

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

OMB No 1545-0047

Departn	nent o	f the	Treasu	ry
Internal	Rever	rue S	ervice	-

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

Open to Public Inspection

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<u>A</u> _			dar year, or tax	year begi	nning 7/(	)1	, 20	12, and endi	ng 6/		, 201		
В		k if applicable	С							D Employer I		lumber	
	$\sqcup$ '	Address change	STEWARDSH			JND					<u> 29406</u>		
	_ ∐'	Name change	7601 E. S	nea Bou	llevard					E Telephone	number		
	_ [_]ı	Initial return	Scottsdal	e, A4 8	35260					480-5	24-7200	)	
	П-	Terminated											
	П	Amended return								G Gross recei	ıpts \$	144,05	58.
	H	Application pending	F Name and add	ress of princip	al officer DC	n Petty	,		H(a) Is this	a group return fo			X <sub>No</sub>
	ш		Same As C	Ahove					H(b) Are all	affiliates include	d?	Yes	No
$\overline{}$	Ta	x-exempt status	X 501(c)(3)	501(c) (	) <b>-</b> (ii	nsert no )	4947(a)(1	) or 527	- If, 'No,'	attach a list (se	e instructions)		_
÷		ebsite: N		301(0) (	, , , , , , ,	isore iio j	1347(4)(1	101 1327	1,,,,	exemption numb	▶		
7				TT . T	<del></del> .	100		I	<del>_```</del>			. 37	
K		rm of organization	X Corporation	Trust	Association	Other ►		L Year of Forma	ation 200	/ M State	e of legal domi	cile AZ	
P	art I	Summa					1 - 1						
_	1	-	ibe the organiza		sion or most	significant	activities	Support	i <u>ng org</u>	<u>anizatio</u>	n for	<u>another</u>	
roi.	2	<u>501(c)(</u>	3 <u>) organiz</u>	<u>ation.</u>		<b></b> .		<del>-</del>	_ <b></b>				
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3	١.	Contribution	s and grants (Pa	art VIII line	a 1h)				<u> </u>	nor lear	Cu	rrent tear	
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∑ Revenue	9	-	vice revenue (P ncome (Part VII			and 7d)			<u> </u>	144,000		144,00	
ě	10						and 11a)			148	3.)		<u>58.</u>
	'''		ue (Part VIII, co					\ line 10\		144 144		144 0	<u> </u>
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	1 .		s expenses. Sul				, mic 23	· <i>'</i>	<u> </u>				
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ž	21		es (Part X, line	•							).		<u>0.</u>
	22		r fund balances	. Subtract	line 21 from	line 20			29	0,016,634	4   28	<u>3,472,6</u>	<u>51.</u>
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Und	ler pen	alties of perjury, I o	eclare that I have ex arer (other than office	amined this re	turn, including ac	companying sc	hedules and s	tatements, and to	the best of m	y knowledge and	belief, it is tri	e, correct, and	ď
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		ment of Program Car	WMENT FUND vice Accomplishments	:	36-				
	<u></u>	•	esponse to any question in						
1 Rrie		be the organization's missi		una i dit iii	· ·				
	-	=	on. or another 501(c)	(3) organia	ration				
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<del>-</del> -								- <b>-</b> -	_
2 Dıd	the organiz	ation undertake any significa	ant program services during th	e year which were	not listed on the prior				_
	m 990 or 9	- : -	0.1.1.0				Yes	X	
		ibe these new services on							
	=	ization cease conducting, or the these changes on Scho	or make significant changes edule O	in how it conduc	ts, any program services?	Ц	Yes	X	
4 Des	scribe the c	organization's program ser	vice accomplishments for ea ons and section 4947(a)(1) trus , if any, for each program se	sts are required to	rgest program services, as report the amount of grants	s measur and alloc	red by ations t	exper o	ns
<b>4 a</b> (Co	ode:	) (Expenses \$	688,041. including gr	rants of \$	) (Revenue	\$	14	4,0	) 5
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			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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 IV	9		_ X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	, .	:	
á	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 a	Х	
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
•	c 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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	<u>_</u>
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	-	х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
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	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	_	X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	20		X
ŀ	of Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) STEWARDSHIP ENDOWMENT FUND

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
22	United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	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? <i>If 'Yes,' complete Schedule J</i>	23		Х
2 <b>4</b> a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
ŧ	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ì	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	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)		,	,
í	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_ X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (	(2012)

	Check if Schedule O contains a response to any question in this Part V				
			_	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a  0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	ľ	,	·
	Did the organization comply with backup withholding rules for reportable payments to vendors and it		1		
•	(gambling) winnings to prize winners?	eportable gaming	1 c		
2 2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		1 -		, ,
	ments, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 0			
t	If at least one is reported on line 2a, did the organization file all required federal employment		2 b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ii	•			
	Did the organization have unrelated business gross income of \$1,000 or more during the year		3 a		X
	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a		Х
t	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 f	Financial Accounts.	-		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	ter transaction?	5 b		X
(	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		Х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	ions or gifts were	6 ь		_
7	Organizations that may receive deductible contributions under section 170(c).		, 4		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	partly for goods and	1	Ž. 100	*
٠	services provided to the payor?	·	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
•	: Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 4	1.25	`	<b>A</b>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	henefit contract?	7 e		<u> X</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file		<b>—</b>		
•	as required?	OIII 8033	7 g		
ł	ilf the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.			數例。	* a5"
	Did the organization make any taxable distributions under section 4966?		9 a	S-1-	38
	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
	Section 501(c)(7) organizations. Enter:				the state of
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter.	<u> </u>			
ä	Gross income from members or shareholders .	11 a	à l		
ŧ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ).	11b			
12 a	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedu	le O			
Ł	Enter the amount of reserves the organization is required to maintain by the states in	1			7
	which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	14-	الحيد	V
	Did the organization receive any payments for indoor tanning services during the tax year? If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	 Schadula O	14a		<u>X</u>
_ [	in 103, has it med a form 720 to report mese payments? If No, provide an explanation in	Juitedule G	14b		1

