It is statements, flied for the calendar year anding with or within the year covered by this neturn.  4 It is statements in the calendar year anding with or within the year covered by this neturn.  5 It is statements flied for the calendar year anding with or within the year covered by this neturn.  5 It is statements flied for the calendar year and the grant statement of \$1,000 or note clump the year?  5 It is statement in the calendar year and the grant statement of \$1,000 or note clump the year?  5 It is any time clump the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in of the organization as a bank account, as calendar year.  5 If 'Yes,' five fire the name of the foreign country which we a bank account as a septrature or other standard over, and the properties of the organization and the organization aparty to a prohibited tax whether transaction at any time during the tax year?  5 If 'Yes,' did the organization have a transaction at any time during the tax year?  5 If 'Yes,' did the organization have a contributions for the organization special party notify the organization have and party to a prohibited tax shelter transaction?  5 If 'Yes,' did the organization have a prohibited tax shelter transaction and the organization solicit any contributions that two or is a party to a prohibited tax shelter transaction?  5 If 'Yes,' did the organization have a prohibited tax shelter transaction and the organization have a prohibited tax deductible as charitable contributions or gifts were not tax deductible organization than t	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21			
c Dit the organization compty with backup withholding rules for reportable payments to vendors and reportable gamming (gamining) withings to prize withmass?  2a Ether the number of amployees reported on Form W-3. Transmittal of Wage and Tay Statements, like for the calendary year ending without within the year exceed by this return.  2 Is a least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 In the state of the calendary year ending with or within the year exceeded by this return.  3 In the state of the calendary year and the organization file all required federal employment tax returns?  3 In the state of the calendary year of the organization of the calendary on the required federal employment tax returns?  3 In the state of the calendary year of the organization have an interest in, or a significance or other authority over, a financial account in a foreign country; level as a bank account, securities account, or other financial accounts (FEAR).  3 In the state of the financial account in a foreign country; level as a bank account, securities account, or other financial accounts (FEAR).  4 In the state of the financial accountry over, a financial accountry		2 2 REFERENCE CARREST END FOR A FOR					
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Form 990 (2016) The Shepherd's House, Inc. 35-2050845 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 7 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 5 6 Did the organization have members or stockholders? X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: а The governing body? X h Each committee with authority to act on behalf of the governing body? X 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 books and records: 20

Fort Wayne IN 46805 260-424-2500

519 Tennessee Avenue

Barb Cox

Form 990 (2016	The Shepherd's	House, Inc.	35-2050845	Page
Part VII	Compensation of Office	rs, Directors, Trustees	s, Key Employees, Highest	Compensated Employees, and
	Independent Contractor	S		_
	Check if Schedule O conta	ains a response or note	to any line in this Part VII	
Section A.	Officers, Directors, Trustees,	Key Employees, and Highe	est Compensated Employees	
da Camanlata thi	a kalala fan all managan og distrik	- b - E t - t - D t	C C U	M

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

anization nor an	y rel	ated	orga	aniza	tion	com	pensated any current office	er, director, or trustee.	
(B) Average hours per week (list any hours for related organizations below dotted line)	of findividual or director	(C) Position onot check more than one k, unless person is both an cer and a director/trustee)		(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
	e	stee			ısated				
0.00	x						0	0	0
0.00									T.
0.00 od	X						0	0	0
0.00	x						0	0	0
0.00	x						0	0	0
							V	0	0
0.00	x						0	0	0
0.00	x						0	0	0
0.00	v						0	0	0
40.00	Δ						O	0	0
0.00			X				53,346	0	0
* *** *** *** *** ***									
* * * * * * * * * * * * * * * * * * *									
	(B) Average hours per week (list any hours for related organizations below dotted line)  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	(B) Average hours per week (list any hours for related organizations below dotted line)  0.00 0.00 0.00 X 0.00 0.00 X 0.00 0.00 X	(B) Average hours per week (list any hours for related organizations below dotted line)  0.00 0.00 X	(B) Average hours per week (list any hours for related organizations below dotted line)  O.00 O.00 X  O.00 X	(B) Average hours per week (list any hours for related organizations below dotted line)  O.00 O.00 X  O.00 X	(B) Average hours per week (list any hours for related organizations below dotted line)  O.00 O.00 X  O.00 O.00 X  O.00 X	(B) Average hours per week (list any hours for related organizations below dotted line)  O.00  O.00  X  O.00  X	(B)     Average hours per week (list any hours for related organizations below dotted line)      O . 00     X     O . 00     O . 00     O . 00     X     O . 00     O . 00     X	Average   hours per   week (ilst any hours for related organizations below dotted line)

