

Certified Public Accountants

September 18, 2017

CONFIDENTIAL

Good Shepherd Ministries, Inc. 811 Martin Street Wilmington, NC 28401

Dear:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 6/30/17 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Earney & Company, L.L.P. 710 Military Cutoff Rd Ste 250 Wilmington, NC 28405-8364

If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Early : longer, L.L.P.

Earney & Company, L.L.P.

Form **8879-E**

IRS e-file Signature Authorization for an Exempt Organization

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7/01 , 2016, and ending 6/30, 20 For calendar year 2016, or fiscal year beginning

2016

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Employer identification number

Name and title of officer

Good Shepherd Ministries, Inc. TIM POLLARD

56-1566178

TREASURER Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

	- · · · · · · · · · · · · · · · · · · ·			
1a	a Form 990 check here 🕨 🗓 b Total revenue, if any (F	orm 990, Part VIII, column (A), line 12)	1b	3,494,260
2a	a Form 990-EZ check here 🕨 🔲 _b Total revenue, if an	y (Form 990-EZ, line 9)	2b	
3а	a Form 1120-POL check here 🔪 🔲 b Total tax (Form 1	120-POL, line 22)	3b	
4a	a Form 990-PF check here 🔪 🔲 b Tax based on investr	nent income (Form 990-PF, Part VI, line 5)	4b	
5а	a Form 8868 check here 🕨 🔲 b Balance Due (Form 886	8, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of periury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

cei	r's PIN: chec	k one box only										
X	I authorize	Earney	& (.P.			to enter my PIN	05029	as my s	ignatur
				ERO firm r	ame					Enter five numb do not enter all		
	being filed v	vith a state agen	cy(ies	6 electronically files) regulating charit n's disclosure cor	ies as	part of the	ve indica e IRS Fe	ted within th d/State proվ	nis return that a co gram, I also author	py of the return ize the aforeme	is :ntioned	
	If I have ind	icated within this	retur	I will enter my PIN in that a copy of the enter my PIN on t	e retu	ırn is being	filed wit	h a state ag	r's tax year 2016 e ency(ies) regulatir n.	lectronically fileding charities as p	d return. eart of	
20.000	signature	4	> -	-A	}_ (.	<u> </u>	U		Date	09/15/	17	<u> </u>
a ri	III Ce	rtitication ar	иΛь	uthantidation								

Sertification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

69892609911

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns

					_
EDO's signature	Charles	L.	Earnev,	CPA	

09/15/17

ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2016)

Department of the Treasury Internal Revenue Service

Form

NC Intornal TON COPY

Return of Organization Exempt From Income Tax

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

2016

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.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For t	the 2016 c	alendar year, or tax year beginning $07/01/16$, and ending $06/30/1$	7		
В	Check it	f applicable:	C Name of organization	D	Employe	identification number
	Address	s change	Good Shepherd Ministries, Inc.			
	Name c	:hange	Doing business as			566178
$\overline{\Box}$	Initial re	aturn	Number and street (or P.O. box if mail is not delivered to street address) 811 Martin Street		Telephone	number 763-4424
L	Final re		City or town, state or province, country, and ZIP or foreign postal code		910-	703-4424
	terminal		Wilmington NC 28401			2 FF2 20
	Amende	ed return	F Name and address of principal officer:	J G	Gross rece	eipts\$ 3,553,32.
	Applicat	tion pending	KATRINA KNIGHT	H(a) Is this a group i	return for su	ibordinates? Yes X N
		, ,	811 Martin St	H(b) Are all subord	inatee incl	rded? Yes N
			Wilmington NC 28401	• •		see instructions)
	Tay ou	empt status:	77	715, 411		000 (110)(10)(10)
	Websit		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 www.goodshepherdwilmington.org			
				H(c) Group exempt		
30000000	art I	organization:		ar of formation: 198	5/	м State of legal domicile: No
3333	~~~~	D : 6 1	mmary			
Governance		The and	scribe the organization's mission or most significant activities: mission of Good Shepherd is to feed the hungry, she foster transition to housing.			PSS
ŏ			s box more than 25%		1 1	15
∞ ග			of voting members of the governing body (Part VI, line 1a)		3	
Activities	4	Total	f independent voting members of the governing body (Part VI, line 1b)		4	15
ţį	5	Tatal	nber of individuals employed in calendar year 2016 (Part V, line 2a)		5	47
Ă			bler of volunteers (estimate if necessary)		6	500
	l la	Not unrel	elated business revenue from Part VIII, column (C), line 12		7a	
	l D	Net unrei	ated business taxable income from Form 990-T, line 34	Prior Year	7b	Current Veer
_	8	Contributi	ons and grants (Part VIII, line 1h)	3,253,	591	Current Year 3,106,793
ne	9	Program	convice revenue (Port VIII line 2a)		169	45,388
Revenue			thingans (Dart VIII askings (A) Grass 2 d and 7 l)		631	
&			onus (Port VIII polymon (A) lines F. 6d. So. On 10a and 11a)	289,		9,080
Î			nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,600,	057	332,999 3,494,260
			d similar amounts poid (Part IV column (A) lines 1, 2)	3,000,	037	3,494,200
	ı		aid to or for members (Part IX, column (A), line 4)			
.			other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,179,	073	1,223,820
Expenses			nal fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0/3	1,223,620
en			raising expenses (Part IX, column (D), line 25) ▶ 242,652			
Ä			***************************************	2 412	756	2 245 070
			enses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,412,		2,345,072
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,591,		3,568,892
-Se	19	Revenue	ess expenses. Subtract line 18 from line 12	ر 8 Beginning of Current	228	
Net Assets or Fund Balances	20	Total asse	1 (D 1) (D 1)	3,903,		3,829,047
Ass Ba	21		ities (Part X, line 16)ities (Part X, line 26)	985,		970,625
Ë,ë	22		s or fund balances. Subtract line 21 from line 20	2,917,		2,858,422
	art II	11111	nature Block	2,021,	3,5	2,000,422
Un	ider pe	nalties of pe	erjury, I declare that I have examined this return, including accompanying schedules and statement implete. Declaration of preparer (other than officer) is based on all information of which preparer has	s, and to the best of any knowledge.	of my kno	owledge and belief, it is
		_	7576		9/	25/37
Sig		Sig	nature of officer		Date	
Her	e	 	TIM POLLARD TREASU	RER		
		Тур	pe or print name and title			
_		Print/Type	preparer's name Preparer's signature	Date	Check	if PTIN
Paid		Charles	L. Earney, CPA Charles L. Earney, CPA	09/18/17	self-emp	P00085685
	oarer	Firm's nam	Earney & Company, L.L.P.	Firm's	s EIN 🕨	56-1719839
Jse	Only		710 Military Cutoff Rd Ste 250			
		Fìrm's addr	TTT I TO THE TOTAL OF THE TOTAL	Phon	e no.	910-256-9995
Иay	the IR	S discuss	this return with the preparer shown above? (see instructions)	1		X Yes No.