Form **090** (2012) STEWARDSHIP ENDOWMENT FUND 36-4629406 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? X 2 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? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? Х 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? X 8 b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule 0 Schedule O how this is done Х 12c 13 Did the organization have a written whistleblower policy? 13 X X 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers of key employees of the organization 15 b X 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 taxable entity during the year? Χ 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AΖ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Scottsdale Bible Church 7601 E. Shea Boulevard Scottsdale AZ 85260 480-524-7200

Form <b>990</b> (2012)     STEWARDSHIP  ENDOWMENT  F	תמוזי
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# Part VIII 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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<u></u>			<u> </u>							
				(0	>)					
(A) Name and Title	(B) Average hours per week (list				chec perso irecto	k more t on is bot or/truste			(E)  Reportable compensation from	(F) Estimated amount of other
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Matt Everroad	11_									<del></del>
Director	0_	X					L.	0.	0.	0.
(2) Ron Eriksson	1									-
President	0			Х			<u> </u>	0.	0.	0.
_(3)_Ed_Grant	1	ļ								
Vice President	0			Х				0.	0.	0.
_(4) Don_Petty	11	ļ								
Treasurer	0	ļ		X				0.	0.	0.
	1	1								
Secretary	0			Х				0.	0.	<u> </u>
_(6)										
<u></u>										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)	<b></b>									

(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	(do box offi	not o	Pos check ess poind a	sition more erson direct	the sor lemployee	one h an itee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	Est amou comp fro orga and	(F) Imated to of other lensation im the nization related nizations
(15)						ä					
(16)											
(18)											
(19)											
(20)											
(21)											
(22)	<b>-</b>										
(23)									-	<u>-</u>	
(24)											<del></del>
(25)											
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to		ısted	abo	ve) v	who	recei	▶ ▶ ved	0. 0. 0. more than \$100,00	0. 0. 0. 0 of reportable comp	pensation	0. 0.
from the organization   O  Did the organization list any former officer, directo	r or trus	stee,	key	em	ploy	ee, c	or hi	ghest compensate	ed employee		Yes No
<ul> <li>on line 1a? If 'Yes,' complete Schedule J for such</li> <li>For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual</li> </ul>	eportab	le co	mpe 00?	ensa If '\	ition ⁄es'	and com	oth <i>plet</i>	er compensation e Schedule J for	from	3	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper comple	satio	on fr	om dule	any <i>J fo</i>	unre r s <u>u</u> c	late :h_p	ed organization or erson	ındıvıdual	5	_ X
1 Complete this table for your five highest compensation from the organization Report compensation.	ited ind	epen	den	t co	ntra	ctors	tha	t received more that	han \$100,000 of		
(A)  Name and business address		uie c	alen	luai	year	EIIUI	riy r	Description of		(C Comper	) isation
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ▶		ited to	o the	ose I	ısted	d abo	ve)	who received more	than		

Part VIII Statement of Revenue

		Check if Schedule O contain	s a response to any q	uestio			(B)	(C)	(D)
					<b>(A)</b> Total revenue	е	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a	Federated campaigns	1 a	·					
중히	b	Membership dues	1 b			-	-		·   '
조죔	С	Fundraising events	1 c				~ ·	_	
音管	d	Related organizations	1 d	-			-		
ž I	е	Government grants (contributions)	1 e		<del>5</del>		,	-	
올曲		All other contributions wife grants on	4		t				
温気	T	All other contributions, gifts, grants, and similar amounts not included above	<sup>u</sup>   <sub>1f</sub>	].			,*	, -	
		Noncash contributions included in Ins 1		<b>─</b>  '	,-		e e		, , ,
	_	Total. Add lines 1a-1f	· · · · · ·	▶				•	, *
쀻			Business Cod	ie	<del>-" -</del>		-		
PROGRAM SERVICE REVENUE	2a b	Rental income	531120		144,00	0.	144,000.		
8	0								
5	ں مہ						<del></del>		<del>  -</del>
3	u								<del> </del>
훓	e r	All other program service rever		-					· · · · · · · · · · · · · · · · · · ·
윷ㅣ		Total. Add lines 2a-2f	iue	▶	144.00	_	,	. p	
<del></del> +					144,00	U.	, J - 1		
	3	Investment income (including of other similar amounts)	dividends, interest and	¹ <b>▶</b>	5	8.			58.
	4	Income from investment of tax		_		٥.			36.
	5	Royalties		-			-		
	•		Real (ii) Person	al 5				1	-
	6 a	Gross rents.	1 1	<del></del>	sr <sub>d</sub>		,	3 (	_ :
		Less: rental expenses		──	`:-" ·	`	,	÷ c	-*.
		Rental income or (loss)	<del></del>		2 m.			,	
		Net rental income or (loss)		<u> </u>			terrentere and enterest and enterest and	<del></del>	<u> </u>
		(3.5)	ecurities (ii) Other	, -		$\overline{}$		<del></del>	-
	/ a	Gross amount from sales of assets other than inventory			100		3+	t tag	
		•		-			•,	-	
	b	Less: cost or other basis and sales expenses		1,		i	*13 %		,
	c	Gain or (loss)					,	' ·	. [
		Net gain or (loss)	l	-			<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
}				-		-			<del> </del>
뿔	8 a	Gross income from fundraising (not including \$	events			.	,	,	
Ē		of contributions reported on lin	e 1c)	1				•	
OTHER REVENUE		See Part IV, line 18 .	a		•	٠	i ·		
皇	b	Less direct expenses	b	·			' -	1	
9		Net income or (loss) from fund	raising events	▶			-		
		Gross income from gaming act See Part IV, line 19		,			·		
		Less: direct expenses	. <b>"</b>	<del> </del>	•	- 1			, ,
		Net income or (loss) from gam	ing activities		<del></del>				
				,	<del> </del>			7	,
	IUa	Gross sales of inventory, less rand allowances .	returns . <b>a</b> l	,					
		Less. cost of goods sold	. b		-	!	· -		1
		Net income or (loss) from sale:		-			<del></del> 4	-	
}		Miscellaneous Revenue	Business Cod	de	<del></del>		<del>                                     </del>		5
ŀ	11 a								\
	b								
	c			$\neg +$			-		
	d	All other revenue		$\neg \uparrow$					
	_	Total. Add lines 11a-11d.		▶			4	£ 5 -2'	
]		Total revenue. See instructions	5	<b>▶</b>	144,05	8.	144,000.	0.	58.