Form 990 (2016)

DAA

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)				
(A) Name and title		(B) Average hours per week (list any hours for	Average Position hours per (do not check more than o box, unless person is both officer and a director/truste						(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rel organiza	ated	-
	**************************************	e filos todo e ele e see e socie												
n 10703 A		* *** * *** * *** * ***												
E - 80503 F		* *** *** *** * * * * * * * * *												
. 8.4		* 55*5 * 55 * 555 * 5 * 6 * 5 * 6												
e ver														
		* *** ** *!* * *!*!* *!*!* *!*!*												
Ses I sost et s		EX. 1 C   1 E   1 C   2												
1b	Sub-total	EX. 8 63 8 63 8 63 8 63 8 63 8			err er		Cala.	<b></b>	53,346					
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	١	a esca i			53,346					
2	Total number of individuals (in	cluding but not li	mite	d to	thos	e list	ed a	bov		\$100,000 of				
	reportable compensation from	the organization		0					The second response to the second sec				V	NI.
3	Did the organization list any fo	ormer officer, dire	ector	, or	trust	ee, k	ey e	empl	loyee, or highest compensa	ated			Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line	e 1a, is the sum	of re	eport	able	com	pens	satio	on and other compensation	from the	1 404 10 400/10	3		X
	organization and related organ individual											4		X
5	Did any person listed on line 1 for services rendered to the or									individual		5		x
	on B. Independent Contracto	rs												
1	Complete this table for your five compensation from the organization	zation. Report co	ensa	ted i	ndep	end or th	ent o	contr	dar year ending with or with	in the organization's tax ye	ear.			
	Name and	(A) business address							Descripti	(B) ion of services		Cor	(C) mpensati	on
													-	
2	Total number of independent or received more than \$100,000 or	contractors (included for compensation	ding	but	not li	mite	d to	thos	se listed above) who	^				
-	. Socied more than \$100,000	or compensation	1101	i uic	, org	ai IIZi	uuUII			U				

		contains a response or	(A)		(C)	(D)
			Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts 1	a Federated campaigns	1a		revenue		312-314
onlo	b Membership dues	1b				
A'n'	c Fundraising events	1c				2. *
ar	d Related organizations	1d				
<u>=</u>	e Government grants (contributions)	1e		10 Carlotte (1984)		
S	f All other contributions, gifts, grants,					
the	and similar amounts not included above	1f 139,493				
0	g Noncash contributions included in lines 1a-1			1		
an	h Total. Add lines 1a-1f		139,493			
en		Busn. Code				
Program Service Revenue and Other Similar Amounts	a Fee for service		495,936	495,936		
2	b	553 553 5 53 5 53 5 5				
S	c					
<u> </u>	d	WOOD, 9000W 10 Year 10 Year 10 Year 10 Year				
툲	е	10 00 00 10 00 00 00 00 10 00				
g	f All other program service reven					
7	g Total. Add lines 2a-2f		495,936			
3	Investment income (including d	lividends, interest,				
	and other similar amounts)	<b>&gt;</b> _	72	72		
4	Income from investment of tax-	exempt bond proceeds				
5	Royalties					
	(i) Real	(ii) Personal				Test test of the second
6	a Gross rents					
l I	Less: rental exps.					
	Rental inc. or (loss)					
78	Gross amount from sales of assets (i) Securities	(ii) Other				**************************************
	other than inventory					
ŀ	Less: cost or other		A TABLE			
	basis & sales exps.					
	Gain or (loss)					
(	Net gain or (loss)					
<u>a</u> 88	a Gross income from fundraising event					
/enue	(not including \$					
Sev	of contributions reported on line 1c).					
- l	See Part IV, line 18	a	a de la companya de l			
Other Rev	Less: direct expenses	b				
	Net income or (loss) from fundra					
98	Gross income from gaming activities.					
	See Part IV, line 19	a				
b	Less: direct expenses	b				
0	Net income or (loss) from gamir	ng activities				
10a	Gross sales of inventory, less					'
	returns and allowances	a				
	Less: cost of goods sold	b				
	Net income or (loss) from sales	of inventory				
	Miscellaneous Revenue	Busn. Code				
11a	Other income		1,520	1,520		
b	* 3 * 1 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2 * 2	***********				
c	* 3 % 67 % 65 % 55 % 55 % 55 % 55 % 55 % 55	2.5.11.5.12.5.13.5.13.6.13.6.13.6.13.6.13.6.13.6.13				
d	All other revenue					
е	Total. Add lines 11a-11d	<b></b>	1,520			23 15 25
12	Total revenue. See instructions		637.021	497.528	n	0