Forr	n 990 (2016) (Good Shep	herd Mini	stries, I	nc.	56-156617	18	Page 2
P			ogram Service					
	Ch	neck if Schedul	le O contains a	response or no	te to any line i	n this Part III		X
1	Briefly describ	ibe the organizatio	n's mission:					
-	The miss	sion of Go	ood Shephe	erd is to	feed the	hungry,	shelter the	homeless
ā	and fost	er trans:	ition to h	nousing.		 		
				······································		:		
	*							
2	Did the organ	nization undertake	any significant prog	gram services duri	ng the vear which	were not listed on	the	
			,					Yes X No
	If "Yes." desc	cribe these new se	ervices on Schedule	· · · · · · · · · · · · · · · · · · ·				103 22 140
3	•		ducting, or make si		in how it conducts	any program		
-	convicac?							Yes X No
		ribe these change						[169 22 140
4		-		nnlishments for es	ch of its three larg	eet program servic	es, as measured by	
•							allocations to others,	
			e, if any, for each p			ount or grains and	anocations to others,	
	the total exper	and revenue	e, ii aliy, ioi eacii p	rogram service rep	Jortea.			
42	(Code:) (Eynenses	\$ 3.098	.737 includin	g grants of \$) (Revenue \$	``
74	The miss	ion of Go	od Shopho	rd Minist	g giants or a		feed the hu	<i>)</i>
-	holtos	the bemel	loca and f	icatam tm	TTES, TIL	L. L. LO .	g. Establi	ngry,
~	ogoet e	che nomei	less and I	OSTEL TIO	instition	to nousing	g. Estabil	sned as a
							ed over the	
- H	provide	a Day Sne	er, Nig	int Sherte	er, and i	n 2001, ti	ne Sgt. Eug	ene Asnley
							early recov	
								less with a
								thing, and
							also benef	
0	n-site i	medical c	clinic, op	erated in	partner	ship with	the New Ha	nover County
						-threaten:	ing access	to health
S	creenin	gs, presc	criptions,	and wour	d care.			
4b	(Code:) (Expenses	\$	includin	g grants of \$) (Revenue \$)
					,			
	*							
4c	(Code:) (Expenses S	\$	including	g grants of \$) (Revenue \$	}
		•						
	_							
	• • • • • • • • • • • • • • • • • • • •					. 	• • • • • • • • • • • • • • • • • • • •	
	*							
	*							
44	Other progress	sonicos (Poss-	ho in Schodula C.					
4d	Other program (Expenses \$	n services (Descrik	be in Schedule O.)	g grants of \$) (Revenue \$		

			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	1		
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	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			37
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		
Ü	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	°		
Ū	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	"		- 22
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	0000000000	00000000000	000000000000
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
15	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	4.5		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u> </u>
	assistance to or for foreign individuals? If "Von " complete Schodule F. Borte III and IV	10		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u> </u>
•	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	17		- 27
	Dart VIII lines to and ReQ If IVes II complete Calendale O. Dart II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10		
	If "Yes," complete Schedule G, Part III	19		x
			1	

9000000	Checkist of Required Concudes (Commueu)		Vaa	N
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		х
24a		1-5		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	ŀ		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		i
_	to defease any fax-exempt bonds?	24c		İ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
. h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ļ
	If "Yes," complete Schedule L, Part I	051		v
26	***************************************	25b		X
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			77
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		_X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		İ	
00	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):			
a	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			ı
	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			
	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,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	D-4 //	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"		
	19? Note . All Form 990 filers are required to complete Schedule O.	38	\mathbf{x}	
	. To more the regiment of complete contouring C.	1 30	- 990	

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X If "Yes," enter the name of the foreign country: > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? X h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

Sec	ction A. Governing Body and Management				· · ·	
				00000000000	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	-		
	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.		4 -			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			_5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		ne following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<i>.</i>		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	rnal R	evenue Co	de.)		
					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 fo	rm?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	x	*********
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	x	
13	Did the organization have a written which blower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?		******	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The committee of CEO Executive Director actor account official			15a	x	200000000
b	Other officers or key employees of the experiention			15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.02		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
·ou	with a tayable entity during the year?			16a	200000000000000000000000000000000000000	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			IVA		<u> </u>
IJ	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?			16h		200000000
Sec	tion C. Disclosure			16b		
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed NC					
		11/61/21				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	71(0)(3)	is only)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
40	Own website X Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter	est poli	cy, 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: >

KATRINA KNIGHT

811 MARTIN STREET

NC 28401 910-763-4424

Form 990 (2016)	Good	Shenherd	Ministries,	Tnc
-orm 990 (2016)	GOOG	Suebuera	MINITSCLIES,	THC.

56-1566178

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the org	anization nor an	y rela	ated	orga	ıniza	tion com	pensated any current office	er, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unl	Pos check ess pe nd a c	erson	than one is both an or/trustee)	(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	Former Highest compensated employee	(W-2/1099-MISC)	(VV-211030-MIGG)	organization and related organizations
(1) VIRGINIA COLANT	оио	1							
SECRETARY	4.00 0.00	x		x			0	0	0
(2) ABE WALSTON, II									
	4.00	.					_		_
VICE CHAIR	0.00	X		X			0	0	0
(3) TOM DODSON	4.00								
DIRECTOR	0.00	x					0	0	0
(4) JEREMY BEAKES	0.00							<u> </u>	U
(:)	4.00								
DIRECTOR	0.00	X					0	О	0
(5) ALEXIS HINDS									***************************************
DIRECTOR	4.00 0.00	x					o	0	0
(6) ARCH ELLIS									
DIRECTOR	4.00 0.00	x					0	o	0
(7) TIM POLLARD									
	4.00								
TREASURER	0.00	X		X			0	0	0
(8) EMILY HENSON	4.00								
DIRECTOR	0.00	X					0	0	0
(9) THOMAS D. CLINE	4 00								
D.T.D.T.C.T.O.D.	4.00	3,5							•
DIRECTOR (10) ANDY MASON	0.00	X					0	0	0
(10)ANDI MASON	4.00								
DIRECTOR	0.00	x					0	0	0
(11)MATT THOMPSON	3.33							<u> </u>	
	6.00								
CHAIR	0.00	X		Х			0	0	0

