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Department of the Treasury Internal Revenue Service

## **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)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No 1545-0047

		or un	e 2011 Calendar year, or tax year beginning and e	naing	· · · · · · · · · · · · · · · · · · ·	
	В	Check if	C Name of organization		D Employer identific	cation number
	8	pplicab	STEGALL SEMINARY SCHOLARSHIP ENDOWMENT	I		
		_Addre				
	-	Name		20.0	056060	
	느	_}chang ∏Initial				956069
	<u></u>	return	Number and street (or P.O. box if mail is not delivered to street address)	loom/suite	E Telephone number	
		Termi	8300 MARSH POINTE DRIVE		334-	<u> 271-3409                                     </u>
		Amen	ded C.L.		G Gross receipts \$	506,557.
	$\vdash$	Applic				
	Щ.	⊥tión pend⊪	00		H(a) Is this a group re	
			F Name and address of principal officer: TERRY MITCHELL		for affiliates?	Yes X No
			6400 THISTLEWOOD COURT, MONTGOMERY, AL	<u> 3611</u>	H(b) Are all affiliates inc	luded? L Yes L No
	1 T	ax-ex	empt status: X 501(c)(3)	527	If "No," attach a	list. (see instructions)
	-		te: N/A		H(c) Group exemption	n number
			organization: X Corporation Trust Association Other	I Vear		State of legal domicile: AL
		irt I		Licait	oriorination. 2007 IV	Totale of legal dofficile, 2223
	Fe		Summary			
	Ö		Briefly describe the organization's mission or most significant activities. PAY Q			
	Governance		EXPENSES FOR THE BENEFIT OF UNITED METHOD	<u>IST S</u>	EMINARY STU	DENTS FROM
~	Ë	2	Check this box   If the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets
2012	Š		Number of voting members of the governing body (Part VI, line 1a)		3	12
~	ဗိ				<del></del>	9
တ	త		Number of independent voting members of the governing body (Part VI, line 1b)		4	
<b>~</b>	es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
1	Activities	6	Total number of volunteers (estimate if necessary)		6	0
JUL	cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	⋖		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
$\Box$					Prior Year	Current Year
SCANNED		_	Contributions and grants /Part VIII line In) RECEIVED			
	9		Contributions and grants (Fart VIII, line III)	<u> </u>	509,478.	496,591.
13	Revenue		Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.
7	ě	10	Investment income (Part VIII, column (A) ines 3 lel and 76) 2012		6,012.	9,966.
12	<b>~</b>		Other revenue (Part VIII, column (A), lines 5 6d, 8c, 9c, 10c, and 11e)		0.	0.
, 47	J		Total revenue - add lines 8 through 11 (must equal) art VIII column (A), line 12)		515,490.	506,557.
	-				135,000.	147,104.
			Grants and similar amounts paid (Part X, column-(A), lines-1-3)	<u> </u>		
	1	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
	ပ္က	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,651.	7,896.
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	g	ь	Total fundraising expenses (Part IX, column (D), line 25)   40,57	4.		
	<u> </u>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		48,587.	68,549.
	- 1		, , , , , , , , , , , , , , , , , , , ,	<b>├</b>		223,549.
	l		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	190,238.	
		19	Revenue less expenses Subtract line 18 from line 12		325,252.	283,008.
	Net Assets or Fund Balances			Beg	inning of Current Year	End of Year
•	蠹뛶	20	Total assets (Part X, line 16)		2,356,151.	2,617,662.
	88		Total liabilities (Part X, line 26)		85,195.	63,698.
	팔튀		Net assets or fund balances Subtract line 21 from line 20		2,270,956.	2,553,964.
Ì	Pa	rt II	Signature Block		2,210,230.	2,333,304.
l			<u> </u>			1 1 1 1 - 1 - 1 - 1
			lties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
1	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer	has any knowledge.	
;	Sign		Signature of officer	١١ .	a O Date	. 1.5
	Here	- 1	TERRY MITCHELL, TREASURER	4010	'('U', 711	12/12
		·	Type or print name and title	- CAN	~	<del></del>
-				10	ate Check	PTIN
			Print/Type preparer's name Preparer's signature		\	<b>-</b> 1
	Paid		CHRISTINE COOK CHRISTINE COOK		5/29/12 setf-employer	
	repa	irer [	Firm's name JACKSON THORNTON & CO., P.C.		Firm's EIN	63-1035228
1	Jse (	nly [	Firm's address P. O. BOX 96			
			MONTGOMERY, AL 36101-0096		Phone no. (3	334)834-7660
7	Mav	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
•	· · • · · · · · · · · · · · · · · · · ·		· una resent titul tile brokenet elletti desta i fass manacia, id/			