Page 10

# 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).

Sect	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			mplete column (A).	П
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				-
·	trustees, and key employees	53,346	48,011	5,335	
6	Compensation not included above, to disqualified	33/313	20,022	0,000	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	121,299	115,051	5,207	1,041
8	Pension plan accruals and contributions (include	121,200	113,031	3,207	1,011
0	,				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	25,892	24,175	1,563	154
		14,189	13,248	856	85
10	Payroll taxes	14,109	13,240	636	65
11	Fees for services (non-employees):				
a	Management				
b	-	7 270		7 270	
c	Accounting	7,370		7,370	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	i i			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	23,218		23,218	
14	Information technology				
15	Royalties				
16	Occupancy	42,020	38,551	3,469	
17	Travel			8	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,805	47,805		
23	Insurance	7,888	7,888		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	200			
	(A) amount, list line 24e expenses on Schedule O.)		e L		
а	Outside labor	141,410	141,410		
b	Program supplies	46,953	46,953		
С	Repairs and maintenance	30,821	28,415	2,406	
d	Operating supplies	30,716	30,716	= / = 30	
е	All other expenses	30,903	22,828	8,075	
25	Total functional expenses. Add lines 1 through 24e	623,830	565,051	57,499	1,280
26	Joint costs. Complete this line only if the		200,001	3.,233	2,200
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
DAA	W 222 22 24 24 24 24 24 24 24 24 24 24 24				Form 990 (2016)

_Pa	art )				
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest bearing	61,814	1	110,676
	2	Savings and temporary cash investments	90,199	2	90,193
	3	Pledges and grants receivable, net		3	25.000
	4	Accounts receivable, net	42,547	4	37,960
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		0.	27 6 6 7 7 6
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		- 1	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		C - H	*, , ** * *
sts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
٩	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,409	9	3,517
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 827, 659			
	b	Less: accumulated depreciation 10b 196,562	637,298	10c	631,097
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	21,469	12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	855,736	16	873,443
	17	Accounts payable and accrued expenses	15,118	17	991
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	Charles And Charles Annual Charles Control of the C	21	
Se	22	Loans and other payables to current and former officers, directors,			
=		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
-1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,023	25	4,840
_	26	Total liabilities. Add lines 17 through 25	18,141	26	5,831
,,		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ce		complete lines 27 through 29, and lines 33 and 34.			
alar	27	Unrestricted net assets	781,129	27	716,571
B	28	Temporarily restricted net assets	56,466	28	151,041
un	29	Permanently restricted net assets	ANNUAL TO A LABORATOR OF THE STATE OF THE ST	29	
F		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Net Assets or Fund Balances		complete lines 30 through 34.			
sse	30	Capital stock or trust principal, or current funds		30	
Į A	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	837,595	33	867,612
	34	Total liabilities and net assets/fund balances	855,736	34	873,443

orm	990 (2016) The Shepherd's House, Inc. 35-2050845			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			cess or s	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	37,	021
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	23,	830
3	Revenue less expenses. Subtract line 2 from line 1	3		13,	191
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	37,	595
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		16,	826
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	8	67,	612
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		=		
2a	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 compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	A 107 M 108 M	200 (0.0)		
	required audit or audits explain why in Schodule O and describe any stone token to undergo such audits		26		

Form **990** (2016)

