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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u> F	or the	2013 calendar year, or tax year beginning and	ending	_	
В	heck if pplicabl	C Name of organization		D Employer identific	cation number
Г	Addre	THE SHEDRY DAR FOUNDATION			
7	Name			1 20-6	321087
\vdash	□Initial		Room/suite		
7	Termir	1		•	
	Amen			<u> </u>	
THE SHEDRY DAR FOUNDATION Market Dong Business As Number and street (or P.0. box if mail is not delivered to street address) Room/suite Telephone number 1223 S. CLEARVIEW AVE. 105 489-222-5800					
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Chame of organization Demployer identification number Demployer iden					
1.7				-	
			<u>v v.</u> .	7	
			I Year		
			1 = 1,4		
			ORTED	THE CHURCH	OF JESUS
ıçe,		·			
٦	ı		sed of more	e than 25% of its net as	sets.
Ve				I _ I	5
ğ	i .			 	3
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itie	ŀ				5
cţ;		•		7a	1.
ຼ∢	I			7b	0.
;—				Prior Year	Current Year
رة م	8	Contributions and grants (Part VIII, line 1h)		0.	0.
ž	ı			0.	0.
Ş	1			34.	1.
α	l			0.	0.
	l			34.	1.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,500.	12,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ç	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,000.
	18	Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25)			14,500.
	19	Revenue less expenses Subtract line 18 from line 12		-12,466.	<u>-14,499.</u>
s or		A go free	<u>B</u> (
set	20	Total assets (Part X, line 16)	<u> </u>	15,882.	<u>1,383.</u>
age and a second	21	Total liabilities (Part X, fine 26)	.		0.
_		14ct assets of fund balances Subtract into 21 hour injured to the subtract into 21 hour injured.		15,882.	<u>1,383.</u>
					
					y knowledge and belief, it is
true	, correc	t, and complete. Declaration of pregarer (other than officer) is based on all information of wi	hich prepare	r has any knowledge.	
		Schoolington		11/12/19	
Sig	n			Date	
Her	е				
				Data Tohur F	T DTIN
n . •		** * *	- 1	i	一 ∣
				Firm's EIN	00-0/51928
use	Only	Firm's address 1222 E. BASELINE ROAD, SUITE 20	U	Diam / 4	00/ 021 0500
_	. Ab - **	TEMPE, AZ 85283		Phone no. (4	80) 831-9500
<u>ıvıa</u>	/ the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2013) THE SHEDRY DAR FOUNDATION	20-6321087	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission:		
	THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO SUPPORT	AND BENEFIT,	
	PRIMARILY THROUGH GRANTS, THE CHURCH OF JESUS CHRIST OF	F LATTER-DAY	
	SAINTS (HERE-AFTER "THE CHURCH"), ITS AFFILIATED CHARL	TABLE RELIGIO	US,
	AND EDUCATIONAL ORGANIZATIONS, AND OTHER RELIGIOUS, ED		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses	1
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 12,500 · including grants of \$ 12,500 ·) (Rev	ronue \$	<u> </u>
40	IN ACCORDANCE WITH THIS SUPPORTING ORGANIZATION'S PRIM		
	PURPOSE, IT SUPPORTED THE CHURCH OF JESUS CHRIST OF LA		mς
	IN RESPONSE TO NEEDS IDENTIFIED BY THE CHURCH AND COMM		
	SUPPORT ORGANIZATION.	UNICATED TO T	1112
	SUPPORT ORGANIZATION.		
			
		 .	
4b	(Code) (Expenses \$) (Rev	enue \$)
4c	(Code) (Expenses \$	renue \$)

	_		
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 12,500.		00 (0-11)
33200	2	Form 9	90 (2013)

Form 990 (2013) THE SHEDRY DAR FOUNDATION
Part IV Checklist of Required Schedules