(A) Name and title	(B) Average hours per week (list any hours for	bo of	x, unle ficer a	Pos check ess pe nd a c	rson Iirecto	than costs both	an ee)	(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)	:	organization and related organizations
(12) CHELSEA SMILE										
DIRECTOR	4.00 0.00	x						0	0	0
(13) DR. MARIE HAI	4.00	x						0	0	0
(14) KATE WOODBURY	4.00									
(15) JULIE KOZLOW	4.00	X						0	0	0
DIRECTOR	0.00	x						o	o	0
(16) KATRINA KNIGH										
EXECUTIVE DIRECTOR	0.00			X				115,855	0	0
1b Sub-total							>	115,855		
c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII, S							115,855		
Total number of individuals (in reportable compensation from	cluding but not l	imite	d to				bove	e) who received more than	\$100,000 of	
 3 Did the organization list any fo employee on line 1a? If "Yes," 4 For any individual listed on line 	complete Sched	dule .	J for	such	ind ind	ividu	al .			yes No
organization and related organ individual Did any person listed on line 1	a receive or acc	 rue c	omp	ensa	ation	fron	ı an	y unrelated organization or	individual	4 X
for services rendered to the organical Section B. Independent Contracto		es,	сот	piete	SCI	ieaui	e J i	ror sucn person		5 X
Complete this table for your five compensation from the organization.	re highest compo zation. Report co	ensa ompe	ted i	ndep	end or th	ent c ie ca	ontr	lar year ending with or with	in the organization's tax ye	
Name and	(A) business address							Descript	(B) ion of services	(C) Compensation
Total number of independent or received more than \$100,000 or received.								se listed above) who	0	
DAA		-								Form 990 (2016)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

P	art \		ment of Reve		itaine a	raenonea	or note to any line	in thic Dart VIII		
		Offect	(ii Schedule (J (()	itailis a	response	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants	1a	Federated ca	mpaigns	1a						
e e	b	Membership	dues	1b						
ts,	c	Fundraising e		1c						
ig i	d	Related organ	nizations	1d						
ns,	е	Government grants	(contributions)	1e		369,126				
r iii	j f	All other contribution								
털		and similar amount	s not included above	1f		737,667				
onti	g		ons included in lines 1a-			735,348				
<u> </u>	i h	Total. Add lin	<u>es 1a–1f</u>			<u></u>	3,106,793			
nue						Busn. Code				
eve	2a		SERVICE FEES	š		623990	45,388	45,388		
Program Service Revenue	b	• • • • • • • • • • • • • • • • • • • •								
Ž	C									
Š	d									
Izan	e									
ě	1		ram service rever				4F 300			
	g		es 2a–2f				45,388			
	3		come (including o	iiviaen	as, intere	:SI, ▶	9,080			0.000
	١,	and other sim	nvestment of tax				9,080			9,080
	4 5				•					
	5	Royallies	(i) Real			ersonal				
	60	Gross rents	(I) Neai		(11) F	CISOIIAI				
	6a b	Less: rental exps.								
	ĺ	Rental inc. or (loss)								
	d d		ome or (loss)							
		Gross amount from	(i) Securities			Other				
		sales of assets	(i) Coodinios		(")	Other				
	h	other than inventory Less: cost or other								
		basis & sales exps.								
	c	Gain or (loss)								
		. ,	ss)			>				
			om fundraising even							
nue		(not including \$								
e ve			reported on line 1c).							
Ŗ		See Part IV, line		a		391,591				
Other Revenue	b	Less: direct ex		b		59,065				
0			(loss) from fundr	aising	events		332,526			***************************************
	9a	Gross income fro	om gaming activities	i. [
		See Part IV, line	19	а						
	b	Less: direct ex		b						
	С	Net income or	(loss) from gami	ng act	ivities					
	10a	Gross sales of	inventory, less	ſ						
		returns and all	owances	а						
	b	Less: cost of g	oods sold	b						
	С	Net income or	(loss) from sales	of inv	entory					
		Miso	cellaneous Revenue			Busn. Code				
	11a	miscellan	eous income				473	473		
	b									
	С									
			ue							
		Total. Add line					473			
- 1	12	Total revenue	. See instruction	s			3,494,260	45,861	0	9,080

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 115,855 79,940 15,061 20,854 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 930,827 642,270 121,008 167,549 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 98,498 67,964 12,805 17,729 9 78,640 54,262 10,223 14,155 10 Payroll taxes Fees for services (non-employees): Management Legal b Accounting С Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 21,085 7,591 (A) amount, list line 11g expenses on Schedule O.) 11,175 2,319 12 Advertising and promotion 15,707 1,571 1,571 12,565 13 Office expenses Information technology 14 15 Royalties 117,737 109,496 7,064 1,177 Occupancy 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 4,133 3,844 248 41 20 Payments to affiliates 21 Depreciation, depletion, and amortization 136,765 116,250 20,515 22 84,789 Insurance 91,171 5,470 912 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,735,348 1,717,995 17,353 IN KIND DIRECT PROGRAM 70,656 70,656 59,211 SUPPLIES 48,553 5,921 4,737 44,545 REPAIRS AND MAINT 41,427 2,673 445 48,545 e All other expenses 48,714 169 3,098,737 242,652 3,568,892 227,503 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720).