## STEGALL SEMINARY SCHOLARSHIP ENDOWMENT 20-8956069 Form 990 (2011) FOUNDATION Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III NONE Briefly describe the organization's mission Did the organization undertake any significant program services during the year which were not listed on Yes X No. the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 147,104.) (Revenue \$ 165,057. including grants of \$ (Code ) (Expenses \$ PROVIDE FUNDS FOR EDUCATIONAL EXPENSES INCLUDING, TUITION, FEES, BOOKS, SUPPLIES AND EQUIPMENT TO APPROXIMATELY 50 UNITED METHODIST SEMINARY STUDENTS FROM THE ALABAMA/WEST FLORIDA CONFERENCE including grants of \$ \_\_\_\_\_\_) (Revenue \$ \_\_\_\_\_\_ (Code \_\_\_\_\_ ) (Expenses \$ \_\_\_ Other program services (Describe in Schedule O) ) (Revenue \$ including grants of \$

165,057.

Form 990 (2011)

4e

Total program service expenses

Form 990 (2011) FOUNDATION
Part IV Checklist of Required Schedules

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		İ	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	 	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
_	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110	1	<del> </del>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	}	x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1.0		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-		х
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	$\vdash$	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		-25
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>'''</del>		<del></del>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	: <del></del> -		<u> </u>
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (	2011)

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Form 990 (2011) FOUNDATION

Part IV Checklist of Required Schedules (continued)

		}	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u>X</u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	•	24d		
<b>2</b> 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			i
	instructions for applicable filing thresholds, conditions, and exceptions).			
а		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	·			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	· · · · · · · · · · · · · · · · · · ·	35a		X
b	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," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,.	
	Note. All Form 990 filers are required to complete Schedule O	38	QQO (	00000

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Form	990 (2011) FOUNDATION 20-8956	069	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country.	<u> </u>		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> </u>		
Va	any contributions that were not tax deductible?	6a		Х
<b>h</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
U	were not tax deductible?	e b		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		Х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		Λ
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
C	to file Form 8282?	70		х
a	If "Yes," indicate the number of Forms 8282 filed during the year	7c	-	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
1	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	30		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		}	
11	Section 501(c)(12) organizations. Enter		İ	
'' a	Gross income from members or shareholders		l	
-	Gross income from other sources (Do not net amounts due or paid to other sources against			
•	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	720		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	ls the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O	.54		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l		
~	organization is licensed to issue qualified health plans	ļ		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tion A. Governing Body and Management			,				
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 12							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х	}				
	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
•	in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		Х				
14	Did the organization have a written document retention and destruction policy?	14		Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		x				
	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1				
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only)	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion. ▶	•					
	DR. KARL STEGALL - 334-271-3409	-						
	8300 MARSH POINTE DRIVE, MONTGOMERY, AL 36117							