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

## 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.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

			The Shepherd	l's House, Inc.				35-205	0845		
Pa	art I	Reas		Status (All organizations	must c	omplete	this part.) See	instructio	ns.		
The	orga	nization is not	a private foundation becaus	se it is: (For lines 1 through 12,	check onl	y one box	(.)				
1				sociation of churches described							
2	П	A school des	lescribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	П	A hospital or	a cooperative hospital servi	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	П	A medical re	search organization operated	arch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and stat	e:								
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ted by a g	governmental unit o	lescribed in			
		section 170	(b)(1)(A)(iv). (Complete Part	t II.)							
6		A federal, sta	ate, or local government or g	governmental unit described in	section 1	70(b)(1)(A	A)(v).				
7	X		on that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fromplete Part II.)	om a gov	ernmenta	I unit or from the g	eneral public			
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Par	t II.)						
9	П			scribed in section 170(b)(1)(A)		ed in con	junction with a lan	d-grant colle	ge		
				of agriculture (see instructions).					~		
10		receipts from support from	activities related to its exem gross investment income ar	1) more than 33 1/3% of its sup npt functions—subject to certain nd unrelated business taxable in 30, 1975. See section 509(a)(2)	exception	ns, and (2 ss section	2) no more than 33 n 511 tax) from but	1/3% of its	oss		
11			1.70	exclusively to test for public saf	2 2 2						
12	Н			exclusively for the benefit of, to				ut the purpo	oses		
				zations described in section 50	. Comment			and the same of th			
		Check the bo	x in lines 12a through 12d t	that describes the type of support	orting orga	nization a	and complete lines	12e, 12f, an	d 12g.		
	а	the suppo	orted organization(s) the pow	erated, supervised, or controlled wer to regularly appoint or elect	a majority			, , ,	ng		
	h		• •	complete Part IV, Sections A a				) bullerine			
	b	control or	management of the suppor	upervised or controlled in conne rting organization vested in the Part IV, Sections A and C.							
	•			supporting organization operated	d in conn	action with	and functionally	intograted w	<i>ii</i> th		
				structions). You must complete				integrated w	nu i,		
	d			<ul> <li>d. A supporting organization open e organization generally must s</li> </ul>				-			
				must complete Part IV, Section				ir attoritiveri			
	е	Check th	is box if the organization rec	ceived a written determination from	om the IR	S that it is		Type III			
				on-functionally integrated suppor	rting orga	nization.					
	f		mber of supported organization	he supported organization(s).							
,:	y		66.00m 116.00mm1	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	GA Is the						
(1		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of m support (s		(vi) Amount of other support (see		
				above (see instructions))		ment?	instruction		instructions)		
					Yes	No					
(A)						1-					
(B)							i ed				
(C)											
(D)											
(E)											
				<b>建筑是基础的设置</b>							

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76,419	90,675	248,162	117,558	139	9,493	672,307
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	76,419	90,675	248,162	117,558	139	,493	672,307
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)							
6	Public support. Subtract line 5 from line 4.						Value II	672,307
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
7	Amounts from line 4	76,419	90,675	248,162	117,558	139	,493	672,307
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	249	110	438	218			1,015
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10	La Paris III					1	673,322
12	Gross receipts from related activities, etc.	(see instructions)	****************				12	497,528
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	r as a section 501	(c)(3)		
_	organization, check this box and stop here	·						
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2016 (line 6,			(f))		2 2 2 2 2 X X X X X X X X X X X X X X X	14	99.85 %
15	Public support percentage from 2015 Sche						15	99.76%
16a	33 1/3% support test—2016. If the organic				3 1/3% or more, ch	neck this		
	box and stop here. The organization qualit					* **** * ** * ** * *	A R KIND KIND A	<b>▶</b> X
b	33 1/3% support test—2015. If the organization				5 is 33 1/3% or mo	re, check		
	this box and <b>stop here</b> . The organization of							
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meets							
	Part VI how the organization meets the "fa	icts-and-circumstand	ces" test. The orga	inization qualifies	as a publicly supp	orted		. $\Box$
h	organization							
b	10%-facts-and-circumstances test—2019					line		
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization me	ets the macts-and-d	arcumstances" test	. The organization	n qualifies as a pul	blicly		, $\Box$
18	supported organization	not about a bay an	line 12 10- 10	47 275 -1		******	* * * * * * * * *	
. 0	<b>Private foundation.</b> If the organization did instructions							▶ □
	instructions			****				

