

2007

Open to Public Inspection

Form 990-EZ

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)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning 01/01, 2007, and ending 12/31/07, 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Shepherd's Center-Beachside, Inc. D Employer identification number: 27-0076875. E Telephone number: (321) 7731815. 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).

G Accounting method: Cash, Accrual, Other (specify).

I Website: none

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): 501(c) (insert no.), 4947(a)(1), or 527.

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 \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for 5a-5c, 6a-6c, 7a-7c. Total revenue: 13,886.00. Total expenses: 15,025.00. Net assets at end of year: 7500.00.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 9432.00. Total liabilities: 0. Net assets: 9432.00.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2007)

SCANNED AUG 05 2008

RECEIVED JUL 28 2008 EXPENSES

Handwritten mark '1' and '13'

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses	
What is the organization's primary exempt purpose? Educational Programs for Seniors. 775 students attending 123 e		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
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 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. Add lines 28a through 31a	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(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
Larry Boudrie 222 Sand Pine Rd. Indialantic, FL 32903	Director 35 hours	0	0	0
Klyne Nowlin 440 Port Royal Blvd. Satellite Beach, FL 32937	Trustee	0	0	0
Margaret Landis 220 Greenway Ave. Satellite Beach, FL 32937	Trustee	0	0	0
Siggi McGlothlin 330 Thyme St. Satellite Beach, FL 32937	Trustee	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		✓
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		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	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," attach a statement.		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		✓
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?		✓
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		

classes over 4, eight week Terms Annually

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0

b 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," attach an explanation . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
40b		✓
40e		✓

41 List the states with which a copy of this return is filed. ▶

42a The books are in care of ▶ Larry Boudrie Telephone no. ▶ (321) 773-5246
Located at ▶ 222 Sand Pine Rd. Indialantic, Fl. ZIP + 4 ▶ 32903

b At any time during the calendar year, did the organization have or maintain a financial account in a foreign country (such as a bank account)?

If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for

c At any time during the calendar year, did the organization receive any tax-exempt interest from a foreign country?

If "Yes," enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ. Enter the amount of tax-exempt interest received or accrued during the year: ▶

Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has knowledge.

Please Sign Here

▶ [Signature]
Signature of officer

▶ Larry Boudrie
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [Signature]

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶

EIN ▶ ;
Phone no. ▶ ()