## Part IX | Statement of Functional Expenses

3661	Check if Schedule O contains a			ompiete column (A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				~
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				<del></del>
11	Fees for services (non-employees)				
a	Management				
	Legal .		- <u></u>		
	Accounting				
	Lobbying				
	, <b>,</b>		, <u>-</u> .		
	Professional fundraising services. See Part IV, line 17			, -	<u> </u>
	Investment management fees				
_	other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)  Advertising and promotion				
13	Office expenses	40.	40.		
14	Information technology				
15	Royalties			-	
16	Occupancy			<u> </u>	<del></del>
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	508,001.	508,001.		
23	Insurance		<u> </u>		·
24	Other expenses. Itemize expenses not covered above (List miscellaneous-expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
ā	Distributions to SBC	180,000.	180,000.		
ŀ	)				
•	:				
	All other expenses .				
25	Total functional expenses. Add lines 1 through 24e	688,041.	688,041.	0.	0.
	•	000,041.	000,041.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   [In the control of the column of the colu				
	,		<u>L</u>	<u> </u>	<u></u>

Part X Balance Sheet

		Check if Schedule O contains a response to any qu	uestion in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			73,203.	2	37,222.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e					4.
		Part II of Schedule L	inployee.			5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions).	(3)(B), and (9) volum	d contributing tary employees'	-	6	
Ą	7	Notes and loans receivable, net				7	-
ASSETS	8	Inventories for sale or use				8	
Ţ	9	Prepaid expenses and deferred charges			· · · · · · · · · · · · · · · · · · ·	9	
•	_		1 1	<u>.</u>		<del>                                     </del>	
	10 a	Land, buildings, and equipment, cost or other basis.  Complete Part VI of Schedule D	10 a	31,240,000.			5 4.1
		Less: accumulated depreciation.	10 b	2,804,571.	28,943,431.	10 c	28, 435, 429.
	11	Investments – publicly traded securities.	100	2,804,371.	20,343,431.	11	20,435,429.
	12	Investments – other securities See Part IV, line 11	•	·		12	
	13	Investments – program-related. See Part IV, line 11		<b> </b>		13	
	14	Intangible assets		·		14	<u>-</u>
	15	Other assets See Part IV, line 11		<u> </u>	<del></del>	15	<u></u>
	16	Total assets. Add lines 1 through 15 (must equal line	34)	<u> </u>	29,016,634.	16	28,472,651.
	17	Accounts payable and accrued expenses	<u> </u>	• • •	29,010,034.	17	20,472,031.
	18	Grants payable				18	
	19	Deferred revenue .		j	<del></del> -	19	
L	20	Tax-exempt bond liabilities .		Ī		20	··•
A	21	Escrow or custodial account liability Complete Part I	IV of Sch	edule D		21	
LIABLLITL	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, direc d disqual	tors, trustees, ified persons		22	3-15 feet
	23	Secured mortgages and notes payable to unrelated the	nird partie	es l		23	
S	24	Unsecured notes and loans payable to unrelated third	•			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	es to rela oplete Pa	ted third parties, rt X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		Ī	0.	26	0.
ZEF		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ► [	X and complete	' \ 4	,	
Ą	27	Unrestricted net assets			29,016,634.	27	28,472,651.
くいろほう	28	Temporarily restricted net assets		Ī		28	20/1/2/001.
Š	29	Permanently restricted net assets				29	
O R		Organizations that do not follow SFAS 117 (ASC 958), ch	neck here	<b>▶</b> □ □	23.74	, 55	
מצכיי		and complete lines 30 through 34.				·	The second second
	30	Capital stock or trust principal, or current funds			<del></del>	30	
B	31	Paid-in or capital surplus, or land, building, or equipm		<u>L</u>		31	
ă	32	Retained earnings, endowment, accumulated income	, or other	tunds		32	
四人」 人工 ひまい かめ	33	Total net assets or fund balances .		ļ.	29,016,634.	33	28,472,651.
	34	Total liabilities and net assets/fund balances			29,016,634.	34	28,472,651.
BA	A						Form <b>990</b> (2012)

Forr	n 990 (201,2) STEWARDSHIP ENDOWMENT FUND	36-462940	6	Pag	je <b>12</b>
Pa	rt XI : Reconciliation of Net Assets	-			
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	4,05	58.
2	Total expenses (must equal Part IX, column (A), line 25)	2	68	8,04	41.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,98	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	29,01	6,63	34.
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,47	2,65	51.
Pa	rt XII Financial Statements and Reporting	,			
	Check if Schedule O contains a response to any question in this Part XII				П
		·	Y	'es	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		44 - 2		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		*	· ; ;	
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both	viewed on a	1. H	-	
	Separate basis Consolidated basis Both consolidated and separate basis				
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	x	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both:	eparate	P. Carlot	in the second	وز د
	Separate basis X Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			·	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	3 a		Х
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3 b		
BA			Form 9	90 (2	2012)

