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### Scanned Jun 2 5 2013

Form **990** 

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

<u>A I</u>	or the	2012 calendar year, or tax year beginning and	ending					
В	Check if	C Name of organization		D Employer identifi	cation number			
8		ST PAULS UNITED METHODIST CHURCH						
	Addres change	S ENDOWMENT FOUNDATION						
	Name change			<b>]</b> 45-0	421682			
	Initial		Room/suite	E Telephone numbe	r			
一	Termin	· 1		1	252-0422			
F	Amend			G Gross receipts \$	430,803.			
F	ireturn iApplica			H(a) Is this a group re				
_	⊥ltion pendin							
		1509 9TH AVE SE, JAMESTOWN, ND 58401		for affiliates?	Yes X No			
	<b>-</b>							
			or 527	┪ '	list. (see instructions)			
		e: ► N/A  organization: X Corporation Trust Association Other ►	1. 1/	H(c) Group exemptio				
	art I	· · · · · · · · · · · · · · · · · · ·	L Year	of formation: 1991 N	State of legal domicile: ND			
		Summary	OTTEN	OII DOOD BO	D MILE			
ő		Briefly describe the organization's mission or most significant activities: TO PI		SUPPORT FO	K THE			
& Governance		PROGRAMS OF ST PAULS UNITED METHODIST CHU						
err	1	Check this box  if the organization discontinued its operations or dispose			ssets.			
Š	1	Number of voting members of the governing body (Part VI, line 1a)		3	4			
જ		Number of independent voting members of the governing body (Part VI, line 1b)			4			
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a) $ $			0			
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	0			
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	<u> </u>			
	b i	Net unrelated business taxable income from Form 990-T, line 34			0.			
		$\sim$		Prior Year	Current Year			
Revenue	8 (	Contributions and grants (Part VIII, line 1h)	L	0.	0.			
		Program service revenue (Part VIII, line 2g)	l l	0.	0.			
		nvestment income [PartVIII] column (A), lines 3, 4, and 7d)		31,353;	74,256.			
α	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		31,353:	74,256.			
	13 (	Grants and similar amounts paid (Partil), column (A), lines 1-3)		0.	14,937.			
	14	Benefits pald to or for members (Part JX, column (A), line 4)		0.	0.			
G	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a l	Professional fundraising fees (Pan IX, column (A), line 11e)	····	0.	0.			
per		Fotal fundraising expenses (Part IX, column (D), line 25)						
ΔĬ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,498:	7,111.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,498:				
	1	Revenue less expenses. Subtract line 18 from line 12	·  -	24,855:	52,208.			
S		nevenue less expenses. Subtract line 16 front line 12	····	ginning of Current Year	End of Year			
Net Assets or Fund Balances		Fotol coasts (Part V. Ivas 16)	- Dt	758,072	809,268.			
Sal	20	Total assets (Part X, line 16)		730,072.	0.			
let get	21	Total liabilities (Part X, line 26)	· ·	758,072	809,268.			
	<u>22  </u> art	Net assets or fund balances. Subtract line 21 from line 20		130,014.	009,200.			
Щ.		ties of perjury, I declare that I have examined this retuyn, including accompanying schedules	and etatem	ante and to the heet of m	v knowledge and helief it is			
		ties of perjury, rueciare that i have examined this return, including accompanying schedules, and complete. Declaration of preparer to the other than efficer) is based on all information of wh			y knowicage and belief, it is			
ii ue	, correct	, and complete declaration of prepared to the first transmitter) is based on all information of will	ion prepare	lias any knowledge.	11/2-2013			
C:	_	Signature of officer //		Date	1 3 2010			
Sig	- 1							
Her	e	SHERRY MCGUIRE, SECRETARY-TREASURER Type or print name and title			·			
			· i	Date / Check	PTIN			
De!	. 1	Print/Type preparer's name LINDA MOHN  Preparer's signature  Note: The preparer's prepar	ha	<i>51a1</i> a lir -				
Paid	r		, ,,,	Juli ciripio)				
	r	Firm's name SCHAUER & ASSOCIATES, PC	Firm's EIN	45-0350118 .				
use	Only	Firm's address PO BOX 1808		Db / 9	7011050 5400			
		JAMESTOWN, ND 58402-1808		Phone no. (	701)252-5422			
<u>May</u>	/ the IR	S discuss this return with the preparer shown above? (see instructions)			. X Yes No			