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 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 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 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 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 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 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 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				Yes	No
If "Yes," complete Schedule A 2 X X 2 X X 3 Del the organization engured to complete Schedule B, Schedule of Contributors* 3 Del 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 X X Section 501(g)(s) organizations. Del the organization engage in lobbying activities, or have a section 501(g) election in effect during the tax year? If "Yes," complete Schedule C, Part II X X Section 501(g)(s) organizations. Del the organization assection 501(g)(s) 501(g)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III S Did the organization reserve in orbid a conservation dos or any similar finds or accounts for which dinors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dinors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dinors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dinors have the right to provide advice on the distribution or investment or amounts or total accounts and the environment, historic than the right of the complete Schedule D, Part II S Did the organization report an amount in Part X, line 10" ("Yes," complete Schedule D, Part IV Did the organization in amount for intrough a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quase-endowments? If "Yes," complete Schedule D, Part VI Did the organization in amount for investments - program related in Part X, line 10" ("Yes," complete Schedule D, Part VI Did the organization report an amount for investments - program related in Part X, line 10" ("Yes," complete Schedule D, Part X Did the organization seport an amount for other labities i	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	140
2 Is the organization required to complete Schedule (5, Schedule of Contributors) 2 Did the organization engage in interest or indirect optical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule (2, Part I down of the organization school of the organization engage in lobbying activities, or have a section 501(6) election in effect during the tax year? If "Yes," complete Schedule (2, Part II) 5 Is the organization as obtained in a section 501(6)(4), 501(6)(5), or 501(6)(8) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 9417 If "Yes," complete Schedule (2, Part III) 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule (2, Part III) 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule (2, Part II) 8 Did the organization maintain collections of works of art, instoncial treasures, or other aminar assets If "Yes," complete Schedule (2, Part III) 9 Did the organization maintain collections of works of art, instoncial treasures, or other aminar assets If "Yes," complete Schedule (2, Part III) 10 Did the organization report an amount to Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not lated in Part X in end (2) the organization, decidity or through a related organization in dia assets in temporarily restricted endowments, permanent endowments, or quase endowments? If "Yes," complete Schedule D, Part V III III the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part X V, III III the organization is apport an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X V, III III X X 110 Did the organization apport an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, li	•		1	x	ĺ
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4 Section SO1(c)(3) or opanizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II S 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 D dit the organization market any donor advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II D dit the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II D dit the organization market no collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II D dit the organization and the Part X, Irine 21, for escrive 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 II D dit the organization, directly or through a related organization, hold assets in temporanty restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part IV I dit the organization sanswer to any of the following questions is 'Yes,' then complete Schedule D, Part VI, I VII, VII, IV, IV, X, X as applicable. D dit the organization report an amount for revistments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI I D dit the organization report an amount for experiments - other securities in Part X, line 12 fit yes,' complete Schedule D, Part X I D dit the organization report an amount for winemarks - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 15? If 'Yes,' complete Schedule D, Part X I D d the organization report an amount for othe	•		3		x
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6 but the organization maintain any donor advised funds or any similar funds or accounts? If "Yes, "complete Schedule D, Part II 7 but 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 8 but the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 but 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 10 but 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 as yet to any of the following questions is "Yes,", then complete Schedule D, Part V 12 as applicable. But the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 but 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 15? If "Yes," complete Schedule D, Part V 11 but the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part V 11 but 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 15? If "Yes," complete Schedule D, Part X 11 but 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 15? If "Yes, complete Schedule D, Part X 11 but the organization report an amount for other	•	-	5		x
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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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part SVI, VIII, VIII, IX, or X as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VII 11 In X 11b X 2 In the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII 11b X 2 In 10 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 VII 11b X 2 In 10 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 In 11d X 2 In 11d X 2 In 11d X 3 In 12d X In 12	-	- · · · · · · · · · · · · · · · · · · ·	8		х
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14a			12b		
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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 12 to 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 attach a copy of its audited financial statements to this return?	13	•	13		
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20-				
		- · ·			- 41
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Form 990 (2013) THE SHEDRY DAR FOUNDATION

[Part IV | Checklist of Required Schedules (continued)

			Yes	<u>No</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or 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? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	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			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			!
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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		<u>X</u>
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			4.5
	If "Yes," complete Schedule N, Part I	31		<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	000		v
00	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		X
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34	X	
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Λ	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		- 42
b	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?	355		
<i></i> -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
J .	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?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	<u> </u>			(2013)
			,	. ,