Form 990 (2011) FOUNDATION 20-8956069 Page 7

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

X Check this box if neither the organiz		orga	anıza			mpei	nsat	1			
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated	
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other	
	(describe	Ē			Π			the	organizations	compensation	
	hours for	direc				2		organization	(W-2/1099-MISC)	from the	
	related	iee or	stee	ŀ		ensate		(W-2/1099-MISC)	,,	organization	
	organizations	1 frus	텔		oye	E S				and related	
	ın Schedule	Individual trustee or director	institutional trustee	둉	Key employee	Highest compensated employee	Former			organizations	
	O)	르	ĪĒ	Officer	Ş	울통	ফ্র				
(1) KARL K STEGALL								_	_	_	
PRESIDENT	40.00	X		Х				0.	0.		
(2) KEVIN HAYNES								_	_	_	
BOARD MEMBER	0.20	X					_	0.	0.	0.	
(3) BRENDA B. STEGALL											
BOARD MEMBER	0.20	X			_	<u> </u>		0.	0.	0.	
(4) PHILLIP B. YOUNG											
BOARD MEMBER	0.20	X					L	0.	0.	0.	
(5) TEMPLE MILLSAP											
SECRETARY	0.20	X		X				0.	0.	0.	
(6) CHARLES E. ADAIR											
BOARD MEMBER	0.20	X					ļ	0.	0.	0.	
(7) GEORGE T. GOODWYN											
BOARD MEMBER	0.20	X				ļ		0.	0.	0.	
(8) TERRY MITCHELL											
VICE-PRESIDENT/TREASURER	1.00	X		X				0.	0.	0.	
(9) PAULETTE THOMPSON						1					
BOARD MEMBER	0.20	X			<u> </u>			0.	0.	0.	
(10) BILLY CANARY											
BOARD MEMBER	0.20	X				ļ		0.	0.	0.	
(11) CLARK SAHLIE										·	
BOARD MEMBER	0.20	X			L	L		0.	0.	0.	
(12) JOHN BULLARD											
BOARD MEMBER	0.20	X				<u> </u>		0.	0.	0.	
					L	ļ					
					l						
			L								
				]	}			]			
						$\square$				<del></del> .	
				L	<u> </u>	l					

	Name and business address	NONE	Description of services	Compensation
2	Total number of independent contractors (including bu	ut not limited to those lis	sted above) who received more than	
	*			Form 990 (2011

STEGALL SEMINARY SCHOLARSHIP ENDOWMENT 20-8956069 Page 9 Form 990 (2011) FOUNDATION Statement of Revenue (D) Revenue (C) (A) (B) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 496,591 similar amounts not included above 62,904. g Noncash contributions included in lines 1a-1f \$ 496,591 h Total, Add lines 1a-1f **Business Code** 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,966. 9,966. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue

506,557.

0.

11 a

d All other revenuee Total, Add lines 11a-11d

Total revenue See instructions.

Form 990 (2011) FOUNDATION

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

COM	Diete Columns (B), (C), and (D).				
	Check if Schedule O contains a respon		s Part IX	(C)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	147,104.	147,104.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				·
7	Other salaries and wages	6,237.		6,237.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,659.		1,659.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	2,355.		2,355.	
d	Lobbying		_		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,194.		1,194.	
g	Other				
12	Advertising and promotion	<u>5,932.</u>	2,966.		2,966.
13	Office expenses	6,586.	3,293.		3,293.
14	Information technology	1,254.		1,254.	<del></del>
15	Royalties				
16	Occupancy				
17	Travel	25,805.	11,694.		14,111.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	200			<del></del>
22	Depreciation, depletion, and amortization	382.		2 560	
23	Insurance	3,569.		3,569.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	APPRECIATION BANQUET	20,204.			20,204.
b	MISECELLANEOUS	1,268.		1,268.	
c					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	223,549.	165,057.	17,536.	40,574.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			<u></u>	Form <b>990</b> (2011)

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FOUNDATION

Part X **Balance Sheet** (A) Beginning of year End of year Cash - non-interest-bearing 1 1 203,547 2 127,003. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 4,050. basis Complete Part VI of Schedule D 10a 1,065. 1,457. 2,985. b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 2,151,147 2,487,674. 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 2,617,662. 2,356,151 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 85,195 <u>63,698.</u> 25 85,195 63,698 26 Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117, check here \_\_ and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here 

X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0. Paid-in or capital surplus, or land, building, or equipment fund 31 2,270,956. 2,553,964. Retained earnings, endowment, accumulated income, or other funds 32 32 2,270,956. 2,553,964. 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 2,356,151. 34 2,617,662.

