

Return of Organization Exempt From Income Tax

2016

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 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning **2016**, and ending **20**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **THE SHEPHERD'S TABLE INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8106 GEORGIA AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
SILVER SPRING, MD 20910

D Employer identification number
52-1381738

E Telephone number
301-585-6463

G Gross receipts \$ **2,536,369**

F Name and address of principal officer: **JACKI COYLE - SAME ADDRESS**
AS ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.SHEPHERDSTABLE.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1985** **M** State of legal domicile: **MD**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE HELP TO PEOPLE WHO ARE HOMELESS OR NEEDY BY PROVIDING BASIC SERVICES, INCLUDING MEALS, SOCIAL SERVICES, MEDICAL SUPPORT, CLOTHING, OR OTHER ASSISTANCE AS NEEDED.</u>				
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	24	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24	
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	28	
	6 Total number of volunteers (estimate if necessary)	6	1,500	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		
	7b Net unrelated business taxable income from Form 990-T, line 34	7b		
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)		1,803,290	2,435,088	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	0	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,250	(2,652)	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		(20,718)	(16,977)	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1,795,822	2,415,459	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0	
16a Professional fundraising fees (Part IX, column (A), line 11e)		671,386	735,034	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 225,228		0	0	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,155,070	1,021,742	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,826,456	1,756,776	
Expenses	19 Revenue less expenses. Subtract line 18 from line 12	(30,634)	658,683	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	1,072,797	1,796,082
		22 Net assets or fund balances. Subtract line 21 from line 20	50,691	72,065
		1,022,106	1,724,017	

Part II Signature Block

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.

Sign Here

Signature of officer: *Jacki Coyle* Date: **8/24/17**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MARIA WEISS** Preparer's signature: *Maria Weiss* Date: **8/17/17** Check if self-employed PTIN: **P01232211**

Firm's name ▶ **MILLER, ENGEL & TIERNEY LLP** Firm's EIN ▶ **52-0855978**

Firm's address ▶ **6110 EXECUTIVE BLVD #610, ROCKVILLE, MD 20852** Phone no. **301-881-2500**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.