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 0 1a Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 1b c 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 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 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)? X 4a **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? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c 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 any contributions that were not tax deductible as charitable contributions? X 6a 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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year e 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 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? X 8 Sponsoring organizations maintaining donor advised funds. a 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: a 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 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Form 990 (2013)

Form 990 (2013) THE SHEDRY DAR FOUNDATION 20-6321087 Page 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 or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			 ,
	If there are material differences in voting rights among members of the governing body, or if the governing		1.1	`,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			٠.
b	Enter the number of voting members included in line 1a, above, who are independent			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		. ,	/
_	officer, director, trustee, or key employee?	2	\mathbf{x}	•
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	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			-41
, u	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.	** (4)	~ ~
а	The governing body?	8a	_X	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, 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	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	, and the state of		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,,,,	(, ,	743
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	.	X
14	Did the organization have a written document retention and destruction policy?	14		X_
15	Did the process for determining compensation of the following persons include a review and approval by independent	, ,	,	:
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	ķ ,	121
а	The organization's CEO, Executive Director, or top management official	15a	ļ	MI
b	Other officers or key employees of the organization	15b	 	L N
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	,	`	12%
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			l `
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		Ь
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availat	ole	
	for public inspection. Indicate how you made these available Check all that apply.			
40	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	o tina	ncial	
20	statements available to the public during the tax year.	t.or. •		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza BRENT A. BOWDEN, TRUSTEE - 480-222-5800	uon;	_	
	1223 S. CLEARVIEW AVE., SUITE 105, MESA, AZ 85209		_	
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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 or note to any line 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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W 2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			_ (0)			(D)	(E)	(F)
Name and Title	Average	//		Posi	tion	than	•••	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson	ıs bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	d a d	recto	or/trus	tee)	from	from related	other
	(list any	흥						the	organizations	compensation
	hours for	를	١.,			물		organization	(W-2/1099-MISC)	from the
	related	ig i	uste	1		25		(W-2/1099-MISC)		organization
	organizations	1 5	튵	1	loyee	E .				and related
	below	individual trustee or director	Institutional trustee	Je:	emb	lost of	Former			organizations
	line)	를	<u>E</u>	Officer	Xe	Highest compensated employee	ē			
(1) ELIJAH T. CARDON	0.00]								
TRUSTEE		X						0.	0.	0 .
(2) BRENT A. BOWDEN	0.00									
TRUSTEE		X						0.	0.	0
(3) GLENN MCKAY	0.00]								
TRUSTEE		X						0.	0.	0
(4) DALE R. JONES	0.00									
TRUSTEE		X						0.	0.	0
(5) RUSTY BOWERS	0.00									
TRUSTEE		X						0.	0.	0
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(A)	(B)	picy	ees		<u>и пі</u> С)	gne	<u>st C</u>	(D)	(E)	T		(F)	_
Name and title	Average			Pos	rtion			Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	ı	an	nount	of
•	l week	\vdash	eran	aaa	recit	or/trus	100)	from the	from related organizations		com	other pensa	ition
	hours for	rdirec				2		organization	(W-2/1099-MIS			om th	
	related	stee o	ruste			pensat		(W-2/1099-MISC)			-	anızat	
	organizations below	Individual trustee or director	Institutional trustee		ploye	st com	_			ŀ		d relat anizatı	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Forme				o.g.	a, neuti	
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	-					\vdash							
						 							
						-							
1b Sub-total	1					<u> </u>		0.		0.			0.
c Total from continuation sheets to Part V	II. Section A		•					Ŏ.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wl	no r	eceived more than \$100	,000 of reportable	Э			_
compensation from the organization												Yes	0 No
3 Did the organization list any former officer,	director or tri	ıster	e ke	v er	nolo	ovee	or	highest compensated e	mplovee on	ſ		163	140
line 1a? If "Yes," complete Schedule J for s			-,	,		.,	,	g		Į	3		Х
4 For any individual listed on line 1a, is the su	•							•	the organization				
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corr							elat	ed organization or indiv	idual for services		5		х
Section B. Independent Contractors	ipiete ochedur	<u> </u>	01 30	2011	pers	3011			- ·				_21
1 Complete this table for your five highest co										pensa	ation 1	rom	
the organization. Report compensation for	the calendar y	ear	<u>endı</u>	ng v	vith	or w	<u>ıthır</u>		year				
(A) Name and business	address	N	INC	<u> </u>				(B) Description of s	services	С) ompe	c) nsatio	ก
						-							
							_		-				
							_						
Total number of independent contractors (in \$100,000 of compensation from the organical contractors).	•	ot III	mite	d to		se li 0	stec	d above) who received n	nore than				