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 478,010 1 475,122 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 283,052 73,151 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges ______ 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 4,814,539 b Less: accumulated depreciation 10b 2,903,546 2,840,966 10c Investments—publicly traded securities 439,808 238,709 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 3,903,317 3,829,047 34,510 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 39,090 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties _____ 23 Unsecured notes and loans payable to unrelated third parties 24 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 946,248 936,115 25 985,338 Total liabilities. Add lines 17 through 25 970,625 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 2,835,159 2,770,843 Temporarily restricted net assets 29,218 33,977 28 Permanently restricted net assets 53,602 53,602 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 2,917,979 2,858,422 Total net assets or fund balances Total liabilities and net assets/fund balances 3,903,317 3,829,047

Form 990 (2016)

orn	n 990 (2016) Good Shepherd Ministries, Inc. 56-1566178			Page 12
Pa	art XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,260
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,568	3,892
3	Revenue less expenses. Subtract line 2 from line 1	3		4,632
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,91	7,979
5	Net unrealized gains (losses) on investments	5		5,075
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		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	2,858	3,422
Pa	nt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<i>.</i>		\square
			Y	es 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 2	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 X 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 2	x
	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			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	
			Form	990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047 2016

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

Employer identification number Good Shepherd Ministries, Inc. 56-1566178

1	A church, c	convention of churches, or ass	sociation of churches describe	d in sectio	n 170(b)(1)(A)(i).				
2	A school de	escribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Fo	rm 990 or	990-EZ).)					
3	A hospital o	or a cooperative hospital serv	ice organization described in s	ection 170	(b)(1)(A)(i	ii).				
4	A medical r city, and sta	= ,	d in conjunction with a hospita	al described	l in sectio	n 170(b)(1)(A)(iii). Enter the h	nospital's name,			
5	An organiza									
_	section 17	0(b)(1)(A)(iv). (Complete Par	t II.)							
6	A federal, s	tate, or local government or g	povernmental unit described in	section 1	70(b)(1)(A))(v).				
7	X An organiza	ation that normally receives a	substantial part of its support	from a gov	ernmental	unit or from the general publi	c ·			
_		n section 170(b)(1)(A)(vi). (C	*							
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
_	university:		of agriculture (see instructions			-				
10	receipts from	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11	_		exclusively to test for public sa							
12	of one or me	ore publicly supported organi	exclusively for the benefit of, to zations described in section 5 that describes the type of supp	09(a)(1) or	section 5	09(a)(2). See section 509(a)	(3).			
а	the sup	ported organization(s) the pov	erated, supervised, or controllower to regularly appoint or electomplete Part IV, Sections A	t a majorit			ing			
b			pervised or controlled in conn		its suppor	ted organization(s), by having	1			
	_		rting organization vested in the							
		ation(s). You must complete								
C			supporting organization operate structions). You must comple				vith,			
d	that is n	ot functionally integrated. The	d. A supporting organization օլ e organization generally must must complete Part IV, Secti	satisfy a di	stribution r	equirement and an attentiven	. ,			
e			eived a written determination							
•			n-functionally integrated suppo			a Type I, Type II, Type III				
f		imber of supported organizat		5 5						
Q	g Provide the	following information about th	ne supported organization(s).							
(i) Na	ame of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	organization		(described on lines 1–10		ur governing	support (see	other support (see			
			above (see instructions))		ment?	instructions)	instructions)			
	,	-		Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
Total										
For Dar	sanwark Raducti	ion Act Notice see the Instruc	tions for Form 990 or 990 F7			Schodulo	A (Earm 990 or 990-E7) 2016			

Page 2

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) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,863,167	2,824,115	3,183,344	3,253,591	3,106,793	15,231,010
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	2,863,167	2,824,115	3,183,344	3,253,591	3,106,793	15,231,010
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.						15,231,010
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	2,863,167	2,824,115	3,183,344	3,253,591	3,106,793	15,231,010
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,076	667	4,118	5,631	9,080	21,572
9	Net income from unrelated business activities, whether or not the business is regularly carried on	113,134	245,568	188,539			547,241
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	35,737	37,867	84,369			157,973
11	Total support. Add lines 7 through 10						15,957,796
12	Gross receipts from related activities, etc.						437,452
13	First five years. If the Form 990 is for the	-	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her						
	tion C. Computation of Public S					1	
14	Public support percentage for 2016 (line 6			n (f))			95.45%
15	Public support percentage from 2015 Sch						94.20%
16a	33 1/3% support test—2016. If the organ				33 1/3% or more, o	check this	► V
h	box and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·				ora abaak	▶ X
b	33 1/3% support test—2015. If the organ this box and stop here. The organization				•		.
17a	10%-facts-and-circumstances test—20	•					
174	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
			`	,		•	
b	10%-facts-and-circumstances test—20°						
~	15 is 10% or more, and if the organization	=					
	Explain in Part VI how the organization me				-		
							>
18	Private foundation. If the organization di						
	instructions						> [

Schedule A (Form 990 or 990-EZ) 2016 GOOD

Part III Support Schedule for Organical Schedule S

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.)

500	etion A. Public Support	quality under t	ile lesis listeu i	Jelow, please C	omplete Part I	1.)	
	ndar year (or fiscal year beginning in)	(-) 2042	(h) 2042	(-) 2014	(-I) 204 F	(=) 201C	(D. T. L. I
	Gifts, grants, contributions, and membership	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
Cale	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 her	-		urth, or fifth tax ye			
Sec	tion C. Computation of Public Si	upport Percen	tage				
15	Public support percentage for 2016 (line 8	, column (f) divide	d by line 13, colum	nn (f))		15	%
16	Public support percentage from 2015 Sch	edule A, Part III, lir	ne 15			16	%
	tion D. Computation of Investme					Т	1
17	Investment income percentage for 2016 (3, column (f))			%
18	Investment income percentage from 2015						%
19a	33 1/3% support tests—2016. If the orga						▶ □
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests—2015. If the orga						
20	line 18 is not more than 33 1/3%, check the						
20	Private foundation. If the organization di	a not check a box	on line 14, 19a, or	Tab, CHECK this Do	ox and see instituc		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain,
- Did the organization have any supported organization that does not have an IRS determination of status 2 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.
- 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.
- 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) purposes.
- 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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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.
- 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.
 - 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.)

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Form 990	. OF 99U-	EZ) 2016

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2

3

4

5

Schedule A (Form 990 or 990-EZ) 2016

1

2

3

Enter 85% of line 1.

instructions).

Enter greater of line 2 or line 3.