### 45-0421682 Page 2 ENDOWMENT FOUNDATION Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: TO PROVIDE SUPPORT FOR THE PROGRAMS OF ST PAULS UNITED METHODIST CHURCH Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... Yes X No 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 14,937: including grants of \$\_\_\_\_ 14,937:) (Revenue \$\_\_\_\_\_) ) (Expenses \$ TO SUPPORT THE PROGRAMS AND MINISTRY OF ST PAULS \_\_\_\_\_ ) (Revenue \$ \_\_\_\_ including grants of \$ (Code ) (Expenses \$ 4d Other program services (Describe in Schedule O.) ) (Revenue \$ \_\_\_\_\_ including grants of \$ 14,937. 4e Total program service expenses

Form 990 (2012)

Form 990 (2012) ENDOWMENT FOUNDATION
Part IV Checklist of Required Schedules

45-0421682 Page 3

3 Did the organization engage in direct or indirect political campalign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   Section 501c(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   5 Is the organization a section 501(c)(4), 501(c)(5), 601(c)(6), 501(c)(6),		•		Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Fes," complete Schedule (Part I)  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) soft organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) soft organization complete Schedule (Part I)  Is the organization as colfined in Part Village (Part I)  Is the organization as activation of Part II (Part I)  Is the organization as colfined in Part II (Part I)  Is the organization as activation of Part II (Part I)  Is the organization are colored in Part II (Part I)  Is the organization market and advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution of amounts in such as a construction of a construction of accounts flower similar assets? If "Yes," complete Schedule D, Part II  Did the organization market and organization accounts in the provide advise services? If "Yes," complete Schedule D, Part IV  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  If the organization report an amount for other liabilities in Part X, line 10? If "Yes," complete Schedule D, Part X II  Is Did the organization report an amount for other liabi	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II  4 Section 80 tic(R) organizations. Did the organization engage in lobbying activities, or have a section 50 tith) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Bith organization as section 50 (16(R), 50 (16(R)), 50 (1		If "Yes," complete Schedule A	1_	X	
public office? If '1'es', complete Schedule C, Part II  Section 50 (16)3 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If '1'es', complete Schedule C, Part II is the organization as defined in Revenue Procedure 98 (19) ("Fee", complete Schedule C, Part III is the organization that section 501(h)(4), 501(h)(5), or 501(k)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98 (19) ("Fee", complete Schedule C, Part III is provide advice on the distribution or investment of amounts in such 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 "Fee", complete Schedule D, Part II is 10 the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III is 10 the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II If 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? If 'Yes,' complete Schedule D, Part V If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V If the organization report an amount for lead, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V If the Old the organization report an amount for lead, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V If the Old the organization report an amount for leaders in Part X, line 10. If the organization report an amount for leader	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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   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 98-197 If "Yes," complete Schedule C, Part II   5   5   5   5   5   5   5   5   5	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(n)(4), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II Is the organization maintain any ornor 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 II Is Did the organization report and areas, or historic structures? If "Yes," complete Schedule D, Part II 7, 2 Is Did the organization assens and collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part II Is Did the organization maintain collections of works of art, historical tressures, or other similar assets? If "Yes," complete Schedule D, Part II Is Did the organization is listed in Part X, or provide credit courseling, debt management, credit repair, or doth regolation services? If "Yes," complete Schedule D, Part V If the organization is listed in Part X, or provide ared to manual to report and amount for investments of the second organization and organization and organization and amount for investments of the second organization and organization and amount for investments of the second organization and the part of the organization and amount for investments or other seconities in Part X, line 10 If "Yes," complete Schedule D, Part V If the organization report an amount for investments program related in Part X, line 10 If If Yes, complete Schedule D, Part V If It is the organization report and amount for investments in the second organization report of the Tyre, complete Schedule D, Part V If It is Did the organization report and amount for other sasets in Part X, line 10 It If Yes, complete Schedule D, Pa		public office? If "Yes," complete Schedule C, Part I	3		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 8P (2P II* Ves, "complete Schedule C, Part III    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? II "riss," complete Schedule D, Part II    7 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts on listed in Part X, or provide credit counseling, delt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III    8 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, delt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV    10 Did the organization (licitity or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V    11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V    12 Did the organization report an amount for investments - organize related in Part X, line 10? If "Yes," complete Schedule D, Part VIII    13 Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X    14 Did the organization report an amount for other assets 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 X    14 Did the organization report an amount for other assets in Part X, line 19? If "Yes," complete Schedule D, Part X    15 Did the organization report an amount for other assets in Part X, line 19? If	4				
similar amounts as defined in Revenue Procedure 98.197 If "Yes," complete Schedule C, Part II   5   5   1   1   2   2   2   2   2   2   2   2		during the tax year? If "Yes," complete Schedule C, Part II	4		X
