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-om 990

232001 12-10-12

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.

2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if Address change THE SHEDRY DAR FOUNDATION Name change 20-6321087 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-1223 S. CLEARVIEW AVE. 105 480-222-5800 City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-85209 MESA, AZ H(a) Is this a group return pending F Name and address of principal officer: BRENT A. BOWDEN Yes X No for affiliates? 1223 S. CLEARVIEW AVE, STE 105 MESA, AZ 85 H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) (If "No," attach a list. (see instructions)) ◀ (insert no.) 4947(a)(1) or **H(c)** Group exemption number ▶ J Website: ► N/A Year of formation: 2004 M State of legal domicile: AZ Corporation X Trust Association K Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORTED THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS. Check this box In the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 6 5 Total number of volunteers (estimate if necessary) 34. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 102,633 0. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0. 0. 9 94,226 34. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) n 0. 11 196,859. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 70,000. Grants and similar amounts paid (Part IX, column (A) lines 1-3) 12.500. 13 0 0. Benefits paid to or for members (Part IX, column A), line 14 Salanes, other compensation, employee benefits 0 (A), lines 5·10) 0. 16a Professional fundraising fees (Part IX, column b Total fundraising expenses (Part IX, column (D), The (Part IX) 1,973 0. Other expenses (Part IX, column (A), lines 11a-14d, 17 71,973. 12,500. Total expenses. Add lines 13-17 (must equal Part/IX Revenue less expenses. Subtract line 18 from line 124,886. -12,466. 5 **Beginning of Current Year End of Year** 15,882. 28,348. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) O Net assets or fund balances. Subtract line 21 from line 20 28. 348. 15,882, 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 BRENT A. BOWDEN, TRUSTEE Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JEFFREY C. MCMULLIN, CPA JEFFREY C. MCMULLIN, 08/08/13 | Settemployed P00165467 Paid Firm's name MANSPERGER PATTERSON & MCMULLIN, PLC Firm's EIN 86-0751928 Preparer Firm's address 1222 E. BASELINE ROAD, SUITE 200 Use Only (480) 831-9500 TEMPE, AZ 85283 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

(

Form 990 (2012)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

23200	
<u>4e</u>	Total program service expenses ► 12,500.
	(Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4c	(Code) (Expenses \$
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	SUPPORT ORGANIZATION.
	IN RESPONSE TO NEEDS IDENTIFIED BY THE CHURCH AND COMMUNICATED TO THE
	PURPOSE, IT SUPPORTED THE CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS
-ra	IN ACCORDANCE WITH THIS SUPPORTING ORGANIZATION'S PRIMARY EXEMPT
4a	(Code) (Expenses \$12,500 . including grants of \$12,500 .) (Revenue \$)
	revenue, if any, for each program service reported.
4	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 are required to report the amount of grants and allocations to others, the total expenses, and
	If "Yes," describe these changes on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these new services on Schedule O.
	the prior Form 990 or 990-EZ?
2	Did the organization undertake any significant program services during the year which were not listed on
	AND EDUCATIONAL ORGANIZATIONS, AND OTHER RELIGIOUS, EDUCATIONAL AND
	SAINTS (HERE-AFTER "THE CHURCH"), ITS AFFILIATED CHARITABLE RELIGIOUS,
	PRIMARILY THROUGH GRANTS, THE CHURCH OF JESUS CHRIST OF LATTER-DAY
1	Bnefly describe the organization's mission: THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO SUPPORT AND BENEFIT,
	Check if Schedule O contains a response to any question in this Part III
Pa	rt III Statement of Program Service Accomplishments
COLIL	1990 (2012) THE SHEDKI DAK FOUNDATION 20-0321007 Page 2

Part IV | Checklist of Required Schedules

			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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ĺ
	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, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			İ
	If "Yes," complete Schedule D, Part IV	9_	•	X
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent			
	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,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
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 and XII	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 and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			ı
	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		İ	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_X_
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			l _ _
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> X</u>
2 0a		20a	\vdash	<u> </u>
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	
		Form	990 (2012)

Part IV Checklist of Required Schedules (continued) Yes No 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 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 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 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 240 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a 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 X 25a 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 . .. X Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified 26 X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 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 X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 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 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2012)

