WATERFORD TAX GROUP, PLLC 2550 MERIDIAN BOULEVARD, SUITE 350 FRANKLIN, TN 37067

AUGUST 15, 2012

DEER RUN RETREAT CENTER 3845 PERKINS ROAD THOMPSON'S STATION, TN 37179

DEER RUN RETREAT CENTER:

ENCLOSED IS THE ORGANIZATION'S 2011 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2012.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

CLIFTON C. WILLIAMS

Filing Instructions

Prepared for:

DEER RUN RETREAT CENTER 3845 PERKINS ROAD THOMPSON'S STATION, TN 37179

Prepared by:

WATERFORD TAX GROUP, PLLC 2550 MERIDIAN BOULEVARD, SUITE 350 FRANKLIN, TN 37067

2011 FORM 990

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2012.

MAIL TO - DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

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

~	LOL III	e 2011 calendar year, or tax year beginning and	enaing				
В	Check if applicabl	C Name of organization		D Employer identifi	cation number		
	Addre	DEER RUN RETREAT CENTER					
	Name chang	Doing Business As		62-1	725478		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r		
	Termir ated	3845 PERKINS ROAD		(615)373-2500		
	Amen- return	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,095,033.		
	Application	I THOMESON S STATION, IN STITE		H(a) Is this a group re	eturn		
	pendi	F Name and address of principal officer:DAVID GIBSON		for affiliates?	Yes X No		
		3845 PERKINS ROAD, THOMPSON'S STATION,					
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)		
		e: ► WWW.DEERRUNRETREAT.ORG		H(c) Group exemptio			
		organization: X Corporation Trust Association Other	∟ Year	of formation: 1998 $_{ m N}$	$m{\it M}$ State of legal domicile; ${f TN}$		
P	art I	Summary					
ø		Briefly describe the organization's mission or most significant activities: OPER	ATION	OF A CHRIST	IAN CAMP		
Activities & Governance		AND LODGE.					
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more				
Š	1			3	8		
8		Number of independent voting members of the governing body (Part VI, line 1b)			7		
ies		Total number of individuals employed in calendar year 2011 (Part V, line 2a) $$			0		
Ξ̈́		Total number of volunteers (estimate if necessary)			0		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.		
e				Prior Year	Current Year		
		Contributions and grants (Part VIII, line 1h)		154,750.			
Jen J		Program service revenue (Part VIII, line 2g)		741,865.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<6,174.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
_	+	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		890,441.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		28,491.	29,309.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		254,261.	357,270.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
х	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	FF1 010	605.004		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		571,218.	685,924.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		853,970.			
- "	19	Revenue less expenses. Subtract line 18 from line 12		36,471.	22,530.		
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		3,446,202.	3,383,003.		
et A	21	Total liabilities (Part X, line 26)		2,337,468.	2,251,739.		
	22	Net assets or fund balances. Subtract line 21 from line 20		1,108,734.	1,131,264.		
	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and bellet, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	mich preparer	lias any knowledge.			
0:-		Signature of officer		I Date			
Sig		DAVID GIBSON, PRESIDENT					
Hei	re	Type or print name and title					
		Print/Type preparer's name Preparer's signature	- 11	Date Check	II PTIN		
Pai	d	CLIFTON C. WILLIAMS		if			
	u parer	Firm's name WATERFORD TAX GROUP, PLLC		self-employ Firm's EIN ▶	27-2167219		
	Only	Firm's address 2550 MERIDIAN BOULEVARD, SUITE	350	TIIIII 3 LIIV			
	- ··· ,	FRANKLIN, TN 37067	- 	Phone no. 6	15-373-2500		
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		1	Yes No		