similar amounts as defined in Revenue Procedure 98.197 If "Yes," complete Schedule C, Part II   5   5   1   1   2   2   2   2   2   2   2   2	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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 III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization 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 V Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 assets reported in Part X, ine 16? If "Yes," complete Schedule D, Part VII 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 Did the organization report an amount for the assets 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 Did the organization report an amount for the 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 XIII Did the organization sibility for uncertain tax positions under FilM 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did Line Organization sibility for uncertain tax positions under FilM 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did Line Organization included in consolidated, independent audited financial statements for the ta	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  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, for provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV to the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasil-endowments? If "Yes," complete Schedule D, Part V to the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI to Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI to 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 VI to Did the organization report an amount for other assets 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 VI to Did the organization report an amount for other liabilities 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 X to Did the organization seport an amount for other liabilities 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 X to Did the organization seport an amount for other liabilities in Part X, line 15 that is 5% or more of its total addresses the organization seport an amount for other liabilities in Part X, line 15 that is 5% or more of its total addresses the organization seport an amount for othe		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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Schedule D, Part III  Did the organization report an amount in Part X, line 121, 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? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization senser to any of the following questions is "Yes," then complete Schedule D, Parts VI, IV, IV, IV, IV, IV, IV, IV, IV, IV,		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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? If "Yes," complete Schedule D, Part V"  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization server to any of the following questions is "Yes," then complete Schedule D, Part V If If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V If U Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V If Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part V If Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part V III Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part V III Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III Did the organization bendance of the III Did	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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## "Yes," complete Schedule D, Part IV  10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #"Yes," complete Schedule D, Part VI  13 Did the organization report an amount for investments - other securities in Part X, line 10? #"Yes," complete Schedule D, Part VI  14 Did the organization report an amount for investments - other securities in Part X, line 10? #"Yes," complete Schedule D, Part VII  15 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? #"Yes," complete Schedule D, Part VII  16 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? #"Yes," complete Schedule D, Part VII  17 Did the organization report an amount for other assets in Part X, line 25? #"Yes," complete Schedule D, Part X  18 Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? #"Yes," complete Schedule D, Part X  19 Did the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? #"Yes," complete Schedule D, Part X and XII is organization as school described in section 170(b)(1)(A)(ii)? #"Yes," complete Schedule D, Parts XI and XII is optional  15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrasing, business, investment, and program service activities outside the United States? #"Yes,"	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
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.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  2 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  3 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  4 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 X III  5 Did the organization report an amount for other lassets in Part X, line 15 that is 5% or more of lis total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  6 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III  7 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  8 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  9 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  1 Did the organization maintain an office, employees, or agents outside the United States?  1 Did the organization maintain an office, employees, or agents outside of the United States?  1 Did the organization report on Part IX, column (A), line 3, more than \$1,000 from grantmaking, fundraising, business, investment, and programs service activities outside the United States, or aggregate foreign investments valued at \$		If "Yes," complete Schedule D, Part IV	9_		_X_
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located outside the United States? If "Yes," complete Schedule F, Parts III and IV  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  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  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		· · · · · · · · · · · · · · · · · · ·	15		<u>X</u>
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			16		<u>X</u>
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  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  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	17		ا ا		v
1c and 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a Did the organization attach a copy of its audited financial statements to this return?			17	-+	<u>X</u>
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  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	18				v
complete Schedule G, Part III			18		<u>X</u>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	19		,,		v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?				-	$\frac{x}{x}$
b ii Tob to mio Eod, dia tilo organization attach a cop) of the addition		· · · · · · · · · · · · · · · · · · ·			
	b	if thes to line 20a, did the organization attach a copy of its audited financial statements to this return?		990 /	2012\