Note. All Form 990 filers are required to complete Schedule O

Enter the number reported in Box 3 of Form 1096. Enter O- if not applicable		X
b Enter the number of Forms W-2G included in the 1a. Enter O- if not applicable C bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 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 winth the year covered by this return 5 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 bit 1 seas tone is reported on line 2a, did the organization file all required federal employment tax returns? 5 bit 1 ves, 1 has at filed a Form 99-0T int is year? 6 bit 1 ves, 1 has at filed a Form 99-0T int is year? 8 bit 1 ves, 1 has at filed a Form 99-0T int is year? 8 bit 1 ves, 1 has at filed a Form 99-0T int is year? 9 bit 1 ves, 1 has at filed a Form 99-0T int is year? 9 bit 1 ves, 1 has at filed a Form 99-0T int is year? 9 bit 1 ves, 1 has at filed a Form 99-0T int is year? 9 bit 1 ves, 1 has the filed a Form 99-0T int is year? 9 bit 1 ves, 1 has the filed a Form 90-0T int year? 9 bit 1 ves, 1 has the filed a Form 90-0T int year? 9 bit 1 ves, 1 has the filed a Form 90-0T int year? 9 bit 1 ves, 1 has the filed a Form 90-0T int year? 9 bit 1 ves, 1 has the filed a Form 90-0T int year? 9 bit 1 ves, 1 has the filed a Form 90-0T int year? 9 bit 1 ves, 1 has the filed a Form 90-0T int year? 9 bit 1 ves, 1 has the filed a Form 90-0T int year? 9 bit 1 ves, 1 has the filed a Form 90-0T int year? 9 bit 1 ves, 1 has the filed a Form 90-0T int year? 9 bit 1 ves, 1 has the filed a Form 90-0T int year year year year year year year year	Yes	No
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2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year ocvered by this return 2	ŀ	l
bif at least one is reported on line 2a, idt the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If 1'Yes, 1'has filled a Form 199CT for this year? If 1'No, 1'provide an explanation in Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is not frome or other financial account; or other financial account; or other financial account; or other financial account; or other financial account; or other financial account; or other financial accounts 5b Was the organization approved to a prohibited tax shelter transaction or 4 the year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization or file of the organization file or more annual gross receipts that are normally greater than \$100,000, and did the organization such with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions? 5c Did the organization that may receive deductible contributions under section 170(c). 8d 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? 7c 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? 7c Did the organization shall may receive deductible contributions under section 170(c). 8d Did the organization received a contribution of qualified reflectual property, did the organization. 9d Did the organization received a contribution of qualified reflectual property, did the organization. 9d Did the organization received a contribution of qualified reflectual property, did the organization. 9d Did the or	-	-
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3a bif "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 financial account in a foreign country; levels as a bank account, securities account, or other financial account;? bif "Yes," enter the name of the foreign country: ▶ 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? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Deserment of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," did the organization nority the donor of the value of the goods or services provided? 7c Dd the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? di If "Yes," indicate the number of Forms 8282 filed during the year 2 bod the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 for the organization received a contribution of orar, boats, airplanes, or other weblieds, did the organization file Form 8990 are required? 9 for the organization received a contribution of c	-+	$\vdash \vdash$
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, 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 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 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 10a 11b 12c Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a 12b 13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand		X
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, 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 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 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 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand	$\neg \uparrow$	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 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 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a 13a Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c		
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b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11a 11b 11a 11b 11a 11b 11a 11a 11b 11a 11a		
Initiation fees and capital contributions included on Part VIII, line 12		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand	1	
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	\bot	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		
to the control of the		<u>X</u>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