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Total revenue exercision of the control of the cont			Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
a Federated campagins b Membership dues that design organizations c Fundraising events d Related organizations c Government grants (contributions) f All other contributions, grits, grants, and small amounts and included above c Service organizations f All other contributions related to these to if 8 h Total. Add lines 1a-11 Business Code 2 a Service organizations d All none from grants evice revenue a Total. Add lines 2a-21 3 Investment income (noticiting dividends, interest, and other small amounts) 4 Income from investment of tax exempt bond proceeds 5 Royalties 6 Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net grant around a loss of (loss) d Net grant						(A)	Related or exempt function	Unrelated business	I from tax under
Business Code 2 a	ts st	1 a	Federated campaigns	1a		<u>-</u>			1
Business Code 2 a	ira		· -	1b					
Business Code 2 a	S,E		•						
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2 a b d d d d d d d d d d d d d d d d d d	<u>පි දි</u>								
Total, Add lines 2a21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) d Net gain or (loss) b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions.			•		Business Code				
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(i) Personal (ii) Personal (iii) P		4	Income from investment of tax	x-exempt bond p	proceeds 🕨				
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contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions.		8 a		•					
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12 Total revenue See instructions. 1. 0. 1. 0.		d				· -			
					▶				
	33200		lotal revenue. See instructions.		P		U .	1.	

	rt IX Statement of Functional Expense	DAR FOUNDATIO	JN	20-6	32108/ Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	molete column (A)	 -
	Check if Schedule O contains a respon			mpioto odiamin (i y.	
	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		0,00,000	gonoral organisas	0.40000
	organizations in the United States. See Part IV, line 21	12,500.	12,500.		
2	Grants and other assistance to individuals in		-		
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits Payroll taxes				
10 11	Fees for services (non-employees):				
	Management				
b	Legal				
c	Accounting	2,000.		2,000.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	-			
19 20	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					<u>-</u>
b					
C					
d	All Ale				
	All other expenses	14 500	12,500.	2 000	
25 26	Joint costs. Complete this line only if the organization	14,500.	14,500.	2,000.	0.
26	reported in column (B) joint costs from a combined				

Check here

11411020 757451 SHEDD

ıt following SOP 98-2 (ASC 958-720)

educational campaign and fundraising solicitation.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 332. 332. 1 Cash - non-interest-bearing 15,550. 051 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10b b Less: accumulated depreciation 10c Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 15,882 383 Total assets, Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 Temporanly restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0. 30 Capital stock or trust principal, or current funds 30 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 15,882. ,383. Retained earnings, endowment, accumulated income, or other funds 32

Form 990 (2013)

1,383.

,383.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

15,882.

15,882

33

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, Form	1 990 (2013) THE SHEDRY DAR FOUNDATION	20-632	1087	Pag	_{je} 12
Total revenue (must equal Part XIII, column (A), line 12)	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 -14, 499. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Financial Statements and Reporting 12 Check if Schedule O contains a response or note to any line in this Part XII 13 Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vert schedule O contains a response or note to any line in this Part XII 11 Financial Statements and Reporting 12 Check if Schedule O contains a response or note to any line in this Part XII 13 Accounting method used to prepare the Form 990		•				
Revenue less expenses Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>1.</u>
4	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gams (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 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)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	3	Revenue less expenses Subtract line 2 from line 1	3	-14	, 49	<u>99.</u>
6 Donated services and use of facilities 7 Investment expenses 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 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 1,383. Part XIII Financial Statements and Reporting The Check if Schedule O contains a response or note to any line in this Part XII Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 15</u>	, 81	<u>82.</u>
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	5	Net unrealized gains (losses) on investments	5		_	
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII The Accounting method used to prepare the Form 990	7	Investment expenses	7			
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990	8	Prior period adjustments	8			
Column (B) To 1,383.	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII			10	1	.,38	83.
Accounting method used to prepare the Form 990	Pa	rt XII Financial Statements and Reporting				
Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII	· ·			
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	1	Accounting method used to prepare the Form 990 Cash X Accrual Other		<u> </u>	Yes	<u>No</u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	b	Were the organization's financial statements audited by an independent accountant?		2b		X
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b						
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	·	· · · · · · · · · · · · · · · · · · ·	c audit,	20		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			edule O	20		
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3a X 3b	32					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	Jd	· · · · · · · · · · · · · · · · · · ·	igio Addit	32		x
or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	.	·	ired sudit	Ja	+	
	D		nou audit	3h		
		or additio, explain with in controduce of and describe any steps taken to directly such addits			90 c	2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