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Page 4

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 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 Х 23 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 X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ..... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 X Schedule L, Part I 25b ., ... .. ........ ..... . .... .... Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 X of any of these persons? If "Yes." complete Schedule L. Part III 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): 28a X 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 .... 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c 29 Х 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 X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I .............. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 ..... ... 34 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ... 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 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ..... 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form	990 (2012) ENDOWMENT FOUNDATION 45-0421	<u>682</u>	Р	age 5
Pa	rt 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			
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 2a 0			
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?	3a	ļ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Didd.	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	
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?	8_		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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:			
а	" " "			
b	· · · · · · · · · · · · · · · · · · ·			
	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		
b	•			ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	•	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			ĺ
	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	4.5=		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X_
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2012)

Form 990 (2012) ENDOWMENT FOUNDATION 45-0421682 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. X Check if Schedule O contains a response to any question in this Part VI 

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 year1a						
	If there are material differences in voting rights among members of the governing body, or if the governing	1					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	İ		ļ			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			l			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1					
	officer, director, trustee, or key employee?	2		х			
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	<u> </u>					
, -	more members of the governing body?	7a		х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- <del>-</del> -					
		7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-					
		8a	x				
b		8b	X				
		80	Λ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x			
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9					
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V				
40-	Dalaba anna lisakisa kana landakan kanakan kanakan na Miliakan	400	Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	10a		Δ			
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401-					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Χ.				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a					
b							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40.					
40	ın Schedule O how this was done	12c		- <del>v</del>			
13	Did the organization have a written whistleblower policy?	13		$\frac{x}{x}$			
14	Did the organization have a written document retention and destruction policy?	14					
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?			v			
	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		<u>X</u>			
40	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			v			
	taxable entity during the year?	16a_		<u>X</u>			
þ	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	ا ا					
800	exempt status with respect to such arrangements?	16b					
	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) a	ivallab	e				
	for public inspection. Indicate how you made these available. Check all that apply.						
4-	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, an	d 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 organiza	ion: 🕨					
	SHERRY MCGUIRE - 701-252-0422						
232006	1509 9TH AVENUE SE, JAMESTOWN, ND 58401		222				

Form 990 (2012) ENDOWMENT FOUNDATION

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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.

Check this box if neither the organization nor any related				ation	cor	nper	nsat	ted any current officer, director, or trustee.					
(A)	(B)			_ (0	C)			(D)	(E)	(F)			
Name and Title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated			
	hours per	Бох	(do not check more than box, unless person is bo officer and a director/tru			ıs bot	h an	compensation	compensation	amount of			
	week	$\vdash$	cer an	and a director/		or/trus	tee)	from	from related	other			
	(list any	ļ ģ						the	organizations	compensation			
	hours for	늘	١.,			豆		organization	(W-2/1099-MISC)	from the			
	related	慧	nste			SES		(W-2/1099-MISC)		organization			
	organizations	į	a		oyee	Ē.,				and related			
	below	Individual trustee or director	Institutional trustee	   55	em p	loye	ıeı			organizations			
	line)	힐	Inst	Officer	Key	Highest compensated employee	Former						
(1) BECKY MORTENSON	0.00												
, , , , , , , , , , , , , , , , , , , ,		X						0.	0.	0.			
(2) REV ARLEN COALTER	0.00			_		T							
(2) REV ARDEN COMBIER	0.00	Х						0.	0.	0.			
(2)	0.00	^		-		├		0.					
(3) DUANE ENZMINGER	0.00	1		٠,					ο.	^			
		<u> </u>		X		$\vdash$	_	0.	U•	0.			
(4) SHERRY MCGUIRE	0.00	ļ											
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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2012) ENDOWMENT FOUNDATION
Part VIII Statement of Revenue 45-0421682 Page 9