Form **990** (2011)

20-8956069 Page 11

Form 990 (2011)

STEGALL SEMINARY SCHOLARSHIP ENDOWMENT 20-8956069 Page 12 Form 990 (2011) FOUNDATION Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 506,557. 1 223,549. Total expenses (must equal Part IX, column (A), line 25) 2 2 283,008. 3 Revenue less expenses Subtract line 2 from line 1 3 270,956. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Other changes in net assets or fund balances (explain in Schedule O) 5 0. 2,553,964. Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990 X Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a X b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

separate basis, consolidated basis, or both.

Separate basis

Act and OMB Circular A-133?

Form 990 (2011)

<u>3a</u>

X

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number STEGALL SEMINARY SCHOLARSHIP ENDOWMENT FOUNDATION 20-8956069 Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated d \_\_\_ Type III - Other a Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) h Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization organization in col. in col (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III ) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2009 (d) 2010 (a) 2007 (b) 2008(e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 through 3 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008(c) 2009(d) 2010 (e) 2011 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2010 Schedule A, Part II, line 14 16a 33 1/3% support test - 2011. 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 b 33 1/3% support test - 2010. 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 17a 10% -facts-and-circumstances test - 2011. 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 b 10% -facts-and-circumstances test - 2010. 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

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

Schedule A (Form 990 or 990-EZ) 2011 FOUNDATION

2011 **FOUNDATION** 20-8956069 Page 3

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1456821.	435,821.	480,718.	509,478.	496,591.	3379429.
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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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	1456001	425 001	400 710	F00 470	40C F01	2270420
	Total. Add lines 1 through 5	1456821.	435,821.	480,718.	509,478.	496,591.	3379429.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	299,124.	55,690.	129,588.	241,636.	150,772.	876,810.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0.
(	Add lines 7a and 7b	299,124.	55,690.	129,588.	241,636.	150,772.	876,810.
8	Public support (Subtract line 7c from line 6)						2502619.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	1456821.	435,821.	480,718.	509,478.	496,591.	3379429.
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,543.	6,228.	6,563.	6,012.	9,966.	48,312.
t	Unrelated business taxable income					-	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b	19,543.	6,228.	6,563.	6,012.	9,966.	48,312.
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)	1476364.	442,049.	487,281.	515,490.	506,557.	3427741.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	
	check this box and stop here						<b>▶</b> X
Se	ction C. Computation of Publ	ic Support Per	rcentage			1	
15	Public support percentage for 2011 (	ine 8, column (f) dr	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2010					16	%
<u>Se</u>	ction D. Computation of Inve	stment Income	e Percentage				
17	Investment income percentage for 20	)11 (line 10c, colum	nn (f) divided by lir	ne 13, column (f))		17	%
_	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2011. If the						17 is not
	more than 33 1/3%, check this box a						▶∟
t	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
20	Private toundation. If the organization	<u>ar did not check a l</u>	DOX OIT III 10 14, 19	a, or 130, Check th	no DUX and 500 Ins	induluis	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