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Part VI	III, line 12; Part IV B, lines 1 and 2;	Iformation. Prov V, Section A, lines Part IV, Section (V, line 1; Part V, S	s 1, 2, 3b, 3c, 4b, C, line 1; Part IV, Section B, line 1e;	ons required 4c, 5a, 6, 9 Section D, li Part V, Sec	by Part II, line 7 a, 9b, 9c, 11a, 1 nes 2 and 3; Pa ction D, lines 5, 6	10; Part II, line 17a classes and 11c; Part IV, IIc, Part IV, IIc, IIc, IIc, IIc, IIc, IIc, IIc,	/, Section s 1c, 2a, 2b,
Part I	I, Line 10	- Other Ind	come Detail	<u> </u>			
Other	income		,	5 15	7,973		
			,				
•		<i></i>					
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

2016

Good Shepherd	Ministries,	Inc.		56-1566178
Organization type (check one	;):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (er	nter number) organization		
	4947(a)(1) nonexen	npt charitable trust not trea	ed as a private foundation	
	527 political organiz	zation		
Form 990-PF	501(c)(3) exempt pr	rivate foundation		
	4947(a)(1) nonexem	npt charitable trust treated a	s a private foundation	
	501(c)(3) taxable pr	ivate foundation		
Check if your organization is co Note: Only a section 501(c)(7), instructions.			e General Rule and a Special Rul	e. See
General Rule				
	roperty) from any one cor		g the year, contributions totaling \$: and II. See instructions for determi	
Special Rules				
regulations under section 13, 16a, or 16b, and the	ons 509(a)(1) and 170(b)(at received from any one	(1)(A)(vi), that checked Sch contributor, during the year	that met the 33 ¹ / ₃ % support test edule A (Form 990 or 990-EZ), Pa total contributions of the greater m 990-EZ, line 1. Complete Parts	art II, line of (1)
contributor, during the y	year, total contributions of	f more than \$1,000 exclusiv	00 or 990-EZ that received from an ely for religious, charitable, scient or animals. Complete Parts I, II, an	ific,
contributor, during the y contributions totaled mo during the year for an <i>e</i>	year, contributions exclusions exclusions than \$1,000. If this boexclusively religious, charico this organization because	ively for religious, charitable ox is checked, enter here the table, etc., purpose. Don't case it received nonexclusive	oo or 990-EZ that received from and etc., purposes, but no such total contributions that were receivemplete any of the parts unless they religious, charitable, etc., contributions.	sived ne
990-EZ, or 990-PF), but it mus t	t answer "No" on Part IV,	line 2, of its Form 990; or o	Rules doesn't file Schedule B (For heck the box on line H of its Form chedule B (Form 990, 990-EZ, or	990-EZ or on its

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Good Shepherd Ministries, Inc.

Employer identification number 56-1566178

Part I	Contributors (See instructions). Use duplicate copies of F	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	THE CLARK JAMES FOUNDATION, INC PO BOX 1730 WILMINGTON NC 28402	\$ 230,412	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CAPE FEAR MEMORIAL FOUNDATION 2508 INDEPENDENCE BLVD SUITE 200 Wilmington NC 28412	\$ 75,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
		Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
		Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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.gov/form990.

OMB No. 1545-0047 16

Open to Public Inspection

Name	e of the orgar	ization		Employer identification number
		hepherd Ministries, Inc.	<i>i</i>	56-1566178
e P	art I	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on I	nds or Other Similar Funds or A Form 990, Part IV, line 6.	Accounts.
			(a) Donor advised funds	(b) Funds and other accounts
1	Total nur	mber at end of year		
2		te value of contributions to (during year)		
3	Aggrega	te value of grants from (during year)		
4	Aggrega	te value at end of year		
5		rganization inform all donors and donor advisors in writing tha		
	funds are	e the organization's property, subject to the organization's excl	usive legal control?	Yes No
6		rganization inform all grantees, donors, and donor advisors in		
	only for c	charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose	
	conferrin	g impermissible private benefit?		Yes No
Pa	art II	Conservation Easements.		
		Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Pres	ervation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land area
	Prote	ection of natural habitat	Preservation of a certified historic	
	Prese	ervation of open space		
2	Complete	e lines 2a through 2d if the organization held a qualified conse	vation contribution in the form of a conser	rvation
	easemen	t on the last day of the tax year.		Held at the End of the Tax Yea
а				
b	Total acre	eage restricted by conservation easements		2b
С	Number o	of conservation easements on a certified historic structure incl	uded in (a)	2c
d	Number of	of conservation easements included in (c) acquired after 8/17/0	06, and not on a	
	historic st	tructure listed in the National Register		2d
3	Number of	of conservation easements modified, transferred, released, ex	inguished, or terminated by the organizati	ion during the
	tax year			
4	Number of	of states where property subject to conservation easement is l	ocated	
5		organization have a written policy regarding the periodic moni		<u>_</u>
	violations	, and enforcement of the conservation easements it holds? \dots		Yes No
6	Staff and	volunteer hours devoted to monitoring, inspecting, handling or	f violations, and enforcing conservation ea	asements during the year
	>			
7	Amount o	f expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easem	ents during the year
8	Does eac	h conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)(i)	
		on 170(h)(4)(B)(ii)?		Yes No
9		II, describe how the organization reports conservation easeme		
		heet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	escribes the
·+×		on's accounting for conservation easements.	III. A. die I. T. e.	X 11 2
га	rt III	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F	HISTORICAL Treasures, or Other S	Similar Assets.
4-	If the erec			
Id		anization elected, as permitted under SFAS 116 (ASC 958), no art, historical treasures, or other similar assets held for public		
		vice, provide, in Part XIII, the text of the footnote to its financia		erance or
h				ana ahaat
D		anization elected, as permitted under SFAS 116 (ASC 958), to art, historical treasures, or other similar assets held for public		
		vice, provide the following amounts relating to these items:	exhibition, education, or research in futthe	rance of
				lo.
	(ii) Asset	nue included on Form 990, Part VIII, line 1s included in Form 990, Part X		
2		anization received or held works of art, historical treasures, or	other similar assets for financial gain, pro-	
-		amounts required to be reported under SFAS 116 (ASC 958)		viue (ile
а				b ¢
b	Assets in	included on Form 990, Part VIII, line 1	•••••	> \$
				F W