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

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

Sec	tion A. Public Support			, ,		,	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				, ,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7.					
3	Gross receipts from activities that are not an unrelated trade or business under section 513			E			
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here			urth, or fifth tax yea			▶ □
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2016 (line 8,	column (f) divide	d by line 13, colum	n (f))		15	%
16	Public support percentage from 2015 Sche	dule A, Part III, lir	ne 15	***********		40	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2016 (lin	ne 10c, column (f	) divided by line 13	, column (f))		17	%
18	Investment income percentage from 2015					40	%
19a	33 1/3% support tests-2016. If the organ			14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this bo	x and stop here.	The organization of	qualifies as a publi	cly supported orga	anization	
b	33 1/3% support tests—2015. If the organ	nization did not ch	eck a box on line 1	4 or line 19a, and	line 16 is more th	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check thi	s box and <b>stop h</b>	ere. The organizat	on qualifies as a	publicly supported	organization	▶ ∐
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	

#### Supporting Organizations Part IV

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

### Section A. All Supporting Organizations

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

		Yes	No
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			2 1
	3b		
	3c		-
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	9c		
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	10b		
(Fc	rm 990	or 990-	EZ) 2016

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	117.9	7	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	100		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	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	1.2		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	10.3		
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
	71 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	7.1.2	3" 111	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	86.0		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	200	- 1	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	12.5		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	- 3		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	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 <b>Part VI</b> the role the organization's			
		3		
Secti	supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).		
2 /	Activities Test. Answer (a) and (b) below.	ſ	Vac	No
			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 <b>Part VI identify</b>	420	- 1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	14.77	1 2 1	
	how the organization was responsive to those supported organizations, and how the organization determined		- '	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		- 1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20, 1	970 (explain in Part VI).Se	ee
instructions. All other Type III non-functionally integrated supporting organizations must	st comp	lete Sections A through E	
Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated		supporting organization (	see
instructions).	V		

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organization	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	ooses		
2	Amounts paid to perform activity that directly furthers exempt purpos			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organi	zation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			The second secon
a				
b	F			7
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
-	Applied to underdistributions of prior years		Market State of the A	
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2016 from			
4	Section D, line 7: \$			
	Applied to underdistributions of prior years		ALL STREET, ALL STREET, AND AL	
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			Market 1
	Remaining underdistributions for years prior to 2016, if		are many production of the	
9	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j	AND THE PROPERTY OF THE PARTY O		
	and 4c.			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015	9		
	Excess from 2016		Angelogical Hollowing	

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.qov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

т	he Shepherd's House, Inc.		35-2050845
	art I Organizations Maintaining Donor Advised Ful	nds or Other Similar Funds or A	
	Complete if the organization answered "Yes" on I		toocarrie.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	A CONTROL OF STANDARD STANDARDS	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants from (during year)  Aggregate value at end of year		
5	Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that		
3	-		☐ Yes ☐ No
6	funds are the organization's property, subject to the organization's exc Did the organization inform all grantees, donors, and donor advisors in		res No
6	only for charitable purposes and not for the benefit of the donor or don	production of received of the sale and professional profession to the research	
	conferring impermissible private benefit?	or advisor, or for any other purpose	☐ Yes ☐ No
D:	art II Conservation Easements.		Tes NO
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land area
	Protection of natural habitat	Preservation of a certified historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	rvation
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure incl	uded in (a)	2c
d			
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizati	ion during the
	tax year ▶		
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easem	ents during the year
	▶ \$	actions, and officially concentration caccin	one daming the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)	
	and coction 170/b\/4\/P\/ii\2		□ Vaa □ Na
9	In Part XIII, describe how the organization reports conservation easem		*** **** **** **** **** **** * ***
	balance sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements.		
Pa	organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on F		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n		
	works of art, historical treasures, or other similar assets held for public		erance of
	public service, provide, in Part XIII, the text of the footnote to its finance		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2		the second secon	\$
2	If the organization received or held works of art, historical treasures, or		vide the
	following amounts required to be reported under SFAS 116 (ASC 958)		
a	Revenue included on Form 990, Part VIII, line 1		