STEGALL SEMINARY SCHOLARSHIP ENDOWMENT

Employer identification number

20-8956069 FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

<u>Sche</u>	dule D (Form 990) 2011 FOUNDAT:			·						Page 2
Par	t III   Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	<u>er Simil</u>	ar Asse	ts (contin	nued)
3	Using the organization's acquisition, accession	on, and other recor	ds, chec	k any of the	following that	at are a s	ignificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	•	d $\square$	Loan or exc	hange progra	ams				
b	Scholarly research		e 🔲	Other						
C	Preservation for future generations							<u> </u>		
4	Provide a description of the organization's co	ellections and expla	in how th	ney further t	he organizati	on's exe	mpt purp	ose in Par	t XIV	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang					"Yes" to	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par	-		Ū						
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for	contribution	s or other as	sets not	included			
	on Form 990, Part X?		•						Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina	table						
-	Too, explain the arrangement in all the								Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e	<del></del>		<del></del> -
f	Ending balance						1f			
	Did the organization include an amount on Fo	orm GGO Part Y line	212						Yes	□ No
	If "Yes," explain the arrangement in Part XIV	7111 990, Fait A, IIII	7211					L	_ 1es	NO
Par		the organization as	newered	"Ves" to Eo	rm 990 Part	IV line 1	10			
	Endownient i ditas. Complete ii		1	Prior year	(c) Two yea			veare back	(a) Four	veare back
4-	Boomer of war halance	(a) Current year	(6) -	TIOI year	(C) TWO yea	15 Uack	(a) Tillee	years back	(e) rour	years back
1a	Beginning of year balance								<del>                                     </del>	
b	Contributions		1				-			
С.	Net investment earnings, gains, and losses		<u> </u>						<del> </del> _	
d	Grants or scholarships	<del></del>	<u> </u>							
е	Other expenditures for facilities									
	and programs		<b>}</b>							
f	Administrative expenses									<del></del>
g	End of year balance								l	
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a	ı)) held as.					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiz	ation the	at are held a	nd administe	ered for t	he organi:	zation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(II)	
þ	If "Yes" to 3a(ii), are the related organizations	listed as required	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X	, line 10						
	Description of property	(a) Cost or obasis (invest		, , ,	or other (other)	1.,	ccumulate preciation		(d) Book	value
1a	Land									
	Buildings								_	
	Leasehold improvements				-					
	Equipment				4,050.		1,0	65.	2	,985.
	Other									
	. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line 1	0(c))				2	,985.

Schedule D (Form 990) 2011 FOUNDATION			20-8956069	Page 3		
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 12					
(a) Description of security or category	(b) Book value		) Method of valuation:			
(including name of security)		Cost o	or end-of-year market value			
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other						
(A)				<del></del>		
(B)			· · · · · · · · · · · · · · · · · · ·	_		
(C) (D)						
(E)						
(F)						
(G)						
(H)						
(1)						
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)						
Part VIII Investments - Program Related.	See Form 990, Part X, line 13	3.				
(a) Description of investment type	(b) Book value		) Method of valuation or end-of-year market value			
(1) GENERAL BOARD OF PENSIONS	S					
(2) FUND	2,264,673.	COST				
(3) ANNUITY	223,001.	COST				
(4)						
(5)						
(6)		·				
(8)			···			
(9)						
(10)	2 407 674					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, lin	2,487,674.		<u></u>			
	) Description		(b) Book va	alue		
	7 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		(3)			
(1) (2)						
(3)	10.50 <u> </u>					
(4)						
(5)		····				
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Column (b) must equal Form 990, Part X, col (B) lir			<b>&gt;</b>			
Part X Other Liabilities. See Form 990, Part X						
1. (a) Description of liability	(	b) Book value				
(1) Federal income taxes						
(2) ANNUITY LIABILITY		63,698.				
(3)						
(4)						
(5)						
(6)						
(7)						
(8) (9)						
(10)		-				
(11)						
	ne 25 )	63,698.				
Total. (Column (b) must equal Form 990, Part X, col (B) lir FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740)	to the organization's financial statement	ents that reports the organization	on's liability for uncertain tax positions under			
132053 01-23-12			Schedule D (Form 9	90) 2011		

Sche	dule D (Form 990) 2011 FOUNDATION				956069	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audite	d Financial Sta	tements	<u> </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9	10	-		
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1				
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c		_		
d	Other (Describe in Part XIV)	2d		-		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV)	4b	<del></del>	→		
С	Add lines 4a and 4b			4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		ith Evenence e	5 Potus		
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	nents w	ith expenses p			
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا ۔ ا				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		-		
С	Other losses	2c		$\dashv$		
d	Other (Describe in Part XIV)	2d		-		
_	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3	<del>- · - · - · - · - · · · · · · · · · · ·</del>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	اما				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
	Other (Describe in Part XIV)	4b		<b>⊢</b> ₄. l		
_	Add lines 4a and 4b			4c 5		
Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  † XIV Supplemental Information					
		III baaa 4a	and 4 Dort IV lines	1b and 3	b Bost V line	4 Port
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com					4, ran
X, IIII	3 2, Part Ai, line 6, Part Aii, lines 20 and 40, and Part Aii, lines 20 and 40 Aiso com	ibiere mis	part to provide any	additionari	mormation	
						-
			·			
	,					
		<del></del>	<del></del>			
				_		