_	Check if Schedule O contains a response to any question in this Part VI			\mathbf{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		ECH FIGU	垂
	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 O.	1774		
þ	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		A S	- == 강
	officer, director, trustee, or key employee?	2	<u>X</u>	
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		X
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	<u> </u>
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:	3 78.2 mg. 	7	1- 15-15-1
а	The governing body?	8a	<u> </u>	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	_X_	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			1
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X	ļ
50 0	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10-	Did the argenization have local chapters, historian or offiliates?	Г	Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		X
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	405		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	<u>X</u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1 1	X	132-61
д	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	$\frac{\Lambda}{X}$	-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	<u> </u>	
_	in Schedule O how this was done	12c	Х]
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	\rightarrow	मि नि	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		N/A
b	Other officers or key employees of the organization	15b		N/ A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			la la comi
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	, i	2.75	##P
	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	11.3		44.
	exempt status with respect to such arrangements?	<u>16</u> b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AZ			
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)	avaılabi	e	
	for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and the state of the policy of the state of the s	id finan	cial	
~	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 organizaBRENT A. BOWDEN, TRUSTEE - 480-222-5800	tion.	_	
	BRENT A. BOWDEN, TRUSTEE - 480-222-5800 1223 S. CLEARVIEW AVE., SUITE 105, MESA, AZ 85209			
23200 12-10-			000	(2012)
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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.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	han	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related	(list any hours for related organizations below	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Богтег	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELIJAH T. CARDON PRUSTEE	0.00	x						0.	0.	0
(2) BRENT A. BOWDEN	0.00							-		
RUSTEE (3) GLENN MCKAY	0.00	X						0.		0
RUSTEE		x		_		_		0.	0.	0
4) DALE R. JONES	0.00	x						0.	0.	c
5) RUSTY BOWERS	0.00							0.	0.	(
										· · · · · · · · · · · · · · · · · · ·
	-	-								

Form **990** (2012)

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Part VII Section A. Officers, Directors, Trus	i	ploy	ees			ghe	st C						
(A)	(B)			Pos	C) ition	,		(D)	(E)			(F)	
Name and title	Average hours per		do not check m ox, unless pers			than		Reportable	Reportable	_		matec	
	week					is bot or/trus		compensation	compensatio from related			ount o ther	í
	(list any	īģ.						the	organizations			ensatı	on
	hours for	trustee or director		İ		20		organization	(W-2/1099-MIS			m the	J.,
	related	te o	ustee			is si		(W-2/1099-MISC)	`	1		nizatio	n
	organizations	Ē	nal tri		oyee	ğ "					and	relate	d
	below	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	nizatio	าร
	line)	르	IS.	置	ş	울통	逐						
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1h Sub-total		[<u> </u>	I	L			0.		0.			0.
1b Sub-total								0.		0.			0.
			••••		•			0.		0.			0.
Total number of individuals (including but r			liste	ed al	bove	a) wt	no re		0.000 of reportable				<u> </u>
compensation from the organization		.000		, u		٠,			,,ooo oi ropoitabi	•			C
John por location morn and organization p											7	res	No
3 Did the organization list any former officer,	director, or tru	uste	e. ke	v er	olan	vee.	or I	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for s			,	,		, ,	,	g	,	İ	3		X
4 For any individual listed on line 1a, is the si			amo	ensa	ation	and	d oth	ner compensation from	the organization	•			
and related organizations greater than \$15									g		4		X
5 Did any person listed on line 1a receive or									dual for services	.			
rendered to the organization? If "Yes," con	plete Schedul	e J f	or si	uch ,	pers	son .					5		X
Section B. Independent Contractors								,.					
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com	pens	ation fro	m	
the organization. Report compensation for	the calendar y	ear (endı	ng v	vith (or w	ıthın	the organization's tax	year.				
(A)								(B)			(C)		
Name and business	address	N	INC	3				Description of s	ervices	c	ompens	sation	
							_					_	
								-					
2 Total number of independent contractors (ot lu	mıte	d to		_	sted	above) who received m	ore than				
\$100,000 of compensation from the organ	zation >				(<u>) </u>							
											Form 9	90 (20	12)