Sche	edule D (Form 990) 2016 Good She				<u> 56-156</u>				age 2
Pa	ırt III — Organizations Maintaini	ng Collections of A	Art, Historical Ti	reasures, d	or Other S	imilar Asset	s (continu	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other records,	, check any of the fol	lowing that ar	e a significan	t use of its			
а	Public exhibition	d L	oan or exchange pro	grams					
b	Scholarly research		ther	-					
С	Preservation for future generations	; —				;			:
4	Provide a description of the organization's	collections and explain I	how they further the	organization's	exempt purp	ose in Part			
	XIII.		,						
5	During the year, did the organization solici							_	٦
Pa	assets to be sold to raise funds rather than rt IV Escrow and Custodial A	rrangements	rt of the organization	's collection?			Ye	s	No
**********	Complete if the organization		on Form 990. Pa	rt IV. line 9	. or reporte	ed an amount	on Form	ı	
	990, Part X, line 21.				,				
1a	Is the organization an agent, trustee, custo	odian or other intermedia	ry for contributions o	r other assets	not				
	included on Form 990, Part X?							s [No
b	If "Yes," explain the arrangement in Part X	III and complete the follo	owing table:			<u> </u>			
							Amount		
	Beginning balance					1c			
d	Additions during the year	*****				. 1d			
е	Distributions during the year					. 1e			
f	Ending balance					. 1f			
2a	Did the organization include an amount on	Form 990, Part X, line 2	1, for escrow or cust	odial account	liability?		Ye		No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the exp	lanation has been pr	ovided on Pa	rt XIII				
Pa	rt V Endowment Funds.				_				
	Complete if the organization								
		(a) Current year	(b) Prior year	(c) Two year		i) Three years back	(e) Four	years t	oack
	Beginning of year balance	82,820	79,665	8.	5,082	86,32	3	86,	311
	Contributions								
С	Net investment earnings, gains, and								
	losses	4,759	3,155	-	5,417	-1,24	1		12
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	87,579	82,820	7:	9,665	85,08	2	86,	323
2	Provide the estimated percentage of the cu	irrent year end balance ((line 1g, column (a)) l	held as:					
	Board designated or quasi-endowment 🕨								
b	Permanent endowment ▶ 61.20 %								
C	Temporarily restricted endowment >	38.80 %							
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.							
	Are there endowment funds not in the poss		on that are held and a	administered	for the				
	organization by:	J					[·	Yes	No
	(i) unrelated organizations								X
								\dashv	X
	If "Yes" on line 3a(ii), are the related organi	zations listed as require	d on Schedule R?					-	
	Describe in Part XIII the intended uses of the						. [00]		
	t VI Land, Buildings, and Equ		Traine of						
	Complete if the organization		on Form 990, Par	t IV, line 1	1a. See Fo	rm 990, Part	X, line 10).	
	Description of property	(a) Cost or other bas			(c) Accumi		(d) Book v		
		(investment)	(othe	г)	deprecia	ition			
1a	Land		32	22,685			32	2,6	585
	Buildings								
	Leasehold improvements			8,365		3,386		4,9	79
	Equipment			54,717	2	20,512	3	4,2	205
	Other			28,772		19,675	2,47	9 (97
Total.	Add lines 1a through 1e. (Column (d) must	egual Form 990, Part X	column (B). line 10	c.)	-,-	>	2,84		
	5,	,	,	 		F	<u> </u>		

Schedule D (F	Form 990) 2016 Good Shepherd Minist	ries, Inc.	56-1566178	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" o			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	
(1) Financial	derivetives		dest of one of your ne	arrot value
2) Closelv-he	eld equity interests	:		
3) Other		• •		
(A)				
(B)				
	•••••			
(E)				
(F)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" o	1 10	e 11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)		11.		
(5)				
(6)				
(7)			***************************************	
(8)				
(9)	(h) mount agual Form 000 Port V and (P) live 40)			
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990 Part IV line	e 11d. See Form 990. Pari	X line 15
	(a) Description		7 114. 000 1 01111 000, 1 411	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		<u> </u>		
(8)				,
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	
Part X	Other Liabilities.	- F 000 D4 N/ 15	- 44 446 O - E 00	0 D 1 V
	Complete if the organization answered "Yes" or line 25.	n Form 990, Part IV, line	e i ie or i it. See Form 99	υ, Ραπ Χ,
	(a) Description of liability	(b) Book value		
· · · · · · · · · · · · · · · · · · ·	ncome taxes			
· ./	DABLE ADVANCE	875,000		
·	ED NOTE PAYABLE	61,115		
4)				
5)				
(6)				
(7)				
(8) (a)				
(9) otal (Column	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	936,115		
Jun (Oolullill	(b) made equal r onn 330, r are A, col. (b) lille 20.)			

Sch	edule D (Form 990) 2016 Good Shepherd Ministries,	Inc.	56-1566178	Page 4
P	art XI Reconciliation of Revenue per Audited Financial S			J.
	Complete if the organization answered "Yes" on Form	990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1	3,509,335
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	game (1999) or integration	2a	15,075	
b	Donated services and use of facilities	2b		:
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	15,075
3	Subtract line 2e from line 1		3	3,494,260
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		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,) <u></u>	5	3,494,260
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per Retu	rn.
1	Complete if the organization answered "Yes" on Form Total expenses and losses per audited financial statements			3 500 000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • • • • • • • • • • • • • •		3,568,892
		2a		
b	Donated services and use of facilities Prior year adjustments	2a 2b		
c	Prior year adjustments Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	<u>Zu (</u>	20	
3	Add lines 2a through 2d Subtract line 2e from line 1		<u>2e</u>	3,568,892
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3,300,892
а	Investment amount of the total of the Cooper and th	4a		
	•			
c	Other (Describe in Part XIII.) Add lines 4a and 4b			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part X - FIN 48 Footnote

Supplemental Information.

Accounting principles generally accepted in the United States of America require Good Shepherd's management to evaluate tax positions taken by Good Shepherd and recognize a tax liability (or asset) if Good Shepherd has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Good Shepherd has analyzed the tax positions taken and has concluded that as of June 30, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. Good Shepherd is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Good Shepherd believes it is not subject to income tax

3,568,892

Schedule D (Fo	rm 990) 201	6 Good	l Sheph	nerd	<u>Ministries</u>	s, Inc.	•	56-1566178	Page 5
Part XIII	Supplem	ental Info	ormation (continu	ıed)				
		_							
examina	ations	for y	ears p	rior	to 2014.				
							;		
								,	