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

			ENDOW										36-4	62940	6		
Part	I Re	<u>ason</u>	for Put	olic C	Charity S	tatus (	All orgar	nizations m	nust co	mplete	this p	art.) S	See ins	tructio	ns.		
The o								lines 1 throu	-		-	,					
1	∐ A cl	nurch,	conventi	on of	churches of	or assoc	lation of c	hurches des	cribed in	section	170(b)(	1)(A)(i).					
2	∐ A so	chool	described	l ın se	ection 170(	b)(1)(A)(	(ii). (Attach	n Schedule E	.)								
3	A h	ospital	l or a coo	perati	ive hospita	l service	e organiza	tion describe	d in <b>sec</b> t	tion 170	(b)(1)(A)	(iii).					
4	A m	edical	l research	n orga	inization of	perated	in conjunc	tion with a h	ospital d	escribed	i in sect	ion 1 <b>70</b>	(b)(1)(A)	(iii) Ent	er the hosp	tal's	
	nam	ie, city	y, and sta	ate _													
5	An o	organı ( <b>b)(1)(</b> .	zation op <b>A)(iv).</b> (C	erated comple	d for the bo	enefit of	a college	or university	owned (	or opera	ited by a	govern	nmental	unit desc	cribed in se	ction	. – – -
6								al unit descri									
7	片'in se	ection	170(Б)(1)	XA)(vi	i). (Compl	ete Part	11)	part of its su			/ernmen	ta! unit	or from	the gene	eral public d	escrib	ed
8								<b>vi).</b> (Complet		-							
9	relat unre	ed to i lated b	ts exempt	tunction exable	ons — subie	ct to cert	aın excepti	/3% of its sup ons, and (2) r rom businesse	no more th	han 33-1.	/3% of its	Sunnor	from an	nce invact	ment income	bnc	
10								to test for pu									
11	- supp	ortea (	organizatio	ons de:	and operate scribed in s and comple	ection 50	)9(a)(1) or s	benefit of, to section 509(a) igh 11h.	perform (2) See :	the funct section !	ions of, 6 5 <b>09(a)(3)</b> .	or carry o Check t	out the po the box to	urposes o nat descri	f one or more bes the type	e publi of	cly
	a [ː	₹ Туре	e I	b	Type II	С	Type	III — Functioi	nally inte	grated		d ∏ i	Type III	– Non-fu	unctionally i	ntegra	ated
е	─ otne	er than	ng this bo i foundati 19(a)(2)	ox, I c on ma	ertify that anagers ar	the orga nd other	inization is than one	not controlle or more publ	ed direct icly supp	ly or ind ported o	lirectly b rganizat	y one o ions des	r more o scribed i	disqualifi n section	ed persons n 509(a)(1)	or	
f	if <b>th</b> chea	e orga ck this	anization i box	receiv	ed a writte	en deteri	mination fr	om the IRS	that is a	Type I,	Type II (	or Type	III supp	orting or	ganization,		X
g	Sinc	e Aug	just 17, 2	006, r	nas the org	janizatio	n accepte	d any gift or	contribu	ution fro	m any o	f the fol	lowing p	ersons?			
															1	Yes	No
	(i)	A pe	erson who w, the go	direc vernir	ctly or indir ng body of	ectly co the sup	ntrols, eith ported org	ner alone or f janization?	logether	with per	rsons de	scribed	ın (ıı) a	nd (III)	11 g (i)		X
	(ii)	A fa	mily mem	iber o	of a person	describ	ed in (i) al	bove?							11 g (ii)		X
	(iii)	A 35	% contro	lied e	ntity of a p	erson d	escribed ii	n (ı) or (ıı) at	ove?						11 g (iii)		X
h	Prov	/ide th	ie followir	ng info	ormation a	bout the	supported	d organizatio	n(s)						119()		
	(i) Na	ame of s organiz	supported ation		(ii) EIN		(describe above o	of organization d on lines 1 9 r IRC section structions))	organiz column (i your go	Is the sation in i) listed in overning ment?	(v) Did yo the organ column ( supp	zation in	organiz colui organiz	s the ration in mn (i) ed in the S ?	(VII) Amount sup		etary
									Yes	No	Yes	No	Yes	No			
	Scott	sda]	le Bib	1¢ (	Church										~		
(A)			_		86-017	79808		1	Х		X		Х		18	30,0	00.
(B)							-									, , -	
·C\									<u> </u>		-						
(C)				_	· ·-				-								
(D)										_							
(E)																	
Total															_1	80,0	00.
RAA	For Pap	erwor	k Reducti	ion A	ct Notice, s	see the l	nstruction	s for Form 9	90 or 990	0-EZ.			Schedul	e A (For	m 990 or 99	0-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 you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support	, -·· · · · · · · · · · · · · · · · · ·					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						_
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						
Sec	tion B. Total Support						-1
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on 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	<b>Total support.</b> Add lines 7 through 10	e_	, ,				
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	
	First five years. If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth to	ax year as a sectio	on 501(c)(3)	▶
	tion C. Computation of Pu						
	Public support percentage for 20	•	•	e 11, column (f)).	•	14	%
	Public support percentage from	,	·			15	%
16 a	a 33-1/3% support test — 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the olicly supported or	box on line 13, ar ganization	nd the line 14 is 3	3-1/3% or more	, check this box
t	33-1/3% support test — 2011. If the and stop here. The organization	the organization d qualifies as a pul	lid not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more	e, check this box
17 a	n 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	test, check this	box and stop her	e. Explain in Pa	rt IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as a	box and stop her a publicly support	<b>e.</b> Explain in Pa ed organization	rt IV how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a, -	or 17b, check the	s box and see in	nstructions -
BAA					Sah	odulo A (Form (	200 or 990 E71 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	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.						
	Total. Add lines 1 through 5						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)			7 h			
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					-	
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)	▶ []
Sec	tion C. Computation of Pu						
15	Public support percentage for 20	112 (line 8, column	r (f) divided by lin	e 13, column (f))		15	0/0
16	Public support percentage from	2011 Schedule A,	Part III, line 15			16	8
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	:	·		
17	Investment income percentage f				mn (f))	. 17	%
18	Investment income percentage fi			=	•••	18	
19 a	<b>33-1/3% support tests</b> — <b>2012.</b> If is not more than 33-1/3%, check	the organization this box and stor	did not check the	box on line 14, a	and line 15 is more	than 33-1/3% and	
b	33-1/3% support tests - 2011. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or li	ine 19a, and line	l6 is more than 33.	1/3%, and ► □
20	Private foundation. If the organization						

Schedule A	(Form 990 or 990-EZ) 2012	STEWARDSHIP	ENDOWMENT	FUND	36-4629406	Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; a (See instructions).	on. Complete thand Part III, line	nis part to pr 12. Also co	ovide the mplete th	explanations required by Part II, line 1 is part for any additional information.	0;
					·	<b>-</b>
					·	
					·	
		<del>_</del>	<del>-</del>			
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<del>_</del> _		<b></b>				
		<del>-</del>			·	
			<del></del>			
		 - <b></b>				
				<b></b>		
				<del>-</del>		