232008 12-10-12

		Check if Schedule O contains a response to any question	in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns 1a		-	ī	
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues			_	
ΩĔ		Fundraising events	-	-		
i i		Related organizations			-	
Q. ∰		Government grants (contributions)			- 5 -	
Sig		All other contributions, gifts, grants, and		<u> </u>		
돌	'	similar amounts not included above 1f		-		
물탕		* ** *				- <u>-</u>
5.5	-	Noncash contributions included in lines 1a-1f \$				1
9 0		Total, Add lines 1a-1f	·		<u> </u>	
	_					-
Program Service Revenue	2 a					
le e	t)				<u> </u>
n S	•	·				<u> </u>
Re	C	·				
Š_	€					
٩	f					
\rightarrow		Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	34.		34.	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal		-		-
l	6 a	· · · · · · 				
l	k	Less: rental expenses			•	-
	C	Rental income or (loss)	-	-		
		Net rental income or (loss)				
	7 8	Gross amount from sales of (i) Securities (ii) Other	-			-
		assets other than inventory		-		-
	t	Less: cost or other basis				
		and sales expenses		-		_
İ	C	Gain or (loss)				-
ļ	•	Net gain or (loss)				
e	8 8	Gross income from fundraising events (not			-	-
e I		including \$ of				
Other Reven		contributions reported on line 1c). See		-		
e l		Part IV, line 18 a				
됐	t	Less: direct expenses b			-	
١	•	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See	.			
ŀ		Part IV, line 19 a		_		
		Less: direct expenses b	;			
	C	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns		_		
		and allowances a			_	
	t	Less: cost of goods sold b				
1		Net income or (loss) from sales of inventory .				
[Miscellaneous Revenue Business Code				
ļ	11 a	·				
	t	o				
	(
		All other revenue				
	•	e Total. Add lines 11a-11d				
	12	Total revenue. See instructions.	34.	0.	34.	<u> </u>
23200: 12-10-	9 ·12					Form 990 (2012)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			omplete column (A).	
Do.	not include amounts reported on lines 6b,		(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	12,500.	12,500.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			<u>-</u>	-
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 salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				 .
16	Occupancy				
17	Travel				
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				
22	Depreciation, depletion, and amortization				
23	Insurance			-	
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 O.)				
а					
b					
С					
d					
	· — — -	10 500	10.500		
25	Total functional expenses. Add lines 1 through 24e	12,500.	12,500.	0.	<u> </u>
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)				

Form 990 (2012)
Part X | Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	332.	1	332.
	2	Savings and temporary cash investments	28,016.	2	15,550.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			, .
		Part II of Schedule L		5	
	6	Loans and other 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 instr). Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	_
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	28,348.	_16	15,882.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		_20	
S S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,	-		-
iab		key employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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		25	
	26_	Total liabilities. Add lines 17 through 25	0.	26	<u> </u>
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
Ses		complete lines 27 through 29, and lines 33 and 34.			•
anc	27	Unrestricted net assets		27	
Bal	28	Temporanly restricted net assets		_28	
פַ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗓			
Net Assets or Fund Balances	_	and complete lines 30 through 34.	ا ۾		_
Set	30	Capital stock or trust principal, or current funds	0.	30	0.
As	31	Paid in or capital surplus, or land, building, or equipment fund	0.	31	0.
K et	32	Retained earnings, endowment, accumulated income, or other funds	28,348.	32	<u>15,882.</u>
_	33	Total net assets or fund balances	28,348.	33	<u>15,882.</u>
	34	Total liabilities and net assets/fund balances	28,348.	34	<u> 15,882.</u>

	990 (2012) THE SHEDRY DAR FOUNDATION	20-632	1087	Pa	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>. </u>		<u>34.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			00.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>66.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>28</u>	<u>3,3</u>	<u>48.</u>
5	Net unrealized gains (losses) on investments	_ 5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	15	5,8	<u>82.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: L Cash X Accrual Cher		1 1		
	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?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			l
	separate basis, consolidated basis, or both:			~ 	l
	Separate basis Consolidated basis Both consolidated and separate basis				l
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		i	
	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 Sch	edule O.		Ì	!
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audrt			í
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form \$	990 (2012)

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

SHEDRY DAR FOUNDATION 20-6321087 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, crtv. 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), LX 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. d Type III - Non-functionally integrated b ____ Type II c Type III - Functionally integrated a X Type I e X 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? X 11g(i) (ii) A family member of a person described in (i) above? X 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (iii) Type of organization (ii) EIN (vii) Amount of monetary organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the governing document? (i) of your support? above or IRC section **U.S.?** (see instructions)) Yes No Yes Yes No THE CHURCH OF JESUS CHR 23-7300205 1 12,500.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021