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▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization THE SHEDRY DAR FOUNDATION 20-6321087 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 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. a X Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) la	organization sted in your document?	organiza	u notify the tion in col. r support?	(vi) Is organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	1
THE CHURCH									
OF JESUS CHR	23-7300205	1	X		Х		X		12,500.
					•				
				.		ļ			
				<u> </u>		<u> </u>			
							 		
Total 1									12,500.

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

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s).

Schedule A (Form 990 or 990-EZ) 2013

11g(ii)

11g(ni)

332021 09-25-13

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

SE	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")			<u> </u>	<u></u>		
2	Tax revenues levied for the organ-					l	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				<u> </u>		
4	Total. Add lines 1 through 3			ļ	ļ		
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)			 	 	 	
	Public support. Subtract line 5 from line 4 ction B. Total Support	L	l	<u> </u>	<u> </u>	1	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	(a) 2009	(0) 2010	(0) 2011	(0) 2012	(e) 2013	(1) 10tai
8	Gross income from interest,			 			
0	dividends, payments received on						
	securities loans, rents, royalties		ļ 1				
	and income from similar sources						
9	Net income from unrelated business			 - · · · · · · · · · · · · · · · · · · 			
3	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						-
	Gross receipts from related activities,	etc (see instructi	ons)	1	I	12	<u>.</u>
	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth t	ax vear as a section		
	organization, check this box and stop	-		,			▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	
16a	33 1/3% support test - 2013. If the o	organization did no	ot check the box	on line 13, and line	14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
Ł	33 1/3% support test - 2012. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organi	zation			▶∟
17a	10% -facts-and-circumstances tes	-					•
	and if the organization meets the "fac		•	•		art IV how the organ	nization
	meets the "facts-and-circumstances"	•	•	. ,	•		▶∟
t	10% -facts-and-circumstances tes	•				•	
	more, and if the organization meets the				•		9
	organization meets the "facts-and-circ		-	· ·		••	▶ _
	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,	_			1	_	
	merchandise sold or services per-						1
	formed, or facilities furnished in	1				1	1
	any activity that is related to the organization's tax-exempt purpose	I				1	
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-	I		}			
	iness under section 513	1					ļ
4	Tax revenues levied for the organ-				 		-
7	ization's benefit and either paid to	1					
	or expended on its behalf	1					
5	The value of services or facilities						
Э	furnished by a governmental unit to	I					
	the organization without charge	I					
_	•			-	 	- 	-
	Total. Add lines 1 through 5					 	
<i>1</i> a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received			1		 	
L	from other than disqualified persons that	1	1				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			 			-
	Add lines 7a and 7b		-				
	Public support (Subtract line 7c from line 6)			İ			<u>l</u>
	tion B. Total Support		T	T	T	T	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Amounts from line 6	 			 		-
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	<u> </u>					
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	I					
	acquired after June 30, 1975	<u> </u>					
_	Add lines 10a and 10b	 				_	
11	Net income from unrelated business activities not included in line 10b.	İ					
	whether or not the business is	I					i
	regularly carried on	<u> </u>					
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)	L	<u></u>				
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) orga	nization,
	check this box and stop here		<u>-</u>			<u> </u>	
<u>Sec</u>	tion C. Computation of Publ	<u>ic Support Pe</u>	rcentage			·····	
	Public support percentage for 2013 (I		•	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box as	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
b	33 1/3% support tests - 2012. If the		_				, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	nstructions .	>
	22 00 25 12				_		000 or 000 E7\ 2013

irt IV	(Form 990 or 990-EZ) 2013 THE SHEDRY DAR F Supplemental Information. Provide the explanation	ns required by Part II. line 10: Pa	
	Also complete this part for any additional information. (See	instructions)	,
	Also complete this part for any additional information. (See	manuctiona).	-
			