	990 (2011) DEER RUN RETREAT CENTER	62-17254	.78 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		<u></u>
1	Briefly describe the organization's mission:		
	DEER RUN IS A FULL SERVICE CHRISTIAN CAMP AND LODGE,		<u>LL</u>
	TYPES OF OUTDOOR ACTIVITIES TO A WIDE RANGE OF INDIVI	IDUALS AND	
	ORGANIZATIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on	_	
	the prior 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 servi	ices?	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 service	es, as measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou	int of grants and alloca	tions to
	others, the total expenses, and revenue, if any, for each program service reported.	· ·	
4a	0.51 0.40	(Revenue \$ 1,0	03,887.)
	PROVIDED PROGRAM SERVICES - MAINTAINED LODGE AND FULL	SERVICE CA	MP
4b	(Code:) (Expenses \$ including grants of \$) ((Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) ((Revenue \$)

Other program services (Describe in Schedule O.)

4e Total program service expenses ▶

) (Revenue \$

including grants of \$ 851,840 .

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Form 990 (2011) DEER RUN RET
Part IV | Checklist of Required Schedules

			V	NI.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		Х
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	0		
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	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	444		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	- 21
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 21	
•	the organization's separate or consolidated limitation statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		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, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	44.		Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	15		-21
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 990 (2011) DEER RUN RETREAT C Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			37
	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			37
	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 25	24a		Х
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		Х
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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
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			v
	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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV	28b		21
C	William Brown and Brown an	28c		х
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			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			_
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gaming						
	(gambling) winnings to prize winners?			1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		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?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 a		•						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х			
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 A			5a		Х			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					х			
h	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contribut			6a					
D				6b					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			OD					
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the payor?	7a		х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?	-		7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.								
	Did the organization make any taxable distributions under section 4966?			9a					
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	ا م							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against	Ha							
b	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)	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		124					
13	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 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							
С	Enter the amount of reserves on hand	13c							
	Did the consciention was in a second of the independent of the indepen			14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b					
				Form	990 (2011)			

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 1b			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion:		
	DAVID GIBSON			
	3845 PERKINS ROAD, THOMPSON'S STATION, TN 37179			

132006 01-23-12

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

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

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

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

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

(A) Name and Title	(B) Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)			tion		(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week				is bot	h an	compensation from	compensation from related	amount of other	
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID GIBSON PRESIDENT	40.00	x		х				54,000.	0.	0 .
(2) JEFF SHEET	40.00	^		^				34,000.	0.	0
DIRECTOR		x						0.	0.	0
(3) BILL BUTLER										
SECRETARY/TREASURER	5.00	Х						0.	0.	0
(4) KURT BEASLEY DIRECTOR		x						0.	0.	0
(5) HARMON JONES		125						0.	0.	0
DIRECTOR		x						0.	0.	0
(6) MICKEY ROBINSON								_	_	
DIRECTOR		Х						0.	0.	0
(7) LARRY WATKINS DIRECTOR		x						0.	0.	0 .
(8) JIMMY WILLIAMS								3.0		
DIRECTOR		Х						0.	0.	0
	+									

Part VII Section A. Officers, Directors, Tr		mplo	oyee			High	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensatior from related	า	an	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		com fr org and	pensa om the anizati d relate anization	e ion ed
						_ *							
						Ļ		54,000.		0.			0.
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0. 54,000.		0.			0.
2 Total number of individuals (including but compensation from the organization						e) wł	no re		0,000 of reportable	_			0
3 Did the organization list any former officer			e, ke	ey en	nplc	yee.	, or	highest compensated e	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	n and	d otl		the organization		3		X
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con 	accrue compe	nsat	ion 1	from	any	/ unr	elat		idual for services		5		X
Section B. Independent Contractors	ipiete ochedul	C 0 1	01 31	ucii	pers						3		
Complete this table for your five highest countries the organization. Report compensation for										pens	ation 1	rom	
(A) Name and business	s address	N	INC	3				(B) Description of s	ervices	С	(Compe) nsatio	n
							\dashv						
2 Total number of independent contractors \$100,000 of companyation from the group		not li	mite	d to		se lis	sted	d above) who received n	nore than				
\$100,000 of compensation from the organ	ı∠atıon >										Form	990 c	2011)

