

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOOD SHEPHERD SCHOOL FOR CHILDREN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1170 TIMBER RUN DRIVE City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS MO 63146	D Employer identification number ** - *** 5225 E Telephone number 314-469-0606 G Gross receipts \$ <u>1,146,270</u>
F Name and address of principal officer: NANCY LITZAU 1170 TIMBER RUN DR ST LOUIS MO 63146		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: <u>WWW.GOODSS.ORG</u> H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1967</u> M State of legal domicile: <u>MO</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HELPING CHILDREN OF ALL ABILITIES REACH THEIR POTENTIAL.																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a)	3 10																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9																								
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 64																								
	6 Total number of volunteers (estimate if necessary)	6 25																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0																								
	7b Net unrelated business taxable income from Form 990-T, line 34	7b 0																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">135,095</td> <td style="text-align: right;">122,648</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">860,195</td> <td style="text-align: right;">955,760</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">34,876</td> <td style="text-align: right;">51,797</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">47,338</td> <td style="text-align: right;">12,988</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,077,504</td> <td style="text-align: right;">1,143,193</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	135,095	122,648	9 Program service revenue (Part VIII, line 2g)	860,195	955,760	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,876	51,797	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,338	12,988	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,077,504	1,143,193						
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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:	Date: <u>3-7-19</u>
	Type or print name and title: <u>NANCY LITZAU</u> <u>PRESIDENT</u>	
Paid Preparer Use Only	Print/Type preparer's name: <u>CARL E. STOPP</u> Preparer's signature: <u>CARL E. STOPP</u> Date: <u>03/07/19</u> Firm's name: <u>STOPP & VANHOY, LLC</u> Firm's address: <u>10425 OLD OLIVE STREET RD STE 101</u> <u>CREVE COEUR, MO 63141-5940</u>	Check <input checked="" type="checkbox"/> if self-employed PTIN: <u>*****</u> Firm's EIN: <u>** - *** 5359</u> Phone no.: <u>314-569-3800</u>

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