Part II Support Schedule for (Complete only if you check	-					•
fails to qualify under the tes						
Section A. Public Support				,		
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization'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				1		
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						,,,
8 Gross income from interest,						-
dividends, payments received on						
securities loans, rents, royalties]		İ	
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gain		<u> </u>		 	_	
or loss from the sale of capital						
assets (Explain in Part IV.)		İ				
11 Total support. Add lines 7 through 10	<u> </u>			_		- ·
12 Gross receipts from related activities		ions)	<u> </u>	<u> </u>	12	
13 First five years. If the Form 990 is for			d fourth or fifth t			·· -
organization, check this box and sto	-	o mot, 0000ma, tim	a, 10a1a1, 01 mar	ax your ao a oootic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶□
Section C. Computation of Pub		rcentage		· · · · · · · · · · · · · · · · · · ·	· · · ·	·
14 Public support percentage for 2012	(line 6, column (f) d	livided by line 11, o	column (f))		14	
15 Public support percentage from 201	•	•	(//		15	_
16a 33 1/3% support test - 2012. If the			n line 13. and line	. 14 is 33 1/3% or i		
stop here. The organization qualifier						
b 33 1/3% support test - 2011. If the					 6 or more, check th	ns box
and stop here. The organization qui	-			ao	o or more, ericeit a	▶ [
17a 10% -facts-and-circumstances te		_		 .e 13 16a or 16b	and line 14 is 10%.	or more
and if the organization meets the "fa						
meets the "facts-and-circumstances			=		HOW WIE OIGH	
b 10% -facts-and-circumstances te	-	•		•	17a and line 15 in	▶ ∟_
more, and if the organization meets						
organization meets the "facts-and-ci				•		`

232022 12-04-12

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) 2012

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						<u>_</u> _
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513		<u> </u>				
4	Tax revenues levied for the organ-						
	ızation'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						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				<u> </u>		
Se	ction B. Total Support	,			-		<u> </u>
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6						
10	Gross income from interest, dividends, payments received on			Ti.			
	securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income				İ		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					-	
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						•
40	regularly carried on					 	
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)				<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
<u></u>	check this box and stop here ction C. Computation of Publ	io Support Po	roontogo	•	•••		<u>▶</u>
						145	
	Public support percentage for 2012 (I		•	olumn (1))	•	15	%
	Public support percentage from 2011 ction D. Computation of Inves			• • • • • •		16	%
				ne 13 column (fl)		17	94
17			-	18 13, COIDITIT (1))	•		<u>%</u>
18	33 1/3% support tests - 2012. If the			 on line 14, and line	 15 is more than	18 33 1/3% and line 1	7 is not
197	more than 33 1/3%, check this box a	•				•	, is not
	33 1/3% support tests - 2011. If the	=	-	• •	• • •		- -
	line 18 is not more than 33 1/3%, che						a.iu
20	Private foundation. If the organization		· -	•		•	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2012

OMB No 1545-0047

Open to Public Inspection **Employer identification number**

▶ Attach to Form 990.

% |X 20-6321087 ______Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. THE SHEDRY DAR FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? 2 Des Part II Part

TO ASSIST ORGANIZATION (h) Purpose of grant or assistance ISCALLY (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) FMV-CASH GIVEN (e) Amount of assistance non-cash recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 12,500 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501 (C)(3) 23-7300205 (p) EIN 1 (a) Name and address of organization LATTER DAY SAINTS - 50 E. NORTH TEMPLE ST. FL. 15 - SALT LAKE THE CHURCH OF JESUS CHRIST OF or government CITY, UT 84150

232101 12-18-12

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Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

:

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2012) THE SHEDRY DAR FOUNDATION
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. (d) Amount of non-cash assistance (c) Amount of cash grant 17 (b) Number of recipients (a) Type of grant or assistance 232102 12-18-12 Part III

Page 2

20-6321087

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2012
Open to Public Inspection

Name of the organization

THE SHEDRY DAR FOUNDATION

Employer identification number

THE SHEDRY DAR FOUNDATION 20-6321087
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHARITABLE ORGANIZATIONS WHOSE PURPOSES AND ACTIVITIES ARE COMPATIBLE
WITH AND/OR COMPLEMENTARY TO THE CHURCH.
FORM 990, PART V, LINE 7G
THERE WERE NO CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY.
FORM 990, PART V, LINE 7H
THERE WERE NO CONTRIBUTIONS OF CARS, BOATS, AIRPLANES AND OTHER
VEHICLES.
FORM 990, PART VI, SECTION A, LINE 2: ELIJAH T. CARDON AND BRENT A.
BOWDEN ARE PARTNERS IN A REAL ESTATE INVESTMENT BUSINESS AND ARE
BROTHERS-IN-LAW.
FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION DOES NOT HAVE
MEMBERS OR STOCKHOLDERS, BUT A REPRESENTATIVE OF THE ORIGINAL DONOR HAS THE
OPPORTUNITY TO ELECT A MINORITY OF THE GOVERNING BODY; BUT THE SUPPORTED
ORGANIZATION ELECTS THE MAJORITY OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11: THE FOUNDATION WILL FURNISH A COPY
OF FORM 990 TO THE GOVERNING BODY FOR THEIR REVIEW. ANY COMMENTS OR
QUESTIONS WILL BE ADDRESSED PRIOR TO FILING THE FORM.