		Check if Schedule O con	tains a response '	to any question i	n 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
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns  Membership dues  Fundraising events	1b					
ns, Giff Similar	d e	Related organizations Government grants (contributed)						
ributio Other 9		All other contributions, gifts, gran similar amounts not included about	ove1f					
e e	-	Noncash contributions included in lines				ļ		
		Total. Add lines 1a-1f		Business Code				
Ş	2a b							
Ser	C							
Program Service Revenue	d				-		· · · · · · · · · · · · · · · · · · ·	
ğά	e		<del></del>					
۲ <u> </u>	f	All other program service reve	enue					
	q	Total. Add lines 2a-2f		▶				
	3	Investment income (including other similar amounts)	dividends, intere	st, and	15,078:			15,078.
	4	Income from investment of ta		ſ				
	5	Royalties	. <u></u>					
1			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss) .						
1		• • •	<u> </u>		<u> </u>			
	7 a	Gross amount from sales of	(i) Securities	(II) Other				İ
		assets other than inventory	415,725					
	b	Less: cost or other basis	256 547					
		and sales expenses	50,547		,			
			59,178:		59,178;	59,178:		
1		Net gain or (loss)		<u>.</u> ▶	39,170.	39,1/0.		
ine	ва	Gross income from fundraisin including \$	-					
Other Revenue		including \$ contributions reported on line						
8		Part IV, line 18	•		j			
her	h	Less: direct expenses						
δ		Net income or (loss) from fund		<b>•</b>				
		Gross income from gaming a	i i					
			a					
	b	Less: direct expenses	I I				-	
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns				,	
ĺ		and allowances						
	b	Less: cost of goods sold	b					
[	С	Net income or (loss) from sale		. 🛌			· · · · · · · · · · · · · · · · · · ·	
		Miscellaneous Revenu	16	Business Code				
	11 a							ļ
ł	b							<del> </del>
	С	AH 11					<u> </u>	<del> </del>
		All other revenue						+
		Total Add lines 11a-11d		· 📘	74,256.	59,178.	0.	15,078.
232000 12-10-	12 12	Total revenue. See instructions.	<del></del>		14,430.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	Form <b>990</b> (2012)

45-0421682 Page 10 ENDOWMENT FOUNDATION Form 990 (2012) 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). Check if Schedule O contains a response to any question in this Part IX (B) Program service (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, Fundraising 7b. 8b. 9b. and 10b of Part VIII. <u>exp</u>enses expenses Grants and other assistance to governments and 14,937 14,937: organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ...... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ...... 9 Payroll taxes ...... 10 Fees for services (non-employees): Management .... b Legal ..... 625 625. C Lobbying ...... Professional fundraising services. See Part IV, line 17 е Investment management fees .......... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion ...... 12 Office expenses 13 .. ... ... .. .. .. ... Information technology .... 14 15 Royalties ...... 16 17 Travel ..... Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates ...... 21 Depreciation, depletion, and amortization ..... 22 23 Insurance

6,458:

22,048:

28.

14,937

0.

6,458

7,111

28

b

C d

25

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.)

INVESTMENT FEES

All other expenses

SAFETY DEPOSIT BOX

Total functional expenses. Add lines 1 through 24e

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)

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 157: 517. Cash - non-interest-bearing 1 69,265: 2 57.933. 2 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 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 Notes and loans receivable, net ..... 7 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges . ..... 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .. . 10a 10c 688,650: 750,818. Investments · publicly traded securities ..... 11 11 12 Investments · other securities. See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 14 14 Intangible assets ..... Other assets. See Part IV, line 11 15 15 758,072: 809,268. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) ...... 17 17 Grants payable ... ..... 18 18 19 19 Tax-exempt bond liabilities ..... 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other 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 ..... Unsecured notes and loans payable to unrelated third parties ...... 24 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 . ...... 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets ..... 71,268. 20,072: 27 27 ..... Temporarily restricted net assets ..... 28 28 738,000: 738,000. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Paid-in or capital surplus, or land, building, or equipment fund ...... 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 809,268. 758,072; 33 809,268. 758,072: 34 Total liabilities and net assets/fund balances

Form	990 (2012) ENDOWMENT FOUNDATION	45-0421	682	Page	<u>, 12</u>
Pa	rt XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	[	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,25	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,04	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>2,20</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>75</u>	<u>8,07</u>	<u>2.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<	1,01	<u>.2.</u> >
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	]			
	column (B))	10	80	<u>9,26</u>	8.
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<del></del>		<u></u>
	,			Yes !	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	<del></del>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	li	ł	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 School				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	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