OMB No 1545-0047	Open to Public Inspection	Employer identification number 20-8956069			X Yes No		line 21, for any	(h) Purpose of grant	or assistance				i				<b>A</b>					
				istance, and the selection			es" to Form 990, Part IV,	Part II can be duplicated if additional space is needed	non-cash assistance						 							
ns,	art IV, line 21 or 22.	£		lity for the grants or ass			ganization answered "Y	Il can be duplicated if a	valuation (book, FMV, appraisal, other)				,									
Grants and Other Assistance to Organizations,	Governments, and individuals in the United States e organization answered "Yes" to Form 990, Part IV ₱ Attach to Form 990.			he grantees' eligibil		ted States.	Complete if the or		(e) Amount of non-cash assistance					 ;	 							
d Other Assistan	its, and individuals in the ion answered "Yes" to Fore Attach to Form 990.	Œ	1		ts or assistance, th	its or assistance, th	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	its or assistance, th	its or assistance, th		nt funds in the Unit	he United States.	ent received more	cash grant							the line 1 table	
Grants an	Gomplete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.	SCHOLARSHIP							toring the use of gran	d Organizations in th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	rf applicable				****			Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 table		
	Сощр	MINARY	and Assistance	s to substantiate the	sistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	o Governments an	\$5,000 Check this	<b>6</b>		_		 		 	Enter total number of section 501(c)(3) and government organizations lis Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form						
		STEGALL	General Information on Grants and Assistance	tion maintain records	criteria used to award the grants or assistance?		ther Assistance to	t received more than	or government							r of section 501(c)(3)	r of other organization					
SCHEDULE I (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization	Part I General Info	1 Does the organizat		깕	Part II Grants and	recipient that received more than	or gove							2 Enter total number	3 Enter total number					

Page 2

FOUNDATION Schedule I (Form 990) (2011)

20-8956069 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL ASSISTANCE	49	147,104.	o		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THERE	IS NO FO	RMAL PROCE	DURE FOR M	FORMAL PROCEDURE FOR MONITORING THE	
USE OF THE FUNDS. HOWEVER, THE PR	ESIDENT (	OF THE ORG	PRESIDENT OF THE ORGANIZATION VISITS	VISITS WITH	
THE SEMINARY STUDENTS THAT RECEIVE ASSISTANCE AT WHICH TIME HE EVALUATES	SASSISTA	NCE AT WHI	CH TIME HE	EVALUATES	
THEIR FINANCIAL NEEDS.					

Schedule I (Form 990) (2011)

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

STEGALL

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. SEMINARY SCHOLARSHIP ENDOWMENT Open to Public Inspection

	FOUNDATION_					20-	<u>8956</u>	<u>069</u>	!
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on	Method of noncash contri		•	ts
1	Art - Works of art				. <u> </u>				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	intellectual property								
9	Securities - Publicly traded	X	4	62,	904.	SELLING PR	ICE	OF	STO
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests						_		
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential						_		
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()	-							
26	Other ()								
27	Other ( )								
28	Other (			_					
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lin	es 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be use	ed for exem	pt purposes for			
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standa	ard contrib	utions?	31		X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or se	ll noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II								
33	If the organization did not report an amount in	column (c) f	for a type of prope	ty for which colur	mn (a) is ch	ecked,			
	describe in Part II								

### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

STEGALL SEMINARY SCHOLARSHIP ENDOWMENT

Employer identification number 20-8956069

FOUNDATION
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ALABAMA/WEST FLORIDA GEOGRAPHIC REGION.
FORM 990, PART VI, SECTION A, LINE 2: KARL STEGALL AND BRENDA STEGALL ARE
RELATED AS HUSBAND AND WIFE. KEVIN HAYNES IS MARRIED TO THE DAUGHTER OF
KARL AND BRENDA STEGALL.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE
TREASURER PRIOR TO FILING THE FORM.
FORM 990, PART VI, SECTION B, LINE
15A & 15B: NO COMPENSATION IS PAID TO ANY OFFICERS, DIRECTORS, OR KEY
EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION
DOES NOT HAVE A CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS.

