

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning _____, and ending _____									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">C Name of organization The Shepherd's Way, Inc.</td> <td style="width:40%;">D Employer identification number 65-0670031</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) 1232 NE 26th Street</td> <td>Room/suite</td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 Wilton Manors FL 33305</td> <td>E Telephone number 954-566-2311</td> </tr> <tr> <td></td> <td>F Group Exemption Number _____ ▶</td> </tr> </table>	C Name of organization The Shepherd's Way, Inc.	D Employer identification number 65-0670031	Number and street (or P.O. box, if mail is not delivered to street address) 1232 NE 26th Street	Room/suite	City or town, state or country, and ZIP + 4 Wilton Manors FL 33305	E Telephone number 954-566-2311		F Group Exemption Number _____ ▶
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	F Group Exemption Number _____ ▶								

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ www.theshepherdsway.org	G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 946,725

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	651,497	
	2 Program service revenue including government fees and contracts	2	21,136	
	3 Membership dues and assessments	3		
	4 Investment income	4	770	
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b	1,047	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c	-1,047	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			See Stmt 1
	a Gross revenue (not including \$ 22,694 of contributions reported on line 1)	6a	17,999	
	b Less: direct expenses other than fundraising expenses	6b	15,956	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2,043		
7a Gross sales of inventory, less returns and allowances	7a	255,323		
b Less: cost of goods sold	7b			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	255,323		
8 Other revenue (describe ▶ _____)	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	929,722		
Expenses	10 Grants and similar amounts paid (attach schedule)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12	360,279	
	13 Professional fees and other payments to independent contractors	13	77,816	
	14 Occupancy, rent, utilities, and maintenance	14	172,437	
	15 Printing, publications, postage, and shipping	15	23,317	
	16 Other expenses (describe ▶ See Statement 2)	16	91,966	
17 Total expenses. Add lines 10 through 16	17	725,815		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	203,907	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	622,432	
	20 Other changes in net assets or fund balances (attach explanation) See Statement 3	20	19,699	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	846,038	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	22	110,714	22	215,854
23 Land and buildings	23	434,185	23	436,359
24 Other assets (describe ▶ See Statement 4)	24	118,652	24	237,867
25 Total assets	25	663,551	25	890,080
26 Total liabilities (describe ▶ See Statement 5)	26	41,119	26	44,042
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	622,432	27	846,038

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

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	See Statement 7		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 367,366
29	Thrift Store- Operation of thrift store to raise funds and merchandise for the needs of the homeless-200 people served.		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a 222,205
30			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)		32 589,571

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Robin Martin 1232 NE 26th Street Wilton Manors FL 33305	Exec. Dir. 40	56,166	0	0
Pery Canan 1232 NE 26th Street Wilton Manors FL 33305	Chair 1-2	0	0	0
Fred Scarbrough 1232 NE 26th Street Wilton Manors FL 33305	Founder 1-2	0	0	0
Karla Sanchez 1232 NE 26th Street Wilton Manors FL 33305	Family Coordinator 1-2	0	0	0
William (Bill) Cranshaw 1232 NE 26th Street Wilton Manors FL 33305	Treasurer 1-2	0	0	0
Kim Saiswick 1232 NE 26th Street Wilton Manors FL 33305	Secretary 1-2	0	0	0
Marcia Barry-Smith 1232 NE 26th Street Wilton Manors FL 33305	Board Member 1-2	0	0	0
Joseph A. Haynes, Sr. 1232 NE 26th Street Wilton Manors FL 33305	Board Member 1-2	0	0	0
Bruce Herman 1232 NE 26th Street Wilton Manors FL 33305	Board Member 1-2	0	0	0
George Hunsaker 1232 NE 26th Street Wilton Manors FL 33305	Board Member 1-2	0	0	0
Stephen Renae, M.D. 1232 NE 26th Street Wilton Manors FL 33305	Board Member 1-2	0	0	0
Phil Roughton 1232 NE 26th Street Wilton Manors FL 33305	Board Member 1-2	0	0	0
Alex Shanks 1232 NE 26th Street Wilton Manors FL 33305	Board Member 1-2	0	0	0
Maria F. Soldani 1232 NE 26th Street Wilton Manors FL 33305	Board Member 1-2	0	0	0
Sandy Spilos R.D. 1232 NE 26th Street Wilton Manors FL 33305	Board Member 1-2	0	0	0
Sean Stepleton 1232 NE 26th Street Wilton Manors FL 33305	Board Member 1-2	0	0	0
Joe Vason 1232 NE 26th Street Wilton Manors FL 33305	Board Member 1-2	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. See Statement 8		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr.	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. FL		
42a The books are in care of Shannon Brown, 1232 NE 26th Street, Wilton Manors, FL. Telephone no. 954-566-2311. Located at Wilton Manors, FL. ZIP + 4 33305		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000		


Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____

Type or print name and title _____

Sign Here

Paid Preparer's Use Only

Preparer's signature  Date 4/28/09 Check if self-employed Preparer's Identifying Number (See instr.) 041-62-5023

Firm's name (or yours if self-employed), address, and ZIP + 4 ROBBINS & LANDINO, PA 222 S.E. 10th Street Fort Lauderdale, FL 33316

EIN 65-0356804 Phone no. 954-467-3100

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	318,324	298,689	306,747	321,877	651,497	1,897,134
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 1-3	318,324	298,689	306,747	321,877	651,497	1,897,134
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)						69,008
6 Public support. Subtract line 5 from line 4						1,828,126