THE SHEDRY DAR FOUNDATION	20-6321087
FORM 990, PART VI, SECTION B, LINE 12C: PER THE CONFLICTS	OF INTEREST
POLICY, ALL TRUSTEES ARE REQUIRED TO DISCLOSE ANY CONFLIC	IS IN CONNECTION
WITH ANY TRANSACTIONS APPROVED BY THE BOARD.	
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION COM	PLIES WITH THE
LEGAL REQUIREMENTS TO PROVIDE COPIES OF THE ANNUAL TAX RE	TURNS AND THE
APPLICATION FOR EXEMPTION, BY RETAINING THESE DOCUMENTS A	ND PROVIDING
COPIES TO THE PUBLIC UPON REQUEST.	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTO	ORS, ETC:
GLENN MCKAY - 50 E. NORTH TEMPLE 12TH FLR, SALT LAKE CITY	, UT 84150
DALE R. JONES - 50 E. NORTH TEMPLE 22ND FLR, SALT LAKE CIT	TY, UT 84150
RUSTY BOWERS - 1525 S. GREENFIELD ROAD, MESA, AZ 85206	
FORM 990, PART VII, LINE 4	
THE FOUNDATION DOES NOT HAVE ACCESS TO COMPENSATION INFORM	MATION
REGARDING CHURCH APPOINTED TRUSTEES.	
FORM 990, PART VI, SECTION C, LINE 15A AND 15B	-
THERE IS NO COMPENSATION PAID TO ANY PERSONS IN THE ORGAN	IZATION.

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ▶ Attach to Form 990.

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 20-6321087

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Partl

THE SHEDRY DAR FOUNDATION

	(a) Name, address, and EiN (if applicable) of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	e it had one or more re	alated tax-exempt

(g) Section 512(b)(13) controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code € Legal domicile (state or foreign country) Primary activity Name, address, and EiN of related organization

Š

× LINE 1 501(C)(3) UTAH CHURCH THE CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS - 23-7300205

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232161 12-10-12 LHA

Schedule R (Form 990) 2012

20-6321087

Page 2

Schedule R (Form 990) 2012 THE SHEDRY DAR FOUNDATION

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

General or Percentage managing ownership 3 Yes 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) ate affocations? Disproportion-Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

(a)	(Q)	<u> </u>	(9	(e)	ε		Ξ	8	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Legal domicile Direct controlling Type of entity (C corp. S corp, foreign	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	5.00 2000 2000 2000 2000 2000 2000 2000
		country)		O ildəti		doodlo	L	Yes	٩
							•		
					•		-	_	
				-					
						:			ļ
								_	
							_		

Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							Yes	Ŷ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more re	lated organizations listed	In Parts II-IV?				\dashv	
		:		:	:	- Ta	+	×
b Giff, grant, or capital contribution to related organization(s)	:		•	:	: .	9	×	
c Gift, grant, or capital contribution from related organization(s)			:	:	:	£		×
d Loans or loan guarantees to or for related organization(s)		:			:	Þ		×
	•	•		ì	:	ş	-	>
	:	:		:	:	2	T	4
6 Dividende from related organization(e)						7		>
Dividends non related digaritzation(s)	:		•		:	=	+	وا :
g Sale of assets to related organization(s)	•		•	:		5	1	4
h Purchase of assets from related organization(s)			•		•	÷		×
	:					¥		×
i Lease of facilities, equipment, or other assets to related organization(s)	:	•	•		:	=		×
		•						
k Lease of facilities, equipment, or other assets from related organization(s)						*		×
Performance of services or membership or fundraising solicitations for		-			:	Ŧ		×
m Performance of services or membership or fundraising solicitations by related organization(s)	. (c)	:		:		<u> </u>	-	×
Sharing of facilities equipment mailing lists or other assets with relate		:			:	\$		 >
	(e)	:	:	:	::	=	\dagger	4
 Sharing of paid employees with related organization(s) 			•	:	:	9	_	×
								;
	:		:		:	2	\dagger	ا
q Reimbursement paid by related organization(s) for expenses						-		×
r Other transfer of cash or property to related organization(s)		:	:			+	+	×
s Other transfer of cash or property from related organization(s)						15	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	mation on who must complete this line, including covered relationships and transaction thresholds.	relationships ar	nd transacti	on thresholds.			
(a) Name of other organization	(b) Transaction	(c) Amount involved	Σ	ethod of de	(d) Method of determining amount involved	hevlov		
	type (a-s)							
THE CHURCH OF JESUS CHRIST OF LATTER DAY (1) SAINTS	В	12,500.	CASH					
60								
/27								
(3)								
(4)								
(5)								
(6)								1
232163 12-10-12	22				Schedule R (Form 990) 2012	R (Form	890) z	2012