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No 1545-0047	2013
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Open to Public Inspection

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization	NOTHERUMINA GEO VOCANS	NOTHACIN					Employer identification number
	and Assistance	NOT TURN					/001760-02
1 Does the organization maintain records to substantiate the amount of	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for moni	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Com	Governments an	d Organizations in the	e United States. C	complete if the organised	anization answered "Y	ions in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ed if additional space is needed	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHURCH OF JESUS CHRIST OF							
LATTER DAY SAINTS - 50 E. NORTH TEMPLE ST. FL. 15 - SALT LAKE							TO ASSIST ORGANIZATION
CITY, UT 84150	23-7300205	501 (C)(3)	12,500.	0	FMV-CASH GIVEN		FISCALLY
	and government or	lons	isted in the line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table	****				A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule 1 (Form 990) (2013)

Page 2. Schedule I (Form 990) (2013) (f) Description of non-cash assistance 20-6321087 (e) Method of valuation (book, FMV, appraisal, other) 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 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance 18 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 332102 10-29-13 Part IV Part III

THE SHEDRY DAR FOUNDATION

Schedule I (Form 990) (2013)

SCHEDULE 0 (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.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

332211 09-04-13

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

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization THE SHEDRY DAR FOUNDATION	Employer identification number 20-6321087
GOVERNING BODY FOR THEIR REVIEW. ANY COMMENTS OR QUESTION	NS WILL BE
ADDRESSED PRIOR TO FILING THE FORM.	
FORM 990, PART VI, SECTION B, LINE 12C:	
PER THE CONFLICTS OF INTEREST POLICY, ALL TRUSTEES ARE	
REQUIRED TO DISCLOSE ANY CONFLICTS IN CONNECTION WITH ANY	TRANSACTIONS
APPROVED BY THE BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION COMPLIES WITH THE LEGAL REQUIREMENTS TO PRODUCTION OF THE PROPERTY OF THE PROPE	OVIDE
COPIES OF THE ANNUAL TAX RETURNS AND THE APPLICATION FOR	EXEMPTION, BY
RETAINING THESE DOCUMENTS AND PROVIDING COPIES TO THE PUB	LIC UPON REQUEST.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTOR	ORS, ETC:
GLENN MCKAY - 50 E. NORTH TEMPLE 12TH FLR, SALT LAKE CITY	, UT 84150
DALE R. JONES - 50 E. NORTH TEMPLE 22ND FLR, SALT LAKE CI	ry, ur 84150
RUSTY BOWERS - 1525 S. GREENFIELD ROAD, MESA, AZ 85206	
FORM 990, PART VII, LINE 4	
THE FOUNDATION DOES NOT HAVE ACCESS TO COMPENSATION	
INFORMATION REGARDING CHURCH-APPOINTED TRUSTEES, BUT SUCH	TRUSTEES ARE
NOT COMPENSATED BY THE FOUNDATION FOR THEIR TRUSTEE SERVI	CE.
FORM 990, PART VI, SECTION C, LINE 15A AND 15B	
THERE IS NO COMPENSATION PAID TO ANY PERSONS IN THE	
ORGANIZATION.	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Attach to Form 990.

Pinformation about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public · . fuspection

Employer identification number

20-6321087 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 THE SHEDRY DAR FOUNDATION Part

	foreign country)	End-of-year assets	Direct controlling entity
Part II organizations during the tax year.	990, Part IV, line 34 because	e it had one or more rel	ated tax-exempt

Exempt Code Public charity Direct controlling section status (if section 501(c)(3)) 501(c) (3) LINE 1		(a)	(0)	(p)	(e)	(5)	(6)
501(C)(3) LINE 1	Primary activity	<u></u>	Legal domicile (state or foreign country)		Public charity status (if section		Saction 512(b)(13) controlled entity?
501(C)(3)			; }		501(c)(3))		Yes
501(C)(3)							
501(C)(3)					_		
	CHURCH			501(C)(3)	LINE 1		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2013

THE SHEDRY DAR FOUNDATION

Schedule R (Form 990) 2013

Page 2.