Part III Organizations Maintaining C	Collections of	Art, Historical T	reasures,	or Other Sin	nilar As	sets (continued)	
3 Using the organization's acquisition, accession, collection items (check all that apply):	and other records	s, check any of the fo	llowing that a	re a significant u	use of its		
a Public exhibition		Loan or exchange pro					
b Scholarly research	е 🗌	Other		NO. 1 TO 1	KOROK MOKIK		
c Preservation for future generations							
4 Provide a description of the organization's colle	ections and explain	how they further the	organization's	s exempt purpos	se in Part		
XIII.							
5 During the year, did the organization solicit or r							1
assets to be sold to raise funds rather than to l		part of the organizatio	n's collection	?		Yes	No
Part IV Escrow and Custodial Arra		5 000 D		0			
Complete if the organization a	inswered "Yes"	on Form 990, Pa	art IV, line s	9, or reported	an amo	ount on Form	
990, Part X, line 21.	as ather interned	lian, for contributions	or other coop	to not			
1a Is the organization an agent, trustee, custodian						Yes	No
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII ar		Mouring table:				les	] 140
b ii fes, explain the arrangement in Fatt Alli al	id complete the io	ollowing table.				Amount	
c Beginning balance					1c		
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an amount on Form	m 990, Part X, line	e 21, for escrow or cu	stodial accou	nt liability?		Yes	No
b If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	xplanation has been p	provided on P	art XIII			
Part V Endowment Funds.							
Complete if the organization a	inswered "Yes"	on Form 990, Pa	art IV, line				
	(a) Current year	(b) Prior year	(c) Two yes	ars back (d)	Three years	back (e) Four years	back
1a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and							
losses							
d Grants or scholarships							
e Other expenditures for facilities and							
programs  f Administrative expenses							
f Administrative expenses g End of year balance							
2 Provide the estimated percentage of the curren	t vear end balance	e (line 1g. column (a))	) held as:				
a Board designated or quasi-endowment ▶		o ( 19, oo.a (a))	,				
b Permanent endowment ▶ %							
c Temporarily restricted endowment ▶	%						
The percentages on lines 2a, 2b, and 2c should	d equal 100%.						
3a Are there endowment funds not in the possess	ion of the organiza	ation that are held and	d administered	d for the			
organization by:						Yes	No
						3a(i)	
(ii) related organizations						3a(ii)	
b If "Yes" on line 3a(ii), are the related organization						3b	
4 Describe in Part XIII the intended uses of the c		owment funds.					
Part VI Land, Buildings, and Equip		on Form 000 Do	art IV/ line 1	110 Coo For	~ 000 г	Dort V line 10	
Complete if the organization a	(a) Cost or other b		other basis	(c) Accumu		(d) Book value	
Description of property	(investment)	(b) Cost of		depreciation		(G) BOOK Value	
1a Land	,	(***	*		APRILLE.		
b Buildings		7	11,090	15	6,832	554,2	258
c Leasehold improvements			,		- / 502	0017	
d Equipment		1	16,569	3	9,730	76,	839
e Other			,		,		
Total. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part	t X, column (B), line 1	l0c.)	90 879 10 879 10 879 10 879 10 879 10		631,	097

Part VII	Complete if the organization answered "Yes" on	Form 990 Part IV line	11b See Form 990 Part X. line 12	2.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)		Cost or end-of-year market value	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)	\$100 \$200 \$100 \$100 \$100 \$100 \$100 \$100			
(C)				
(D)				
(E)	**************************************			
(F)				
(G)				
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.		<b>以表现的是是是是有</b>	
I alt VIII	Complete if the organization answered "Yes" on	Form 990 Part IV line	11c See Form 990 Part X line 1	3
	(a) Description of investment	(b) Book value	(c) Method of valuation:	J
	(7)	(2)	Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				*
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, Part X, line 15	5.
	(a) Description		(b) Book v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
i die A	Complete if the organization answered "Yes" on	Form 990 Part IV line	11e or 11f See Form 990 Part X	
	line 25.	Tominoco, rantiv, mio	7 170 01 171. 000 1 0111 000, 1 011 7,	
1.	(a) Description of liability	(b) Book value		
	income taxes			
	oll taxes withheld	4,840		
(3)		-,-30		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,840		