20-6321087

Page 4

Schedule R (Form 990) 2012 THE SHEDRY DAR FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) centage nership					
Per v	 	 			
(j) General or managing partner? Yes No	 	 			
8- 8-			<u> </u>	_	
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No					
(h) Disproportionate dilocations?					
Disp. Tes		 			
(g) Share of end-of-year assets					
(f) Share of total income				14 14	
(e) Are all Are all partners sec 501(c)(3) 00ps? Ves No					
(d) Predominant income prelated, unrelated, excluded from tax under section 512-514) presention (d)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2012

Schedule R	(Form 990) 2012	THE	SHEDRY	DAR	FOUNDATION	20-	<u>6321087 </u>	Page 5
Part VII	(Form 990) 2012 Supplemental Info	rmation	n					
	Complete this part to pro	ovide add	Itional informa	tion for i	responses to questions on Sch	nedule R (see instructions).		
	 							
			-					
								
								
					-			
			- · · ·					
			=					
			-					
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			<u> </u>		······································			

Form 88	68 (Rev. 1-2013)					Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		→ X	
•	nly complete Part II if you have already been granted an a				8868.		
If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).				
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies ne	eded).	
			Enter filer's	identifyi	ng number,	see instructions	
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identıficati	on number (EIN) or	
print							
File by the	THE SHEDRY DAR FOUNDATION				20-63	321087	
due date for filing your	Inditiber, street, and room or suite no. If a r.O. box, s		tions	Social se	cunty numb	oer (SSN)	
return See		<u> 105</u>					
instruction	S City, town or post office, state, and ZIP code. For a form MESA, AZ 85209	oreign add	lress, see instructions.				
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
							
Applica	tion	Return	Application			Return	
<u>Is For</u>		Code	Is For			Code	
	00 or Form 990-EZ	01	-				
Form 99		02	Form 1041-A			08	
	Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10						
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069							
	00-T (trust other than above)	06	Form 8870			12	
STOPL	Oo not complete Part II if you were not already granted			ously file	ed Form 88	<u> </u>	
• The !	BRENT A. BOWDEN	-		E C A	37 050	000	
	books are in the care of ► <u>1223 S. CLEARV</u> Shone No.► <u>480-222-5800</u>	LEW A	FAX No. >	LOA,	AZ 052	109	
	organization does not have an office or place of business	n in tha l lr	· ————			▶ □	
	s is for a Group Return, enter the organization's four digit		-	this is fo	r the whole	aroup check this	
box ►	. If it is for part of the group, check this box	7					
			BER 15, 2013.	an memic	era trie exte	erision is ioi	
	or calendar year 2012, or other tax year beginning		, and ending	ר			
	the tax year entered in line 5 is for less than 12 months, c	heck reas		Final i	etum	·	
Ī	Change in accounting period				Old III		
7 Si	tate in detail why you need the extension						
	HE TAXPAYER RESPECTFULLY REQU	JESTS	AN ADDITIONAL EXT	ENSIO	N OF T	IME TO	
	ATHER ALL OF THE INFORMATION						
	ETURN.	•		-			
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, (or 6069, e	nter the tentative tax, less any				
no	onrefundable credits. See instructions.			8a	\$	0.	
b if	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated				
ta	x payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid				
<u>_p</u>	reviously with Form 8868.			8b	\$	0.	
c B	alance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using				
EI	TPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	\$	0.	
	Signature and Verificat	ion mus	st be completed for Part II o	nly.			
Under pe it is true,	nalties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ing accomp orm.	anying schedules and statements, and to	the best o	f my knowled	lge and belief,	
Signature	E ▶ Trtle ▶ (CPA		Date	•		
			· · ·			9969 (Pov. 1 2012)	