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•									

Department of the Treasury

Internal Revenue Service
Name of the organization

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Good Shepherd Ministries, Inc. 56-1566178 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) custody or (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in control of organization contributions? col. (i) Yes No 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2016 Good Shepherd Ministries, Inc. 56-1566178 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF TOURNAMENT FLAVOR OF NC (add col. (a) through (event type) (event type) (total number) col. (c)) 1 Gross receipts 284,963 79,890 26,738 391,591 2 Less: Contributions 3 Gross income (line 1 minus 284,963 79,890 26,738 line 2) 391,591 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 49,206 4,352 5,507 59,065 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 59,065 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant Revenue (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2016 Good Shepherd Ministries, Inc. 56-15661	78	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		1
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:	J	السيسا
а	The organization's facility An outside facility	a	%
b	An outside facility 13	5	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶		
	Address ▶		
5a	Does the organization have a contract with a third party from whom the organization receives gaming		
_	revenue?	. \square	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
7	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
			Yes No
b	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or	LJ	Yes No
	spent in the organization's own exempt activities during the tax year > \$		
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v	/); and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions	n.	
	Gee instructions		
, ,			• • • • • • • • • • • • • • • • • • • •
· · · · ·			
	•••••••••••••••••••••••••••••••••••••••		
	Schedule G (Form 9	90 or 99	90-EZ) 2016
	. · V		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Good Shepherd Ministries, Inc.

Employer identification number 56-1566178

P	art I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determinin noncash contribution am	•
1	Art — Works of art			Form 990, Fait VIII, lifte 1g		
2	Art — Works of art Art — Historical treasures					
3	Art — Fractional interests					
4	Deales and multiputions					
5	Clothing and household					
Ū	goods	ļ				
6	Cars and other vehicles					
7						
8	Intellectual property					
9	Securities — Publicly traded					
10	Securities — Closely held stock					
11	Securities — Partnership, LLC,					
••	or trust interests					
12	Securities — Miscellaneous					
13	Qualified conservation					
	contribution — Historic					
	structures					
14	Qualified conservation					
• •	contribution — Other					
15	Real estate — Residential					
16	Real estate — Commercial					-
17	Real estate — Other					
18	Collectibles					_
19	Food inventory	Х	906783	1.735.348	Fair Market Valu	
20	Drugs and medical supplies			27.00,020	TOTAL TIGHTS O VOLUM	
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ▶(
26	Other ▶(
27	Other ►(
28	Other ►(
	Number of Forms 8283 received by t	he organiz	ration during the tax year	for contributions for		
	which the organization completed Fo				29	
		•		-g		Yes No
30a	During the year, did the organization	receive by	contribution any propert	v reported in Part I, lines 1	through	
	28, that it must hold for at least three					
	to be used for exempt purposes for the		1.11			30a X
b	If "Yes," describe the arrangement in		9 F			
31	Does the organization have a gift acc		olicy that requires the re-	view of any nonstandard		
				•		31 X
32a	Does the organization hire or use thir	d parties	or related organizations to	o solicit, process, or sell no	oncash	
			-			32a X
b	If "Yes," describe in Part II.				• • • • • • • • • • • • • • • • • • • •	<u> </u>
33	If the organization didn't report an am	nount in co	lumn (c) for a type of pro	perty for which column (a)	is checked	
	describe in Part II.		\=, a type of pic	1 J		
						Processor Processor Processor

Schedule M (Forn		Good	Shepher	<u>d Mini</u>	stries	, Inc.		56-15661	.78		Page 2
Part II	the orga	nization is		n Part I, co	lumn (b), tl	ne numbe	r of contrib	outions, the r		and whether ms received,	
Schedi	ıle M -	· Suppl	ementa.	l Infor	mation					· · · · · · · · · · · · · · · · · · ·	
Line 1	19 - th	ese ar	e vario	ous foc	d item	s cate	gorize	d under	food gr	oups	
includ	ding, b	out not	limite	ed to,	produc	e, pas	tries,	bread,	meat, p	repared	
food,	canned	l food,	deli 1	Food, a	nd bev	arges.	The a	mount re	ported	for part	1.,.
columr	ı (B) i	s meas	ured in	n pound	s of f	ood.					
											• • • • • •
	• • • • • • • • • • • • • • • • • • • •									••••••	

					• • • • • • • • • • • • • • • • • • • •						
					•••••						
				*							

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 or 990-EZ.
 ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Good Shepherd Ministries, Inc.

56-1566178

Employer identification number

Form 990, Part I, Line 6

Volunteers at Good Shepherd Ministries, Inc. assist with preparing and serving meals to shelter participants.

Form 990, Part III, Line 4a - First Accomplishment

Annually, our Second Helpings Program redistributes as much as 500 tons of salvaged food--that would otherwise have been thrown away--to area programs for the low-income, children, and the elderly, in addition to enabling our soup kitchen to serve as many as 500 meals daily to the hungry.

Already the largest provider of homeless services in the tri-county area, Good Shepherd opened a Night Shelter in 2005 to better respond to an unmet need for emergency overnight beds. Open every night, year-round, the shelter can accommodate up to 118 homeless men, women, and families with children each night, providing them not only a bed, but access to food, clothing, restrooms, showers, individual case management and housing placement. Trained staff works with guests in setting and working toward a plan for becoming housed again.

Annually, Good Shepherd moves approximately 150 men, women, and children from homelessness to stable housing.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

FINANCE COMMITTEE HIRES CPA TO PERFORM AUDIT, AFTER AUDIT IS COMPLETED, CPA

PREPARES FORM 990. AUDIT COMMITTEE REVIEWS AND APPROVES, THEN

PROVIDES DRAFT COPY TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR

TO FILING.

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Good Shepherd Ministries, Inc.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection 0 7 0 7 0 7 OMB No. 1545-0047

Employer identification number

56-1566178

Section 512(b)(13)
controlled entity? (f)
Direct controlling
entity M Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f)
Direct controlling entity (e) End-of-year assets N/A(e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income 1 (d)Exempt Code section 501c3 (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) NC (b)Primary activity (b) Primary activity Housing 47-2014889 (a) Name, address, and EIN (if applicable) of disregarded entity LAKESIDE PARTNERS OF WILMINGTON, IN (a) Name, address, and EIN of related organization NC 28401 811 MARTIN STREET WILMINGTON Part Part II Ξ $\widehat{\Xi}$ 3 3 4 3 3 $\widehat{\mathfrak{S}}$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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5

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016

56-1566178

Good Shepherd Ministries, Inc.