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	318,324	298,689	306,747	321,877	651,497	1,897,134
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	570		399	902	770	2,641
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,899,775
12 Gross receipts from related activities, etc. (see instructions)					12	1,268,809
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.2286 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.2105 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Name of the organization The Shepherd's Way, Inc.	Employer identification number 65-0670031
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Organization type (check one):

- Filers of: Section:
- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization The Shepherd's Way, Inc.	Employer identification number 65-0670031
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	The Barrington Foundation, Inc. 3780 NE 31st Avenue Lighthouse Point FL 33064	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	John & Tiffany Biesterfeld 4250 NW 124th Avenue Coral Springs FL 33065	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Broward County Homeless Initiative Partnership 115 South Andrews Avenue #516 Fort Lauderdale FL 33301	\$ 122,113	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Christian Community Foundation of South Florida 155 NW 112th Avenue Plantation FL 33325	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Festus & Helen Stacy Fnd Inc 5110 N Federal Hwy Ste 100 Fort Lauderdale FL 33308	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Thomas Hansberger 1024 SE 4th Street Fort Lauderdale FL 33301	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

The Shepherd's Way, Inc.

Employer identification number

65-0670031

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	United Way of Broward 1300 South Andrews Avenue Fort Lauderdale FL 33316	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description							
How Received	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depreciation	Gain / Loss
Laptop Purchase		2/27/08	7/31/08	\$	\$ 1,142	\$ 95	\$ -1,047
Total				\$ 0	\$ 1,142	\$ 95	\$ -1,047

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Travel	1,692
Conferences/Meetings	5,860
Interest	1,787
Insurance	40,377
Auto	5,230
Client Assistance	14,453
Telephone	16,353
Credit Card&Bank Charges	3,966
Payroll Fees	2,248
Total	\$ 91,966

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Contributed Property and Equipment	\$ 19,699
Total	\$ 19,699

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Pledges Receivable	\$ 45,802	\$ 86,174
Grants Receivable		63,274
Inventories for Sale or Use	60,184	74,107
Prepaid Expenses and Deferred Charges	12,516	14,162
Deposits	150	150
Total	\$ 118,652	\$ 237,867

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 14,299	\$ 25,743
Capital Lease Obligation	26,820	18,299
Total	\$ 41,119	\$ 44,042

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt PurposeDescription

To shepherd homeless families to independence through God's love.

Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service AccomplishmentsDescription

Provided Christian guidance, counseling, transitional housing, food, clothing, assistance for employment and any other services required to nurture homeless individuals & families to independence-111 homeless clients benefited.

**Statement 8 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported
on Form 990-T**

Description

Form 990-EZ, Part I, Line 2: Program service revenue is income from residence fees that provides low cost temporary living accommodations for the homeless.

Form 990-EZ, Part I, Line 6a: Special event revenue generates money that helps provide direct relief for assisting the homeless.

Form 990-EZ, Part I, Line 7a: Sales of inventory is revenue from thrift store sales that provide direct relief for assisting the homeless.

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

<u>Description</u>	<u>Beginning of Year</u>	<u>Accumulated Depreciation</u>	<u>End of Year</u>	<u>Accumulated Depreciation</u>
Land	\$ 200,000	\$	\$ 200,000	\$ 0
Building and Equipment	439,471	205,286	465,632	229,273
Total	<u>\$ 639,471</u>	<u>\$ 205,286</u>	<u>\$ 665,632</u>	<u>\$ 229,273</u>

Federal Diagnostics

Critical Messages

- Part III, Exempt purpose achievement description is required for amount calculated or entered. If description not applicable, then manually reassign expenses to desired achievement codes.

Informational Messages

- Verify that any cash contributions from special events reported in the Direct folder that are subject to Schedule B reporting requirements have been entered on Screen SchB.
- Preparer 'Michael J. Robbins'
- Force field entered with data "367,366" on Screen PSA
- Force field entered with data "222,205" on Screen PSA
- Force field entered with data "24,083" on Screen Exp-2

Overrides

- Overridden field with data "(none)" on Form 990EZ

Forms 990 / 990-EZ Return Summary

For calendar year 2008, or tax year beginning

, and ending

65-0670031

The Shepherd's Way, Inc.

Net Asset / Fund Balance at Beginning of Year 622,432

Revenue

Contributions	651,497	
Program service revenue	21,136	
Investment income	770	
Capital gain / loss	-1,047	
Special events:		
Gross revenue	17,999	
Direct expenses	15,956	
Net income	2,043	
Other income	255,323	

Total revenue 929,722

Expenses

Program services		
Management and general		
Fundraising		
Payments to affiliates		

Total expenses 725,815

Excess / (deficit) 203,907

Other changes 19,699

Net Asset / Fund Balance at End of Year 846,038

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u> </u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u> </u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>663,551</u>	<u>890,080</u>	
Liabilities	<u>41,119</u>	<u>44,042</u>	
Net assets	<u>622,432</u>	<u>846,038</u>	<u>223,606</u>

Miscellaneous Information

Amended return	
Return / extended due date	<u>5/15/09</u>
Failure to file penalty	<u> </u>

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Joseph Slama	\$ 20,000	\$
Peacock Foundation, Inc	17,000	
The Barrington Foundation	105,000	67,004
George Irvine	20,000	
Gore Family Memorial Foundation	12,000	
Hansberger Family Foundation	24,000	
Una Vita, LLC	30,000	
John & Tiffany Biesterfeld	15,000	
Festus & Helen Stacy Fnd Inc	40,000	2,004
Thomas Hansberger	20,000	
Total	<u>\$ 303,000</u>	<u>\$ 69,008</u>