15130815 142374 DEERRUN

Pa	rt VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
ig ig		Membership dues						
A, a	С	Fundraising events						
# E		Related organizations						
S,E		Government grants (contribut						
Sign		All other contributions, gifts, gran	· -					
le E	•	similar amounts not included above		91,146.				
호텔	_			JI,140•				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines			91,146.			
- " 	n	Total. Add lines 1a-1f			JI, I 40 •			
	•	CAMP & LODGE FE	re c	Business Code 721210	630,038.	630 038		
ĬĢ	2 a			721210	237,378.	630,038.		
ne e	b	MEALS/FOOD REIM		721210		116 601		
e e	С	ADVENTURE & REC			116,681.	116,681. 19,705.		
Re	d	PROGRAM RETREAT		721210	19,705.	19,705.		
Program Service Revenue	е							
-	f	All other program service reve			1 000 000			
\rightarrow	g	Total. Add lines 2a-2f			1,003,802.			
	3	Investment income (including			0.5	0.5		
		other similar amounts)			85.	85.		
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	· <u>·····</u>					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraising including \$	g events (not	·				
e e		contributions reported on line						
Ę.		Part IV, line 18	-					
멾	b	Less: direct expenses						
0		Net income or (loss) from fund						
		Gross income from gaming ac						
	o u	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		· · · · · · · · · · · · · · · · · · ·	-					
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ł	С	Net income or (loss) from sale						
ŀ	4.4	Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	c	A.II II						
		All other revenue						
		Total Add lines 11a-11d			1 005 022	1 002 007	0.	0
13200 01-23	12 9	Total revenue. See instructions.			1,095,033.	<u>+,003,00/•</u>	0.	Form 900 (2011)
01-23	-12							Form 990 (2011)

Part IX | Statement of Functional Expenses

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

301114	plete columns (B), (C), and (D). Check if Schedule O contains a response	se to any question in thi	s Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and		expenses	general expenses	expenses
1	organizations in the United States. See Part IV, line 21				
2					
2	Grants and other assistance to individuals in				
2	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	29,309.	29,309.		
5	Compensation of current officers, directors,	23,3031	23/3031		
5	trustees, and key employees	54,000.	54,000.		
6	Compensation not included above, to disqualified	32,000	32,0001		
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	303,270.	303,270.		
8	Pension plan accruals and contributions (include	,	.,		
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	3,142.	3,142.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	24,859.	24,859.		
13	Office expenses	4,123.	4,123.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	5,280.		5,280.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	74,650.	74,650.		
21	Payments to affiliates	1.60 000			
22	Depreciation, depletion, and amortization	169,088.		02 504	
23	Insurance	23,704.		23,704.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BUILDINGS AND GROUNDS M	129,788.	129,788.		
a b	FOOD	113,029.	113,029.		
C	CAMP & RECREATION EXPEN	53,861.	53,861.		
d	SUPPLIES	28,646.	28,646.		
	All other expenses	55,754.	33,163.	22,591.	
25	Total functional expenses. Add lines 1 through 24e	1,072,503.	851,840.	51,575.	C
<u>26</u>	Joint costs. Complete this line only if the organization	, : -, -, -, -		,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,897.	1	64,194.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Donat and a company and all defermed all accounts		9	
		Land, buildings, and equipment: cost or other			
	'04	basis Complete Part VI of Schedule D 10a 3 - 879 - 87	7.		
	١,	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 3,879,87 10b 565,55	5. 3,432,404.	10c	3,314,322.
	11	Investments - publicly traded securities	3,132,1010	11	3,322,3223
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Intangible assets Other assets. See Part IV, line 11		15	4,487.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,383,003.
	17	Accounts payable and accrued expenses	4 4 4 4 4	17	3,333,333
	18			18	
	19	Grants payable		19	
	20	Deferred revenue Tax-exempt bond liabilities		20	
"	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
Ϊ́		highest compensated employees, and disqualified persons. Complete Part II			
Ľ:			529,000.	22	529,000.
	23	of Schedule L Secured mortgages and notes payable to unrelated third parties	4 000 000		1,711,263.
	24	Unsecured notes and loans payable to unrelated third parties	••	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
			Λ .	25	11,476.
	26	Total liabilities. Add lines 17 through 25	2,337,468.	26	2,251,739.
	20	Organizations that follow SFAS 117, check here X and complete		20	
S		lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	1,108,734.	27	1,131,264.
alaı	28	Temporarily restricted net assets	•••	28	
Ã	29			29	
ڃ		Permanently restricted net assets Organizations that do not follow SFAS 117, check here and			
F		complete lines 30 through 34.			
ţs	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances		33	1,131,264.
	34	Total liabilities and net assets/fund balances	2 446 000		3,383,003.
_	, UT	Total radiii: 100 and not addots/rand balances	-,,		