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Employer identification number

STI	EWARDSHIP ENDOWMENT FUND			36-4629406	
Par		or Advised Funds or Ot	her Similar Funds		e ıf
	the organization answered 'Yes'	to Form 990, Part IV, II	ne 6.		
		(a) Donor advised	d funds	(b) Funds and other acco	ounts
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			·	
_	,			1. 1.	
5	Did the organization inform all donors and do are the organization's property, subject to the	e organization's exclusive lega	al control?	Yes	No No
6	Did the organization inform all grantees, done for charitable purposes and not for the benefimpermissible private benefit?	it of the donor or donor advise	or, or for any other pu	rpose conferring Yes	No
Par	t II Conservation Easements. Comp	plete if the organization	answered 'Yes' to	Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held be	by the organization (check all	that apply).		
	Preservation of land for public use (e.g.,	recreation or education)	Preservation of a	n historically important land a	area
	Protection of natural habitat		Preservation of a	certified historic structure	
	Preservation of open space		_		
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation co	ntribution in the form o	f a conservation easement on the	ne
				Held at the End of th	e Tax Year
i	Total number of conservation easements.			2 a	
ı	Total acreage restricted by conservation ease	ements		2 b	
(	Number of conservation easements on a cert	tified historic structure include	d ın (a)	2 c	
(	Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06,	and not on a historic	2 d	
3	Number of conservation easements modified, tratax year ►	ansferred, released, extinguished	l, or terminated by the d	organization during the	
4	Number of states where property subject to cons	ervation easement is located >			
5	Does the organization have a written policy roand enforcement of the conservation easeme	egarding the periodic monitori	ng, inspection, handli	ng of violations,	□No
6	Staff and volunteer hours devoted to monitoring,		ervation easements duri	ng the year	
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, and enforcing conservat	on easements during th	ne year	
8	Does each conservation easement reported cand section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the	requirements of section	n 170(h)(4)(B)(i) <b>Yes</b>	☐ No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements.	ts conservation easements in its to the organization's financia	revenue and expense s I statements that desc	statement, and balance sheet, a cribes the organization's acco	and ounting for
Pai	t III Organizations Maintaining Collection Complete if the organization and	<b>ections of Art, Historica</b> swered 'Yes' to Form 99	I Treasures, or Of 0, Part IV, line 8.	ther Similar Assets.	
1 8	If the organization elected, as permitted under art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its fina	ield for public exhibition, educati	on, or research in furth	statement and balance shee erance of public service, provide	et works of e,
I	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	er SFAS 116 (ASC 958), to re for public exhibition, education,	port in its revenue sta or research in furtheran	tement and balance sheet wo ce of public service, provide the	orks of art,
	(i) Revenues included in Form 990, Part VIII	I, line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$	
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other sin 5 116 (ASC 958) relating to the	nilar assets for financial	gain, provide the following	
	Revenues included in Form 990, Part VIII, lin			<b>►</b> \$	
	Assets included in Form 990, Part X			<b>▶</b> \$	