## 4562 **4562**

Department of the Treasury Internal Revenue Service (99)

## **Depreciation and Amortization** 990 (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2011

Attachment Sequence No 179

Name(s) shown on return

► See separate instructions.

Business or activity to which this form relates

Identifying number

	EGALL SEMINARY SCHOL	ARSHIP E	NDOWMENT	FORM	000	D. GD 10			20 0056060
_	UNDATION		70 N-4			PAGE 10			20-8956069
	ert   Election To Expense Certain Propert	y Under Section 1	79 Note: If you na	ve any listed	property	, complete Pa	rt v bei		
	Maximum amount (see instructions)						-	1	500,000.
	Total cost of section 179 property place	•	•				_	2	2 000 000
	Threshold cost of section 179 property to						-	3	2,000,000.
_	Reduction in limitation Subtract line 3 fr		•				-	4	
	Dollar limitation for tax year Subtract line 4 from line  (a) Description of programming (a) Description of programming (a) Description of programming (a) Description of programming (a) Description (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			carately, see inst		(-) [	ted cost	5	
<u>6</u>	(a) Description of prot	эвггу	(6)	Cost (Dasiness t		(C) Elec	Red Cost		
_	<del></del>		****						
					-				
	•		_			<del> </del>			
_	Lusted property. Enter the amount from I	·no 00							
	Listed property. Enter the amount from I			C 7	7	1		_	
	Total elected cost of section 179 proper	-	s in column (c), lin	es o and 7			-	8	
	Tentative deduction Enter the smaller of		010 5 1500				-	9	
	Carryover of disallowed deduction from	•		M			}	10	
	Business income limitation Enter the sm		•	*			-	11	
	Section 179 expense deduction Add lin					1		12	<u> </u>
	Carryover of disallowed deduction to 20				13	L		_	
	e: Do not use Part II or Part III below for  Special Depreciation Allowan				otod ara	norty)			
								_	
	Special depreciation allowance for qualif	ilea property (oti	ier than listed pro	репу) ріасе	a in serv	ice during			
	the tax year						-	14	
	Property subject to section 168(f)(1) elec	tion					}	15	382.
	Other depreciation (including ACRS)  Int III MACRS Depreciation (Do not	upoludo listod pu	roporty \ (See inst	nuctions \				16	302.
-	MACHS Depreciation (Do not	include listed pi	Section						<del></del>
47	MACRS deductions for assets placed in	000 up tov v		· .	•			17	
	•	•				▶ [	<b></b> ¬ ├	17	
10	If you are electing to group any assets placed in service  Section B - Assets F						nation :	Syste	
•	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investmonly - see instru	eciation ent use	(d) Recover				(g) Depreciation deduction
	3-year property					<del>-  </del>	+	-	
b							+		
<del>_</del>									
<u>-</u>							_		
<u>u</u>									
f	20-year property				· -	<del></del>			·
	05		·		25 yrs		S/	/L	
a		,	·		27 5 yrs	. MM	S/		
h	Residential rental property	,			27.5 yrs		S/		
_		,	<u> </u>	<del></del>	39 yrs	MM	S/	-	·
i	Nonresidential real property	,	<del></del>		<u> </u>	MM	S/		
	Section C - Assets PI	<del></del>	During 2011 Tax	Year Using	the Alte	<del></del>			stem
 20a	Class life						S/	/L	
b					12 yrs	1	S/		
<del>_</del>		,			40 yrs.	MM	S/		
	Irt IV Summary (See instructions )	·			•				
	Listed property. Enter amount from line	28						21	
	Total. Add amounts from line 12, lines 1-		es 19 and 20 in c	olumn (g), ar	nd line 21	1.			
	Enter here and on the appropriate lines of	_						22	382.
	For assets shown above and placed in s	-	·						
	portion of the basis attributable to section	_			23				