⊢orm	1990 (2011) DEER KUN KEIKEAI CENIEK	02-1/2	27410	Page I	_		
Pa	rt XI Reconciliation of Net Assets				_		
	Check if Schedule O contains a response to any question in this Part XI				<u>]</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,095				
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,072,503. 22,530.			
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Other changes in net assets or fund balances (explain in Schedule O)	5		0			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,131	,264	•		
Pa	t XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response to any question in this Part XII			<u> </u>	<u>_</u>		
				Yes No	<u>, </u>		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X			
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 requ				_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		_		
			Form 9	90 (201	1)		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DEER RUN RETREAT CENTER

Employer identification number

62-1725478

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.									
The organ	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)										
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).									
2	•		•														
з 🔲					in section	170(b)(1)	(A)(iii).										
4	•	·	•					(b)(1)(A)(ii	i). Fnter tl	he hospital's r	name.						
• —		-						(-/(-/(-/(-/(-/(-/(-/(-/(-/(-/(,		,						
5 🔲	•		henefit of a college or us	niversity ov	wned or or	perated by	a governi	mental uni	t describe	ad in							
J	_	· ·	_	inversity of	wilca or of	ociated by	a governi	incinal ani	t describe	5 4 III							
<u>د</u> 🗀			·			- 470/b\/	IV A V. A										
6	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																
<i>'</i>				or its supp	ort from a	governme	entai unit c	or trom the	general p	oublic describe	ea in						
•				6	5												
8 🖳																	
9 🔼																	
				tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	atter June 30,	1975.						
🖂																	
10	-	-	•	=	•			•		_							
11 📖	•																
	. ,			` ' ' '	,	` ' ' '	2). See se o	ction 509(a	a)(3). Che	eck the box th	at						
			¬ ·		-					1							
37			* *			-	-		d└─	,,							
e 🔼																	
									9(a)(1) or s	section 509(a)	(2).						
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III									
											Ш						
g										_							
											es No						
										[11g(iii)]							
h	Provide the f	ollowing information	about the supported or	ganization	(s).												
			(!!!) Tune of					1 (1) 1									
(i) Name	of supported	(ii) EIN	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					(vi) Is Lorganizatio	the on in col.	(vii) Amou	nt of						
org	anization							(i) organiz	ed in the	suppor	t						
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 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). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(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)(v). (Complete Part II). A community trust described in section 170(b)(1)(A)(v). (Complete Part II). A community trust described in section 170(b)(1)(A)(v). (Complete Part III). An organization that normally receives: (I) 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 businesses taxable income (less section 501(a)(2) normalization organization 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)(3). Check the box that describes the type of supporting organization and complete lines 11 et fivosoph 11 h. a Type II b Type II c Type III - Functionally integrated d Type III organization received a written determination from the lifes that it is a Type I, Type III, or exciton 509(a)(3). Check the box that describes the type of supporting organization in controlled directly or indirectly																
			(see instructions))	Yes	No	Yes	No	Yes	No								
				-				-									
Γotal																	