hedule D (Form 990) 2012 STEW art III   Organizations Mainta	ining Collectio	ns of Art, Histor	ical Treasures. or	Other Similar As	29406 <b>sets</b> (cont	Pa
3 Using the organization's acquisition				·	<del></del>	
items (check all that apply):	,		or the following that ar	e a significant ase of its	Concellor	
a Public exhibition		<b>d</b> Loan or	exchange programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future gener	ations	_				
Provide a description of the organiz Part XIII			-	, , ,		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or rece han to be maintain	ive donations of art, and as part of the ord	historical treasures, o ianization's collection	r other similar assets	Yes	
art IV Escrow and Custodial Arr reported an amount of	angements. Comp	olete if the organizati			ne 9, or	<u> </u>
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, or	other intermediary for	or contributions or oth	er assets not included	Yes	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and cr	omplete the following	table:		□	Ш.
, , ,			,		Amount	
c Beginning balance				1 c	- Alliount	
d Additions during the year		•	•	1 d	<del> </del>	
e Distributions during the year				<del></del>		
f Ending balance		•	•	1 e		<del>-</del>
• •				_ 1f		
2 a Did the organization include an a		•			Yes	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Checi	k nere if the explantion	on has been provided	in Part XIII		
		<del></del>				
art V Endowment Funds. C						
	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four	years
a Beginning of year balance.	<u> </u>					
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses	<u> </u>					
g End of year balance				<del></del> _		
2 Provide the estimated percentage	e of the current ye	ar end balance (line	1g, column (a)) held a			
<ul> <li>Provide the estimated percentage</li> <li>a Board designated or quasi-endowm</li> </ul>	-	ear end balance (line %	1g, column (a)) held a	as		
	-		1g, column (a)) held a	as.		
a Board designated or quasi-endowm b Permanent endowment ▶	ent ►	<u> </u>	lg, column (a)) held a	as.		
a Board designated or quasi-endown b Permanent endowment ▶ c Temporarily restricted endowmer	ent ► %	* %	1g, column (a)) held a	as.		
a Board designated or quasi-endown b Permanent endowment ▶ c Temporarily restricted endowmer The percentages in lines 2a, 2b,	ent > ht > and 2c should equ	% ual 100%.				
<ul> <li>a Board designated or quasi-endowm</li> <li>b Permanent endowment ►</li> <li>c Temporarily restricted endowmer</li> <li>The percentages in lines 2a, 2b,</li> <li>3 a Are there endowment funds not in t</li> </ul>	ent > ht > and 2c should equ	% ual 100%.				
<ul> <li>a Board designated or quasi-endown</li> <li>b Permanent endowment ►</li> <li>c Temporarily restricted endowmer</li> <li>The percentages in lines 2a, 2b,</li> <li>3 a Are there endowment funds not in torganization by:</li> </ul>	ent > ht > and 2c should equ	% ual 100%.			Ye	S
a Board designated or quasi-endown b Permanent endowment ▶ c Temporarily restricted endowmer The percentages in lines 2a, 2b, 3 a Are there endowment funds not in torganization by: (i) unrelated organizations	ent > ht > and 2c should equ	% ual 100%.			3a(i)	S
a Board designated or quasi-endown b Permanent endowment ▶ c Temporarily restricted endowmer The percentages in lines 2a, 2b, 3 a Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations	ent >	wal 100%. e organization that are	held and administered		3a(i) 3a(ii)	S
a Board designated or quasi-endowm b Permanent endowment ▶ c Temporarily restricted endowmer The percentages in lines 2a, 2b, 3 a Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related organizations	ent >	%  Jal 100%.  e organization that are  .  d as required on Sche	e held and administered		3a(i)	S
a Board designated or quasi-endowm b Permanent endowment ► c Temporarily restricted endowmer The percentages in lines 2a, 2b, 3 a Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of Describe in Part XIII the intended	ent > %  nt > and 2c should equipment he possession of the corganizations listed to uses of the organizations.	%  Jal 100%.  e organization that are  d as required on Schenization's endowment	e held and administered edule R? t funds		3a(i) 3a(ii)	S
a Board designated or quasi-endowm b Permanent endowment ▶ c Temporarily restricted endowmer The percentages in lines 2a, 2b, 3 a Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the Describe in Part XIII the intended art VI Land, Buildings, and	ent    *  and 2c should equipment    briganizations listed duses of the organizations. See the organizations of the organizations.	%  Jal 100%.  e organization that are  d as required on Schenization's endowment  ee Form 990, Part	e held and administered edule R? t funds t X, line 10.	for the	3a(i) 3a(ii) 3b	
a Board designated or quasi-endowm b Permanent endowment ► c Temporarily restricted endowmer The percentages in lines 2a, 2b, 3 a Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of Describe in Part XIII the intended	ent    *  and 2c should equipment    briganizations listed duses of the organizations. See the organizations of the organizations.	%  Jal 100%.  e organization that are  d as required on Schenization's endowment ee Form 990, Part Cost or other basis	e held and administered edule R? t funds t X, line 10. (b) Cost or other	for the . (c) Accumulated	3a(i) 3a(ii)	
a Board designated or quasi-endowm b Permanent endowment ► c Temporarily restricted endowmer The percentages in lines 2a, 2b, 3 a Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the describe in Part XIII the intended art VI Land, Buildings, and Description of property	ent    *  and 2c should equipment    briganizations listed duses of the organizations. See the organizations of the organizations.	%  Jal 100%.  e organization that are  d as required on Schenization's endowment  ee Form 990, Part	edule R? t funds t X, line 10.  (b) Cost or other basis (other)	for the . (c) Accumulated depreciation	3a(i) 3a(ii) 3b	c value
a Board designated or quasi-endowm b Permanent endowment ► c Temporarily restricted endowmen The percentages in lines 2a, 2b, 3 a Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the describe in Part XIII the intended art VI Land, Buildings, and Description of property 1 a Land	ent    *  and 2c should equipment    briganizations listed duses of the organizations. See the organizations of the organizations.	%  Jal 100%.  e organization that are  d as required on Schenization's endowment ee Form 990, Part Cost or other basis	edule R? t funds t X, line 10. (b) Cost or other basis (other)	for the  (c) Accumulated depreciation	3a(i) 3a(ii) 3b (d) Book	value
b Permanent endowment c Temporarily restricted endowmer The percentages in lines 2a, 2b, 3 a Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the describe in Part XIII the intended the art VI Land, Buildings, and Description of property 1 a Land b Buildings	ent    *  and 2c should equipment    briganizations listed duses of the organizations. See the organizations of the organizations.	%  Jal 100%.  e organization that are  d as required on Schenization's endowment ee Form 990, Part Cost or other basis	edule R? t funds t X, line 10.  (b) Cost or other basis (other)	for the . (c) Accumulated depreciation	3a(i) 3a(ii) 3b	value
a Board designated or quasi-endowm b Permanent endowment c Temporarily restricted endowmer The percentages in lines 2a, 2b, 3 a Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the describe in Part XIII the intended art VI Land, Buildings, and Description of property 1 a Land b Buildings c Leasehold improvements.	ent    *  and 2c should equipment    briganizations listed duses of the organizations. See the organizations of the organizations.	%  Jal 100%.  e organization that are  d as required on Schenization's endowment ee Form 990, Part Cost or other basis	edule R? t funds t X, line 10. (b) Cost or other basis (other)	for the  (c) Accumulated depreciation	3a(i) 3a(ii) 3b (d) Book	value
a Board designated or quasi-endowm b Permanent endowment c Temporarily restricted endowmen The percentages in lines 2a, 2b, 3 a Are there endowment funds not in torganization by: (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the describe in Part XIII the intended art VI Land, Buildings, and Description of property 1 a Land b Buildings	ent    *  and 2c should equipment    briganizations listed duses of the organizations. See the organizations of the organizations.	%  Jal 100%.  e organization that are  d as required on Schenization's endowment ee Form 990, Part Cost or other basis	edule R? t funds t X, line 10. (b) Cost or other basis (other)	for the  (c) Accumulated depreciation	3a(i) 3a(ii) 3b (d) Book	value