20-8956069 Page 2 FOUNDATION Form 4562 (2011) Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? No Yes Yes No (i) (c) (e) (a) (h) **(a)** Type of property (d) Elected Date Business/ Basis for depreciation Depreciation Cost or Recovery Method/ section 179 placed in investment Convention deduction (list vehicles first ) period other basis use percentage use only) cost service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L % S/L % % S/L 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (d) (e) (f) (a) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year Add lines 30 through 32 Yes Yes No 34 Was the vehicle available for personal use No Yes No Yes No Yes No Yes Νo during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI | Amortization (f) (b) (c) (e) Description of costs Date amortization Amortization for this year period or percentage begins 42 Amortization of costs that begins during your 2011 tax year 43 43 Amortization of costs that began before your 2011 tax year 44 Total. Add amounts in column (f) See the instructions for where to report 44

¥. 17 €

## Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

● If yo	ou are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		. )	<b>X</b>					
	ou are filing for an Additional (Not Automatic) 3-Month Ex	-		this form	).	<del></del>					
	t complete Part II unless you have already been granted										
Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation											
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension											
	to file any of the forms listed in Part I or Part II with the ex										
	nal Benefit Contracts, which must be sent to the IRS in page	•									
	ww.irs.gov/efile and click on e-file for Charities & Nonprofits		(300 110 110 110 110 110 110 110 110 110			•					
Part			submit original (no copies ne	eded).							
A corp	oration required to file Form 990-T and requesting an auto										
Part I o						<b></b>					
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	1ICs, and t	trusts must use Form 7004 to reques	st an exte	nsion of time						
Туре о	Name of exempt organization or other filer, see instru	ictions.		Employe	er identification num	ber (EIN) or					
print	STEGALL SEMINARY SCHOLARSH		DOWMENT	[		. ,					
-	FOUNDATION			X	20-89560	69					
	File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (\$										
filing you	filing your return See 8300 MARSH POINTE DRIVE										
	Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.  MONTGOMERY, AL 36117										
I HOMIGORDKI, AD 30111											
Enter the Return code for the return that this application is for (file a separate application for each return)											
Application Return Application											
Is For		I Is For			Return Code						
Is For         Code         Is For           Form 990         01         Form 990-T (corporation)											
Form 990-BL 02 Form 1041-A											
Form 9		01	Form 4720			08					
Form 9	<del></del>	04	Form 5227			10					
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
	90-T (trust other than above)	06	Form 8870			12					
	DR. KARL STEGAL	LL									
• The	books are in the care of ▶ 8300 MARSH POIN	NTE DI	RIVE - MONTGOMERY,	AL 3	36117						
	phone No. ► 334-271-3409		FAX No. ▶								
• If the	e organization does not have an office or place of business	s in the Un	nited States, check this box								
	s is for a Group Return, enter the organization's four digit			f this is fo	or the whole group,	check this					
box ▶	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	f all memi	oers the extension i	s for.					
1 1	request an automatic 3-month (6 months for a corporation AUGUST 15, 2012, to file the exemption		to file Form 990-T) extension of time tion return for the organization name		The extension						
is	for the organization's return for:	. J									
	X calendar year 2011 or										
•		, an	d ending		·						
<b>2</b> If	the tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reaso	on: Initial return	Fınal retu	rn						
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any								
ne	onrefundable credits. See instructions.			3a	\$	0.					
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			_					
<u>es</u>	stimated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	_3ь	\$	0.					
	alance due. Subtract line 3b from line 3a. Include your pa					^					
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.					
Caution	. If you are going to make an electronic fund withdrawal w	<u>vith this Fo</u>	orm 8868, see Form 8453-EO and Fo	orm 8879	EO for payment ins	tructions.					

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.