**Employer identification number** Name of the organization ST PAULS UNITED METHODIST CHURCH ENDOWMENT FOUNDATION 45-0421682 Part I 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.) 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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) 6 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.) 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). 11 X: 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. Type III - Non-functionally integrated a X Type I b Type II c Type III - Functionally integrated 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? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No X the governing body of the supported organization? 11g(i) X (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) Provide the following information about the supported organization(s). h (vi) Is the rganization in col. (iv) is the organization (v) Did you notify the (vii) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EIN in col. (i) listed in your organization in col. (described on lines 1-9 support organization (i) organized in the governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes ST PAUL'S UNITED METHO 45-6038027 CHURCH X 14,937. Х Х

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

Schedule A (Form 990 or 990-EZ) 2012

14.937.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

• •	•			
(Complete only if yo	ou checked the box on line 5, 7, or	8 of Part I or if the organizatio	n failed to qualify under	Part III. If the organization
fails to qualify unde	r the tests listed below, please co	nplete Part III.)		

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						-
_	ization's benefit and either paid to				1		
	or avacaded on its behalf						
3	The value of services or facilities		·				
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions				<u> </u>		
5	-						
	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)				ļ	-	
	Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>			
	ction B. Total Support		l		1		10 T I
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4		<u> </u>		<u> </u>		
8	Gross income from interest,						
	dividends, payments received on					1	
	securities loans, rents, royalties						
	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					]	
	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 instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here	··		<u></u>	<u></u>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			,	
14	Public support percentage for 2012 (I	line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	
16a	33 1/3% support test - 2012. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶∟_
b	33 1/3% support test - 2011. If the	organization did no	ot check a box on l	ine 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	ns box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
		s.cc. oncon u		,,		dule A (Form 990	

### 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 \

Sec	ction A. Public Support	elow, please com	piete Part II.)	<u> </u>	<del>,</del>	<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(0) 2009	(6) 2010	(0) 2011	(e) 2012	(i) rotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
_	•					<del> </del>	
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						i
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that		<u> </u>		<u> </u>	-	
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	an accompanied and the brokests						]
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
b	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						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support		·	•		· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	<del></del>	, , ,	, , , , , , , , , , , , , , , , , , , ,	1 2		•
	Gross income from interest,						
	dividends, payments received on			İ			
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses			:			
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is		İ				
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)		ļ <u></u>				
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						<u></u> ▶└┴
	ction C. Computation of Publ						
15	Public support percentage for 2012 (I		=	column (f))		15	%
16	Public support percentage from 2011				<u> </u>	16	<u>%</u>
Sec	ction D. Computation of Inves	<del></del>				T I	
17	Investment income percentage for 20	•		ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2012. If the						/ is not
	more than 33 1/3%, check this box a						., <b>&gt;</b>
b	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	STRUCTIONS	<u> </u>

### **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.

QMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

ST PAULS UNITED METHODIST CHURCH

Employer identification number 45-0421682

Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in donor advised	funds
	are the organization's property, subject to the organization's exclu	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor	ors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or don	nor advisor, or for any other purpose cor	nferring
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization	ation answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (c	heck all that apply).	
	Preservation of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education or	ation) Preservation of an histori	cally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure	re included in (a)	2c
d	Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic structure	
	fisted in the National Register		2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation easeme	ent is located 🕨	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it hold	ds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	enforcing conservation easements durin	g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enfor	cing conservation easements during the	year > \$
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170(h)(4	4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ea		
	include, if applicable, the text of the footnote to the organization's	financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Ar		er Similar Assets.
	Complete if the organization answered "Yes" to Form 990,		
1a	If the organization elected, as permitted under SFAS 116 (ASC 95		
	historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes t	these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 95	58), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educate	tion, 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 treasure		in, provide
	the following amounts required to be reported under SFAS 116 (A	SC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. • \$
h	Assets included in Form 990, Part X		<b>▶</b> \$

