



990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2013

Open to Public Inspection

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

Do not enter Social Security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning Jan 1, 2013, and ending Dec 31, 2013

B Check if applicable:

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization

Shepherd's Center Beachside Inc
1053 Pine Tree Dr
Indian Harbour Beach, FL 32937

D Employer identification number

27-0076875

E Telephone number

321-773-5246

F Group Exemption Number

501(c)(3)

G Accounting Method: Cash Accrual Other (specify)

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

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

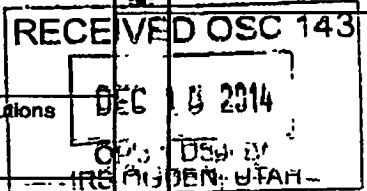
K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

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

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows for revenue and expenses. Line 1: 18,232.00; Line 9: 18,232.00; Line 13: 1,948.00; Line 17: 15,529.00; Line 18: 2,653.00; Line 19: 15,996.00; Line 21: 18,649.00



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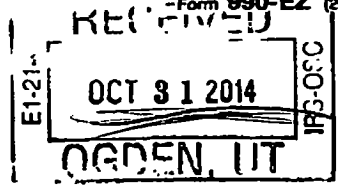
For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2013)

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Part II Check if the organization used Schedule O to respond to any question in this Part II

22	Cash, savings, and investments	(A) Beginning of year	(B) End of year
23	Land and buildings	22	22
24	Other assets (describe in Schedule O)	23	23
25	Total assets	24	24
26	Total liabilities (describe in Schedule O)	25	25
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	26	26

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

What is the organization's primary exempt purpose? Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4847(d)(1) trusts; optional for others.)
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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(Grants \$) If this amount includes foreign grants, check here 28a

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(Grants \$) If this amount includes foreign grants, check here 30a

(Grants \$) If this amount includes foreign grants, check here 31a

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/(880-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Larry E. Bardric - Director</u>	<u>35+</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>Farell Mitchell - Chairman</u>	<u>5</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>Elizabeth M. Glavinia - Sec. Fin</u>	<u>5</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>Kenned Romano - Trustee</u>	<u>10</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>Joyce Bardric - Asst Director</u>	<u>10</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>Donna Morske - Asst Director</u>	<u>10</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O **Yes** **No**

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) **34** **Yes** **No**

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? **35a** **Yes** **No**

35b If "Yes," to line 35a, has the organization filed a Form 990-E for the year? If "No," provide an explanation in Schedule O **35b** **Yes** **No**

35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III **35c** **Yes** **No**

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N **36** **Yes** **No**

37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** **Yes** **No**

37b Did the organization file Form 1120-POL for this year? **37b** **Yes** **No**

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 outstanding at the end of the tax year covered by this return? **38a** **Yes** **No**

38b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** **Yes** **No**

39 Section 501(c)(7) organizations. Enter: **39** **Yes** **No**

a Inhibition fees and capital contributors included on line 9 **39a** **Yes** **No**

b Gross receipts, included on line 9, for public use of club facilities **39b** **Yes** **No**

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **40a** **Yes** **No**

section 4911 **40a** **Yes** **No**

section 4912 **40a** **Yes** **No**

section 4955 **40a** **Yes** **No**

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I **40b** **Yes** **No**

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40c** **Yes** **No**

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization **40d** **Yes** **No**

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** **Yes** **No**

41 List the states with which a copy of this return is filed **41** **Yes** **No**

42a The organization's books are in care of MARY BACCIC Telephone no. 321-333-5246

located at 222 South Pine St Palm Beach FL ZIP + 4 32803

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: **42b** **Yes** **No**

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

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **42c** **Yes** **No**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? **43** **Yes** **No**

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

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **43** **Yes** **No**

and enter the amount of tax-exempt interest received or accrued during the tax year **43** **Yes** **No**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44a** **Yes** **No**

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ **44b** **Yes** **No**

c Did the organization receive any payments for indoor tanning services during the year? **44c** **Yes** **No**

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **44d** **Yes** **No**

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a** **Yes** **No**

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) **45b** **Yes** **No**

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I YES NO
46

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

47 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 Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's 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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
(NONE)				

f Total number of other employees paid over \$100,000 -0-

51 Complete this table for the organization's 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 business address of each independent contractor	(b) Type of service	(c) Compensation
(NONE)		

DO NOT CORRESPOND FOR SIGNATURE

d Total number of other independent contractors each receiving over \$100,000 -0-

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 501(c)(29) nonexempt charitable trusts must attach a completed Schedule A.

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 knowledge.

Sign Here Signature of officer
L.F. Boudrie
Type or print name and title
L.F. Boudrie

Paid Preparer Use Only Print/Type preparer's name
Preparer's signature
Firm's name
Firm's address

May the IRS discuss this return with the preparer shown above? See instructions.