20-6321087

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

(K)	General or Percentage managing ownership											-	
	P & P												
6	aging aging tner?	Yes No			_			L		 			
_	Gene	Kes			╛					 			
Ξ	Code V-UBI amount in box	K-1 (Form 1065)											
	onate s?	Ŷ.											3
Ξ	Disproportionate allocations?	Yes			1			\dagger					
(6)	Share of end-of-year	doodlo	-										000
Œ	Share of total income												
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)				 -							7 T T T T T T T T T T T T T T T T T T T
(g)	Direct controlling entity												:
(c)	Legal domicile (state or	foreign country)											(
(q)	Primary activity												
(a)	Name, address, and EIN of related organization												

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

					9		1."	5	
(a)	(<u>a</u>)	<u>©</u>	6	(e)		6	Ξ	=	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	- (i)
		country)		(icali)		doodlo		Yes	2
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Schedule R (Form 990) 2013 THE SHEDRY DAR FOUNDATION

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				. [Yes	윋
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?	s with one or more re	ated organizations listed	ın Parts II-IV?		1	-
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				a	.	×
 Gift, grant, or capital contribution to related organization(s) 				4	×	
c Gift, grant, or capital contribution from related organization(s)				1		×
d Loans or loan quarantees to or for related organization(s)				- -		×
				1	 	×
				2		1
f Dividends from related organization(s)				+	_	×
q Sale of assets to related organization(s)				19		×
				ŧ		×
				;=		×
j Lease of facilities, equipment, or other assets to related organization(s)				į.		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
	ınızatıon(s)			1		×
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n		×
o Sharing of paid employees with related organization(s)				10		×
					-	;
p Reimbursement paid to related organization(s) for expenses				<u>م</u>	Ì	⊲ ≀
q Reimbursement paid by related organization(s) for expenses				5		×
r Other transfer of cash or property to related organization(s)				-		×
s Other transfer of cash or property from related organization(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	who must complete the	is line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
THE CHURCH OF JESUS CHRIST OF LATTER DAY (1) SAINTS	Д	12,500.CASH	CASH			
(2)		•				
(3)						
(4)						
(5)						ł
(9)						
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

(e)		(0)	(p)	(e)	E		3	(3)	8	3
Name, address, and EIN of entity	Primary activity	를 <u>무</u>	Predominant income (related, unrelated, excluded from tax	9 partners sec 501(c)(3) orgs ?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	USproyor Code V-UBI General or Percentage literations amount in box 20 managing ownership of Schedule K-1 partner?	General or managing partner?	Percentage ownership
		codintry)	under section 512-514) Ye	oN S	D		Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013	THE SHE	DRY DAI	R FOUNDATION	20-6321087 Page 5
Part VII	(Form 990) 2013 Supplemental Info	ormation			
		omation			
	Provide additional infor	mation for respons	es to questic	ons on Schedule R (see instructions)
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Note, Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-month Extension on a previously filed Form 8868. If you are filing for an Automatic 3-month Extension on a previously filed Form 8868. If you are filing for an Automatic 3-month Extension on a previously filed Form 8868. If you are filing for an Automatic 3-month Extension on a previously filed Form 8868. If you are filing for an Automatic 3-month Extension on a previously filed Form 8868. If you are filing for an Automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-month extension on a previously filed Form 8868. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) [f this is for the whole group, cneck this box [f this is for the whole group, cneck this box [f this is for the whole group, cneck this box	Form 8868 (Rev 1-2014)					С	Page 2		
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Name of exempt organization or other filer, see instructions				al (no c	nnies ne	eded)			
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1 request an additional 3-month extension of time until NOVEMBER 15 , 2014.	 The books are in the care of ► 1223 S. CLEARVI Telephone No ► 480-222-5800 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit 	IEW A' s in the Ur Group Exe	Fax No ►	this is fo	the whole	► □			
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