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	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)						
	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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.)						
	Total support. Add lines 7 through 10					10	
	Gross receipts from related activities,	`	,			12	
13	First five years. If the Form 990 is for	-			•		▶□
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2011 (I		<u> </u>	column (fl)		14	%
	Public support percentage from 2010					15	%
	33 1/3% support test - 2011. If the o					nore, check this be	
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization quali	fies as a publicly	supported organia	zation		·	ightharpoonup
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a pub	licly supported org	anization	>
18	Private foundation. If the organizatio						ıs ▶□

Schedule A (Form 990 or 990-EZ) 2011

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	ciow, picaco comp	order are my				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1010598.	96,338.	169,410.	154,750.	91,146.	1522242.
2	Gross receipts from admissions,				-	,	
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	260,181.	457,224.	616,221.	743,147.		2076773.
3	Gross receipts from activities that			0_0/	7 2 7 2 2 7 2 2 7 2		
Ü	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	or expended on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1070770	FF2 FC2	705 (31	007 007	01 146	2500015
	Total. Add lines 1 through 5	1270779.	553,562.	785,631.	897,897.	91,146.	3599015.
7 <i>a</i>	Amounts included on lines 1, 2, and	000 450					000 450
	3 received from disqualified persons	909,450.					909,450.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						_
	amount on line 13 for the year						0.
C	Add lines 7a and 7b	909,450.					909,450.
	Public support (Subtract line 7c from line 6.)						2689565.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	1270779.	553,562.	785,631.	897,897.	91,146.	3599015.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part IV.)	1270779.	553,562.	785,631.	897,897.	91,146.	3599015.
	First five years. If the Form 990 is for						
•	check this box and stop here	•			•	. , . ,	. —
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				············ / ——
	Public support percentage for 2011 (I			column (f))		15	74.73 %
	Public support percentage from 2010					16	75.88 %
	ction D. Computation of Inves					1.5	,,
	Investment income percentage for 20			ne 13 column (f))		17	.00 %
	Investment income percentage from 2					18	<u> </u>
	33 1/3% support tests - 2011. If the	•					
136	more than 33 1/3%, check this box a	-					. 37
J.	33 1/3% support tests - 2010. If the	=	-				
L	• •	•			•	•	
20	line 18 is not more than 33 1/3%, che						. \square
∠∪	Private foundation. If the organization	n did not check a	DOX OH IIHE 14, 19	a, or 190, crieck tr	iio dux aliu see ins		<u> 🚩 🖳 </u>

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2011

** Do Not File **

*** Not Open to Public Inspection ***

2007 Amount	2008 Amount	2009 Amount	2010 Amount	2011 Amount
909,450.	0.	0.	0.	0
909,450.				
	909,450.	909,450.	909,450. 0. 0.	909,450.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

DEER RUN RETREAT CENTER

Employer identification number 62-1725478

Par	t I Organizations Maintaining Donor Advised I	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's exc		
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do		
Par			
1	Purpose(s) of conservation easements held by the organization		,
-	Preservation of land for public use (e.g., recreation or educ	` <u> </u>	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		
b	-		01
С	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired afte		
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	e organization during the tax
	year▶		
4	Number of states where property subject to conservation easen	nent is located >	
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	d enforcing conservation easements d	luring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	's financial statements that describes	the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 990), Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	tion, education, or research in furthera	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 9	958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasu	res, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 116	·	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2011