	dule D (Form 990) 2012 ENDOWMENT								21682	
Par	t III Organizations Maintaining Coll	lections of Ar	t, Historica	1 Tre	easures, or O	ther	Simil	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accession,	and other record	s, check any of	f the f	following that are	a sign	ificant	use of its	collection ı	tems
	(check all that apply):									
а	Public exhibition	đ	Loan or	r excl	nange programs					
b	Scholarly research	е								
c	Preservation for future generations		_							
4	Provide a description of the organization's collect	ctions and explair	n how they furt	her th	ne organization's	exemo	t purp	ose in Par	t XIII.	
5	During the year, did the organization solicit or re-	•	-							
·	to be sold to raise funds rather than to be maint								Yes	☐ No
Par	t IV Escrow and Custodial Arrange							. Part IV.		
	reported an amount on Form 990, Part X,	•						, ,		
1a	Is the organization an agent, trustee, custodian	or other intermed	ary for contrib	ution	s or other assets	not inc	cluded			
	on Form 990, Part X?		-						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII and				••••				_ 100	
U	ir res, explain the arrangement irr art Alli and	1 Complete the for	lowing table.						Amount	
_	Decimaliza balance						10		7 arroarre	
Ç	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year					••••	1e			
f	Ending balance						1f		Yes	□ No
	Did the organization include an amount on Form									H
	if "Yes," explain the arrangement in Part XIII. Ch								<del></del>	
Par	t V   Endowment Funds. Complete if the									<del></del>
		a) Current year	(b) Prior yea		(c) Two years bac					
1a	Beginning of year balance	738,000.	738,0	000.	. 738,00	0.	7	38,000.	7	<u>38,000.</u>
b	Contributions					-		-		
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	738,000.	738,0	000.	738,00	0.		38,000.	7	38,000.
2	Provide the estimated percentage of the current	t year end balance	e (line 1g, colur	nn (a	)) held as:					
а	Board designated or quasi-endowment >		_%							
b	Permanent endowment ► 100.00	%.								
С	Temporarily restricted endowment									
	The percentages in lines 2a, 2b, and 2c should e	equal 100%.								
За	Are there endowment funds not in the possession	on of the organiza	ation that are h	eld ar	nd administered f	or the	organi	zation		
	by:								Y	es No
	(i) unrelated organizations							'	3a(i)	X
	(ii) related organizations								3a(ii)	X_
b	If "Yes" to 3a(ii), are the related organizations list								3b	
4	Describe in Part XIII the intended uses of the org									
Par	t VI Land, Buildings, and Equipmen			j						-
	Description of property	(a) Cost or ot			or other (c	Accı	ımulate	ed	(d) Book v	/alue
	- sample of property	basis (investm			other)	•	ciation		• •	
1a	Land	† · · · · · · · · · · · · · · · · · · ·								
b	Durletines									
	Leasehold improvements									
	Equipment		<u> </u>							
	Other	L Form 000 Port	Y column (P)	ine 1	0(c) )					0.

Schedule D (Form 990) 2012 ENDOWMENT FOR Part VII Investments - Other Securities. See	Form 990 Part X line	12	45-0421682 Page 3
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
1) Financial derivatives	<u>``</u>		
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
(1)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se	e Form 990. Part X. lir	ne 13.	
(a) Description of investment type	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)	<u> </u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15.		
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)	·····		
(5)			
(6)			
(7)			
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<b>•</b>
Part X Other Liabilities. See Form 990, Part X, li			· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(11)			•
(11)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.1		
t. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text		organization's financial statemen	nts that reports the organization's
liability for uncertain tax positions under FIN 48 (ASC 74)			<del></del>

	dule D (Form 990) 2012 ENDOWMENT FOUNDATION		45-0421682 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per R	eturn
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:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	]
е	Add lines 2a through 2d		2e
3	Outstand the Outstand the A		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	]
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	t XII Reconciliation of Expenses per Audited Financial Statemen		Return
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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	1
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	t XIII Supplemental Information		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, II	nes 1a and 4: Part IV. lines 1	b and 2b: Part V. line 4: Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr		
	RT V, LINE 4: TO SUPPORT THE PROGRAMS OF ST		
	., 22,2 1, 20 0020011 111 2110011111 01		
СН	JRCH		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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. ► Attach to Form 990.