BAA

Schedule **D** (Form 990) 2012

Part VII	Investments - Other Securities. See	Form 990, Part X,	line 12. N/A	_
•	(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation end-of-year market	on: Cost or et value
(1) Financ	ial derivatives			
(2) Closely	y-held equity interests			
(3) Other				
(A)				
(B)		,		
(C)	<del></del>			
(D)				
(E)				
(F)				
(G)				-
(H)				
(1)				
Total. (Colum	nn (b) must equal Form 990, Part X, column (B) line 12)			f <sub>e</sub>
Part-VIII	Investments - Program Related. See	Form 990, Part X,	line 13. N/A	
	(a) Description of investment type	(b) Book value	(c) Method of valuation	n Cost or
		<u> </u>	end-of-year marke	t value
(1)				
(2)		===		<u> </u>
(3)				<del></del>
(4)	<del></del>			<del></del>
(5)				
(6)				
(7)				
(8)				
(9)				<del></del>
(10)			4	
	nn (b) must equal Form 990, Part X, column (B) line 13)		<u> </u>	
Part.IX.	Other Assets. See Form 990, Part X, 1	ine 15. N/A scription		(b) Book value
(1)	(a) De.	scription		(b) Book value
(2)				
(3)		<del></del> -		
(4)				
(5)				
(6)		-		<del>                                     </del>
(7)				
(8)		· <del>-</del> · · · ·		<del> </del>
(9)				
(10)				
	olumn (b) must equal Form 990, Part X, column (l	B), line 15.)		· · · · · · · · · · · · · · · · · · ·
	Other Liabilities, See Form 990, Part			<del></del>
1741677498	(a) Description of liability	(b) Book value	PORTO TONE WAS ARRESTED AND THE PARTY OF THE	
(1) Fede	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	<del></del>			
(9)				
(10)				
(11)				1000 1000 1000 1000 1000 1000 1000 100
	nn (b) must equal Form 990, Part X, column (B) line 25)	<b>•</b>		
. 5	(-) (D) mic 20)			

Schedule D (Form 990) 2012 STEWARDSHIP ENDOWMENT FUND	36-4629406 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return N/A
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:	
a Net unrealized gains on investments	· .
b Donated services and use of facilities . 2 b	5.
c Recoveries of prior year grants . 2c	<del></del>
d Other (Describe in Part XIII )	
e Add lines 2a through 2d .	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b.	
b Other (Describe in Part XIII )	
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return N/A
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	
b Prior year adjustments 2b	<del> </del>
c Other losses 2c	<del> ,</del>
d Other (Describe in Part XIII.) . 2d	<del></del>
e Add lines 2a through 2d	2 e
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.	
b Other (Describe in Part XIII )	
c Add lines <b>4a</b> and <b>4b</b>	4 c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Paline 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide	art IV, lines 1b and 2b, Part V, e any additional information
Part X - FIN 48 Footnote	
The Organization is exempt from income taxes under Internal Revenue	ue Code Section
501(c)(3) and applicable Arizona Statutes. Therefore, no provision	on or liability for
income taxes has been included in the financial statements. There	e was no unrelated
business income for the year. Contributions to the Organization	are tax deductible
within the limitations described by the Code.	
	·
The Organization has adopted the provisions of FASB ASC Topic 740,	
BAA	Schedule <b>D</b> (Form 990) 2012

Schedule D (Form 990) 2012 STEWARDSHIP ENDOWMENT FUND  Part XIII   Supplemental Information (continued)	36-4629406	Page <b>5</b>
Part X - FIN 48 Footnote (continued)		
Income Taxes. This standard clarifies the accounting for un	certainty in income t	axes
recognized in an entity's financial statements and prescrib	es_a_recognition	
threshold for the financial statement recognition of tax po	sitions taken or expe	cted
to be taken on a tax return that are not certain to be real	ized. The implementa	tion
of this standard had no impact on the Organization's financ	ial_statements.	<b>-</b>
		- <del>-</del>
The Organization's income tax returns are subject to review	and examination by	
federal and state authorities. The tax returns for the yea	r ended June 30, 2012	
the six months ended June 30, 2011 and for the years ended	December 2009 to 2011	are
open to examination by federal authorities and for the year	ended June 30, 2012,	the
six months ended June 30, 2011 and for the years ended Dece	mber 2008 to 2020 by	
state_authorities		
		<b>-</b> -

### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

Employer identification numbe

Department of the Treasury Internal Revenue Service Name of the organization

36-4629406 STEWARDSHIP ENDOWMENT FUND Form 990, Part VI, Line 11b - Form 990 Review Process The Board of Directors reviews the Form 990 before it is signed and submitted to the IRS. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts The Board of Directors complete a conflict of interest form each year. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available Governing documents, policies and financial statements are available upon request.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

STEWARDSHIP ENDOWMENT FUND

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. ► See separate instructions.

**<u>Parkil</u>** Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.)

OMB No 1545-0047

2012

Topen (6 Public Inspection Employer identification number

36-4629406

(a)	4	77	L	3	(9)	6
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	ty Legal domicile (state or foreign country)		Total income	End-of-year assets	Direct controlling entity
(1) 7601_E. Shea_Blvd., LLC						
7601 E. Shea Blvd.	Own real and	and				Stewardship
Scottsdale, AZ 85260	] personal					Endowment
	property	,	AZ	120,054.	22,735,506.	Fund, Inc.
(2) Shea_Chapel,_LLC	,					
7601 E. Shea Blvd.	Own real and	and				Stewardship
Scottsdale,_AZ_85260	] personal					Endowment
	property		AZ	24,004.	5,737,119.	Fund, Inc.
<u>(6)</u>	<del></del>					
	<del>-</del>					
	!	-	_			
Randing Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during	ations (Complete of the during the tax year.)	the organization	answered 'Yes	to Form 990	(Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had the tax year.)	ecause it had
(e)		(3)	5	(9)	$\vdash$	
Name, address, and ElN of related organization	ctivity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	(3)) Direct controlling entity	Sec 512(b)(13) controlled entity?
						Yes

ž

×

N/A

501(c)(3)

AZ

Church

(1) Scottsdale Bible Church 7601 E. Shea Blvd. - Scottsdale, AZ - - - - - 86-0179808

**|&**|

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

**€**¦

TEEA5001L 12/28/12

Schedule **R** (Form 990) 2012

Schedule R (Form 990) 2012 STEWARDSHIP ENDOWMENT FUND

Page 2-**Paritimal 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	income elated, im tax ions	(f) Share of total income	(g) Share of end-of-year assets		(h) ropor- nate ations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	r Percentage ownership
(n)									<b>↓</b>			
												_
(Z)												
(3)					:							
Parally   Identification o	<b>Identification of Related Organizations Taxable as a Corporation or Trust</b> (Complete if the organization answ line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	izations ore relat	<b>Taxable as</b> ed organiz	a Corporatic	on or Tr dasac	<b>s a Corporation or Trust</b> (Complete if the organization answered 'Yes' to Form 990, Part IV, zations treated as a corporation or trust during the tax year.)	If the orga trust during	inization the tax	answer /ear.)	ed 'Yes' to F	orm 990,	⊃art IV,
(a) Name, address, and EIN of related organization	of related organizatio		(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity		Type of entity (C corp, S corp, to	(f) Share of total income		Share of end-of- year assets	Percentage ownership	(i) Sec 512(b)(13) controlled entity?
		_		coding)	5		(rep.					Yes No
( <u>(</u> )	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del> </del>				_					_	
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		<del> -</del>										
ВАА				TEE	TEEA5002L 12/28/12	28/12			!	S	hedule R (For	Schedule R (Form 990) 2012