-	dule b (1 offin 990) 2010 1116 bit option at a little bit of 1	total Mith Davier	na nau Datum	
Pa	rt XI Reconciliation of Revenue per Audited Financial S		ue per Return.	
	Complete if the organization answered "Yes" on Form			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	T I	. 8	
а	• • • • • • • • • • • • • • • • • • • •			
b			1.7	
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1 to 1 to 1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4n and 4h		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)	5	
Pa	art XII Reconciliation of Expenses per Audited Financial	Statements With Expen	nses per Return.	
	Complete if the organization answered "Yes" on Form			
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	************		
a		2a		
b				
	Prior year adjustments Other losses	0.		
c			10 PM	
d	Other (Describe in Part XIII.)	******	20	
e			2e 3	
3	Subtract line 2e from line 1	************************	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	* 11 1 11 11 11 11 11 11 11 11 11 11 11	4b		
С	Add lines 4a and 4b			
5	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.	8.)	5	
5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	XC3 X 423 X 423 X 423
5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
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5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	
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5 Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; Pa	rt V, line 4; Part X, line	

Schedule D (F	Form 990) 2016	The	Shepherd ' rmation (contin	s House,	Inc.		35-2050845	F	Page 5
Part XIII	Supplement	al Info	rmation (contin	nued)					
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#### 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.

2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Name of the organization

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

35-2050845 The Shepherd's House, Inc. Form 990 - Organization's Mission To restructure the lives of those with drug and alcohol addictions to ensure that they lead sober, productive, independent lives; that they successfully complete rehabilitation and develop a solid foundation to build their future upon. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Electronic copy of 990 is provided to all board members via e-mail for review prior to filing. Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation for Executive Director is determined by the Board of Directors based on input from all directors and an annual performance review of the Executive Director. Form 990, Part VI, Line 15b - Compensation Process for Officers The Executive Director and management determine salaries for key employees in accordance with budget guidelines established by the Board of Directors. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Book / Tax Depreciation Difference 16,826

# Form 4562

## Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

The Shepherd's House, Inc.

OMB No. 1545-0172

2016
Attachment

Internal Revenue Service
Name(s) shown on return

(99)

Identifying number 35-2050845

Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I 500,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,010,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 5 (a) Description of property 6 (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 12,388 during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 31.772 MACRS deductions for assets placed in service in tax years beginning before 2016 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (a) Classification of property placed in (business/investment use (e) Convention (a) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7.0 12,389 200DB HY 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. SI Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L Nonresidential real MM 39 yrs. S/L property MM S/L Section C-Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L C 40-year MM 40 yrs. S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 1,875 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 47,805 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

29

The Shepherd's House, Inc. 35-2050845 Page 2 Form 4562 (2016) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) X Yes X Yes No 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? (c) (b) (d) (e) (f) Business/ investment use Elected section 179 Type of property Date placed Basis for depreciation Recovery Method/ Depreciation Cost or other basis (list vehicles first) (business/investment cost in service Convention deduction percentage period use only) Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use: 2012 Ford Van 200DBHY 06/13/12 100.00 % 32,443 32,443 5.0 1,875 Property used 50% or less in a qualified business use: S/L-S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 875 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

#### Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	Total business/investment miles driven during the year (don't include commuting miles)	(a Vehi			b) icle 2		c) icle 3	Vehi	i) cle 4	Vehi		( Vehi	f) cle 6
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting)												
	miles driven												
33	Total miles driven during the year. Add												
	lines 30 through 32												
34	Was the vehicle available for personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty hours?												
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?												
36	Is another vehicle available for personal use?												

#### Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
	your employees?		X
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	X	
39	Do you treat all use of vehicles by employees as personal use?		X
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the		
	use of the vehicles, and retain the information received?		X
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		X
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		
P:	art VI Amortization		

	Amortization						
	(a) Description of costs	(b)  Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage		(f) Amortization for this year
42	2 Amortization of costs that begins during your 2016 tax year (see instructions):						
43	Amortization of costs that began before your 2016 tax year						
44	4 Total. Add amounts in column (f). See the instructions for where to report						