2012

Open to Public Inspection

% ⊠ Employer identification number 45-0421682 (h) Purpose of grant or assistance 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. : (d) Amount of 14,937 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ST PAULS UNITED METHODIST CHURCH (c) IRC section if applicable 501 (C)(3) Enter total number of other organizations listed in the line 1 table ENDOWMENT FOUNDATION 45-6038027 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? ..... 1 (a) Name and address of organization ST PAUL'S UNITED METHODIST CHURCH or government Name of the organization JAMESTOWN, ND 58401 1023 6TH AVE NE Part II Part

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

Schedule I (Form 990) (2012)

232101 12-18-12

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. ENDOWMENT FOUNDATION Schedule I (Form 990) (2012) Part III

Page 2

45-0421682

(f) Description of non-cash assistance 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) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

Schedule I (Form 990) (2012) 232102 12-18-12

### 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

ST PAULS UNITED METHODIST CHURCH

Employer identification number 45-0421682

ENDOWMENT FOUNDATION	45-0421682
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY	IS PROVIDED TO THE
BOARD AT A MEETING FOR REVIEW AND APPROVAL PRIOR TO	FILING THE FORM
FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS	ARE AVAILABLE UPON
REQUEST BY CONTACTING THE SECRETARY/TREASURER DURING	REGULAR BUSINESS HOURS
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED LOSS ON INVESTMENTS	-1,012.

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. ► Attach to Form 990.

2012 Open to Public Inspection

OMB No. 1545-0047

➤ See separate instructions.

Employer identification number 45-0421682

> Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) ST PAULS UNITED METHODIST CHURCH ENDOWMENT FOUNDATION Name of the organization Part

Direct controlling End-of-year assets <u>e</u> Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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.) Part II

(a)	(q)	(0)	(Đ)	(e)	<b>(£)</b>	(b)	;
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	ling	Section 512(b)(13)	× 43)
of related organization		foreign country)	section	status (if section		entity?	
				501(c)(3))		Yes	No
ST PAUL'S UNITED METHODIST CHURCH -							
45-6038027, 1023 6TH AVE NE, JAMESTOWN, ND							
58401	сниксн	NORTH DAKOTA	501 (C) 3	LINE 1			м
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

232161 12-10-12 LHA

Schedule R (Form 990) 2012 ENDOWMENT FOUNDATION

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.) Part III

Page 2

45-0421682

Schedule R (Form 990) 2012 Percentage General or Percentage managing ownership (i) Section 512(b)(13) controlled entity? Yes No 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.) 3 Percentage ownership Yes 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets  $\Xi$ ate allocations? Dispropartion-Yes No Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>ම</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত <u>e</u> Legal domicile (state or foreign country) Direct controlling entity ਉ Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 232162 12-10-12 Part IV

Page 3

## ST PAULS UNITED METHODIST CHURCH

Schedule R (Form 990) 2012 ENDOWMENT FOUNDATION

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

Schedule R (Form 990) 2012 ŝ × × × × × ×× × × × × × × × × × Yes 인 Þ 트 무 4 무 4 <u>m</u> 유 5 4 þ Method of determining amount involved ÷ --- -- --- --- --- ------ ------ --If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 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? CASH 14,937. : (c) Amount involved :: ::::: Transaction ...... : type (a-s) : 9 ..... Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) ф Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) Reimbursement paid to related organization(s) for expenses .... PAUL'S UNITED METHODIST CHURCH Other transfer of cash or property to related organization(s) ... Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Dividends from related organization(s) ........ Loans or loan guarantees by related organization(s) (a) Name of other organization Sale of assets to related organization(s) ....... Exchange of assets with related organization(s) Purchase of assets from related organization(s) 232163 12-10-12 (1) ST ] Ε <u>α</u> σ N € 9 গ্র 9 2

Page 4 45-0421682

ST PAULS UNITED METHODIST CHURCH

ENDOWMENT FOUNDATION Schedule R (Form 990) 2012 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.

						_	_
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No							
(k) rrcent wners							
9 6 0	 				-		
(j) General or managing partner? Yes NO							
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G) The contract of the contrac							
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Disproportionale allocations?							
(g) Share of end-of-year assets							ı
(g) Share of nd-of-yea assets							
) ie							
4- 4							
(f) Share of total income							
Sh in							
(e) Are all partners sec 501(c)(3) orgs ?							
(e) Are all partners sec 501(c)(3) 0095 7							-
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(d) Predominant income profession (related, unrelated, excluded from tax under section 512-514) p							
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(a) Name, address, and EIN of entity					$ \  \  \  $		
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Schedule R (Form 990) 2012

ST PAULS UNITED METHODIST CHURCH Schedule R (Form 990) 2012 ENDO
Part VII | Supplemental Information 45-0421682 Page 5 ENDOWMENT FOUNDATION Complete this part to provide additional information for responses to questions on Schedule R (see instructions).