Page 2 (k) Percentage ownership Schedule R (Form 990) 2016 (i) Section 512(b)(13) controlled entity? å (j) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership Ξ (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (h) Dispro-portionate alloc.? Yes No <u>(a</u> (g) Share of end-of-year assets Share of total income (f) Share of total income (C corp, S corp, Type of entity or trust) (d)
Direct controlling
entity excluded from tax under sections 512-514) (e)
Predominant
income (related,
unrelated, (d)
Direct controlling (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity **q**) Name, address, and EIN of related organization Name, address, and EIN of related organization (a Part III Part IV $\widehat{\Xi}$ 3 E DAA 3 4 8 (E) 4

Schedule R (Form 990) 2016 Good Shepherd Ministries, Inc.

PartV

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 56-1566178

Page 3

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	L
1 During the tax year did the organization engage in any of the following with one or more released and the contractions of the following the	Yes No
	la X
	1b X
	1c
d Loans or loan guarantees to or for related organization(s)	1d X
e Loans or loan guarantees by related organization(s)	1e X
f Dividends from related arganization(a)	
	1f X
	1g X
h Purchase of assets from related organization(s)	1 H
i Exchange of assets with related organization(s)	;
j Lease of facilities, equipment, or other assets to related organization(s)	
k Lease of facilities, equipment, or other assets from related organization(s)	27
1 Performance of services or membership or fundraising solicitations for related organization(s)	
m Performance of services or membership or fundraising solicitations by related organizations.	
Of the state of th	1m
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n X
o Sharing of paid employees with related organization(s)	10 🛪
p Reimbursement paid to related organization(s) for expenses	1p X
q Reimbursement paid by related organization(s) for expenses	1q ×
r Other transfer of cash or property to related organization(s)	<u>1</u>
<i>γ</i>	1s
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	

(a) Name of related organization	(b) Transaction type (a~s)	(c) Amount involved	(d) Method of determining amount involved
(1)		THE CO. LANSING TO SECURITY OF THE CO. LANSING TO SECURITY OF	
(2)			
(3)	777		
(4)	The state of the s		:
(5)	The state of the s		
(9)			

Part VI

Page 4

Schedule R (Form 990) 2016 Good Shepherd Ministries, Inc.

56-1566178

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name address and EN of entity	(b) Drimary activity	(c)	(d) Dradominant	(e)			(h)		S	(k)
	Single Control of the	domicile (state or foreign	- E -		total income	snare of end-of-year assets	Uisproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
The second secon		country)	63	Yes No	T		Yes No		Yes	
(1)							<u> </u>			
(2)										
(3)	- T- Markethron				The state of the s	***************************************				
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(5)	:									
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(6)								;		
(10)										
(11)									_	
The state of the s										

Schedule R (Form 990) 2016

	Form 990) 2016			<u>linistries</u>	, Inc.	56-1566178	Page 5
Part VII	Suppleme Provide ac	e <mark>ntal Informati</mark> Iditional informa	on ation for resp	onses to questi	ons on Sch	edule R (See instructions).	
					• • • • • • • • • • • • • • • • • • • •		
				4			3
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Form 4562

Department of the Treasury

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.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return

Good Shepherd Ministries, Inc.

Identifying number

56-1566178 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 500,000 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,010,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) 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 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 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.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 12,564 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 135,765 16 Part III MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2016 17 18 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 (d) Recovery (a) Classification of property (business/investment use placed in (e) Convention (f) Method (g) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property 4,951 7-year property 7.0 HY 200DB 707 d 10-year property 15-year property 7,611 15.0 150DB HY 380 20-year property 25-year property S/L 25 yrs. h Residential rental 27.5 yrs. S/L MM property 27.5 yrs. MM S/L 03/15/17 49,060 Nonresidential real 39 yrs. MM S/L 367 property S/L Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/L c 40-year 40 yrs. S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 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 149,783 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

SCHEDULE G
(Form 990 or
000 57)

Fundraising Other Events

g 06/30/17

2016

Name

For calendar year 2016, or tax year beginning

07/01/16 , and ending

Employer Identification Number

_(ood Shepher	d Ministries, Inc.		5	6-1566178
	:	(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		OTHER			(add col. (a) through
ē		(event type)	(event type)	(event type)	col. (c))
Revenue	1 Gross receipts	26,738			26,738
œ	2 Less: Charitable				
	contributions				
	3 Gross income (line 1 minus line 2)	26,738			26,738
	4 Cash prizes				
	5 Noncash prizes				
	O Mondash phizes				
ses	6 Rent/facility costs	5,507			5,507
Direct Expenses	7 Food/beverages				
ill	i i oodibevelages				
Direc	8 Entertainment				
	9 Other expenses				

05029 Good Shepherd Ministries, Inc.

Federal Statements

9/18/2017 6:54 AM

FYE: 6/30/2017

Taxable Interest on Investments

Descrip	otion					
		Amount	Unrelated E Business Code		cquired after 6/30/75	US Obs (\$ or %)
INTEREST						
	\$	9,080		14		
Total	\$	9,080				

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Descri	ption				
		Total Expenses	Program Service	Management & General	Fund Raising
	\$_	21,085 \$	11,175	\$\$, 591 \$	2,319
Total	\$	21,085 \$	11,175	\$ 7,591 \$	2.319

Form 990, Part IX, Line 24e - All Other Expenses

Description					
		Total Expenses	Program Service	Management & General	Fund Raising
SUBRECIPIENT PAYMENTS					
TRANSPORTATION	\$	29,381	\$ 29,381	\$	\$
MISC EXPENSE		16,958	16,789		169
		2,375	2,375		
Total	\$_	48,714	\$ 48,545	\$ 0	\$ 169

05029 Good Shepherd Ministries, Inc. 9/18/2017 6:54 AM **Federal Statements** 56-1566178 FYE: 6/30/2017 Schedule A, Part II, Line 1(e) Description Amount Government Grants or Contributions \$ 369,126 2,432,255 THE CLARK JAMES FOUNDATION, INC Cash Contribution 230,412 CAPE FEAR MEMORIAL FOUNDATION Cash Contribution 75,000 Total 3,106,793 **Schedule A, Part II, Line 8(e)** Description Amount INTEREST 9,080 Total 9,080 Schedule A, Part II, Line 12 - Current year Description Amount PROGRAM SERVICE FEES \$ 45,388 miscellaneous income 473 GOLF TOURNAMENT 284,963 FLAVOR OF NC 79,890 OTHER 26,738 Total 437,452