**Rankw** Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed in Parts II-IV?		1000	1000	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 b	×	
c Gift, grant, or capital contribution from related organization(s)		•	10		×
d Loans or loan guarantees to or for related organization(s)			10		×
e Loans or loan guarantees by related organization(s)			1e		×
				を一種では	# 21 1
f Dividends from related organization(s)			11	(	×
g Sale of assets to related organization(s)			19		×
h Purchase of assets from related organization(s)			٦.		∣≍
i Exchange of assets with related organization(s)			:-		×
j Lease of facilities, equipment, or other assets to related organization(s)			1j	×	Ì
			<b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.0 2.4
k Lease of facilities, equipment, or other assets from related organization(s)			1 *	_	×
I Performance of services or membership or fundraising solicitations for related organization(s)			=		∣×
m Performance of services or membership or fundraising solicitations by related organization(s)			=		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			-	×	İ
o Sharing of paid employees with related organization(s)			10	×	İ
			453	351	
p Reimbursement paid to related organization(s) for expenses			1p		į×
<b>q</b> Reimbursement paid by related organization(s) for expenses			-		×
			The state of the s	ig i	
r Other transfer of cash or property to related organization(s).			1.	1	×
S			18		×
2 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	relationships and tran	saction thresholds			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	determini Involved	i ii
(1) Scottsdale Bible Church	Q	180,000.	Fair va	value	
(2) Scottsdale Bible Church	ָר <u></u>	144,000.	Fair va	value	
(3)				;	
(4)					İ
6					}
(9)					
<b>BAA</b> TEEA5003L 12/28/12		Schedu	Schedule R (Form 990) 2012	990) 20	12

Page 4 36-4629406

STEWARDSHIP ENDOWMENT FUND

Schedule R (Form 990) 2012

Rankwill Unrelated Organizations Taxable as a Partnership (Complete of 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

		6			- 4					1
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, unrelated, front fro	(e) Are all partners section 501(c)(3) organizations?	srs Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	(k) Percentage g ownership
			section 512-514)	Yes No	1.		Yes No	(6001) 11110 -	Yes No	
(I)										
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(2)										
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(3)										
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ВАА			1	TEEA5004L 12/28/12	8/12			Schedule	e R (Form	Schedule R (Form 990) 2012

## Form **8868** (Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

	e filing for an Automatic 3-Month Extension, com					<u> </u>		
·=	e filing for an Additional (Not Automatic) 3-Month			•				
	<b>plete Part II unless</b> you have already been granted		· · · · · · · · · · · · · · · · · · ·					
corporation request an e Associated \	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in FWHT Certain Personal Benefit Contracts, which miling of this form, visit www.irs.gov/efile and click o	automatic) 3 Part I or Part ust be sent t	B-month extension of time. You can electi t II with the exception of Form 8870, Infor o the IRS in paper format (see instruction	onicall mation	y file Form 8868 Return for Trai	nsfers		
Part I	Automatic 3-Month Extension of Time.	Only subm	it original (no copies needed).					
A corporation	on required to file Form 990-T and requesting an a	utomatic 6-n	nonth extension - check this box and co	nplete	Part I only	. ►□		
All other col income tax	rporations (including 1120-C filers), partnerships, l returns.	REMICs, and						
	Name of exempt organization or other filer, see instructions.		Enter filer's identify		er identification num			
Type or				Linploy	a lecharcettor ran	ibbi (Elity of		
print	CHEMY DOCUTO ENDOPMENT EIND			26.4	(00406			
	STEWARDSHIP ENDOWMENT FUND Number, street, and room or suite number if a P.O. box, see	instructions			629406 ocial security number	r (SSN)		
File by the due date for								
filing your return See	ing your 7601 E. Shea Boulevard							
instructions.								
	15COLLSdale, AZ 65200							
Enter the R	eturn code for the return that this application is for	r (file a sepa	rate application for each return)			01		
Application ls For		Return Code	Application Is For		-	Return Code		
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-E	3L	02	Form 1041-A			08		
Form 4720	(individual)	03	Form 4720			09		
Form 990-F	PF	04	Form 5227			10		
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T	(trust other than above)	06	Form 8870			12		
Telepho If the o If this is check to the extended	oks are in the care of Scottsdale Bible one No. 480-524-7200 rganization does not have an office or place of bu s for a Group Return, enter the organization's four this box If it is for part of the group, ension is for.  uest an automatic 3-month (6 months for a corporation)	FAX Notes in the digit Group check this be	o. ► United States, check this box Exemption Number (GEN) If ox ► and attach a list with the nai	this is	of the whole of all m	► [] group, nembers		
until The e ► [	-	anization re	turn for the organization named above.			-		
2 If the	tax year entered in line 1 is for less than 12 mon Change in accounting period			nal retu	ırn			
3 a If this	s application is for Form 990-BL, 990-PF, 990-T, 4 efundable credits. See instructions	720, or 6069	, enter the tentative tax, less any	3 a	\$	0.		
b If this payn	s application is for Form 990-PF, 990-T, 4720, or 6 nents made. Include any prior year overpayment a	6069, enter a illowed as a	ny refundable credits and estimated tax credit	3 ь	\$	0.		
EFTE	nce due. Subtract line 3b from line 3a. Include you PS (Electronic Federal Tax Payment System). See	instruction:	S	3 с		0.		
Caution. If	f you are going to make an electronic fund withdra	wal with this	Form 8868, see Form 8453-EO and Form	n 8879.	-EO for			