	t III Organizations Maintaining C	collections of A			easures. c	or Othe	er Simil		ts (continu	
3	Using the organization's acquisition, accessi									
Ŭ	(check all that apply):	on, and other record	ao, oncor	arry or the	lollowing tha	t are a s	igriiioarit	400 01 110	CONCOLION	1101110
а	Public exhibition	,	d 🗆 L	nan or eyc	hange progra	ıme				
b	Scholarly research				nange progra					
C	Preservation for future generations	`	,							
4	Provide a description of the organization's co	ollections and expla	in how the	v further t	he organizatio	nn's exe	mnt nurn	nse in Par	ł XIV	
5	During the year, did the organization solicit of							ooc iiii ai		
_	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			g				, , .	,	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for c	ontribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV									
	, .		Ü						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes	□ No
	If "Yes," explain the arrangement in Part XIV.									
Paı	t V Endowment Funds. Complete i	f the organization a	nswered "	Yes" to Fo	rm 990, Part	IV, line 1	10.			
		(a) Current year	(b) Pri	or year	(c) Two year	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	, column (a	a)) held as:					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	· ·								
3a	Are there endowment funds not in the posse	ession of the organiz	zation that	are held a	ınd administe	red for t	he organiz	zation		
	by:									es No
	(i) unrelated organizations								3a(i)	+
									3a(ii)	+
b	If "Yes" to 3a(ii), are the related organizations								3b	
Do:	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm									
Pai	, , ,								() 5 (
	Description of property	(a) Cost or of basis (investigation)			or other (other)		ccumulate preciation		(d) Book	value
	Land		meni)		7,195.	ue	preciation		1,557	105
	Land				3,550.		186,5		$\frac{1,337}{1,206}$	
	Buildings				0,423.		$\frac{180,3}{199,3}$			$\frac{,307.}{,115.}$
	Leasehold improvements				8,709.		179,6			,045.
	Equipment			<u> </u>	.0,109.	•	17,0	<u> </u>	33	, 0 = 3 •
	Other		t V colum	n (P) lino 1	10(a))				3 314	322.

Schedule D (Form 990) 2011

(a) Description of security or category (including name of security)	(b) Book value		d of valuation: -year market value
		Cost or end-or	-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) (I)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. Se	ee Form 990 Part X line 13		
		(c) Method	d of valuation:
(a) Description of investment type	(b) Book value		year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			(b) Dook value
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5) (6)			
(0) (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	: 15.)		•
Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability		Book value	
(1) Federal income taxes			
(2) SALES TAX PAYABLE		3,024.	
(3) PAYROLL LIABILITIES		8,452.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	<u>-</u>		
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Fix 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to	25.)	11,476.	/ for incertain (34 pacitions index

	rt XI Reconciliation of Change in Net Assets from Form	990 to Audited Fin	ancial S	Statement	'S
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,095,033.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,072,503.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		22,530.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				00 500
10	Excess or (deficit) for the year per audited financial statements. Combine lin				22,530.
	t XII Reconciliation of Revenue per Audited Financial Sta				
1				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				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)				
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b c	Other (Describe in Part XIV.) Add lines 4a and 4b			4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12				
	rt XIII Reconciliation of Expenses per Audited Financial S				rn
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d	•		2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18.)		5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9 e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Als				

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

or Form 990-EZ, Part v, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization Employer identification number

	Ē)EE	R RUN	RETRE	AT CEI	NTER			(52-17	2547	8	
Part I	Excess Bene	efit 1	Transacti	ons (secti	on 501(c)(3) and section	n 501(c)(4) organizatio	ns only)					
	Complete if the	organ	ization ansv	vered "Yes	" on Form	990, Part IV,	line 25a or 25b, or For	m 990-E	Z, Part	V, line 40	b.		
1	(a) Name of	f disa	ualified ners	son			(b) Description	of transa	ction			(c) Cor	rected?
	(a) Name of	Тазч	uaiiica pere				(b) Description	or trainse				Yes	No
												 	
												\vdash	
												 	
												1	
2 Enter	the amount of tax i	impos	sed on the c	rganizatior	n manager	s or disqualifi	ed persons during the	year ur	der				
3 Enter	the amount of tax,	if any	y, on line 2,	above, rein	nbursed by	the organiza	ation			▶ \$			
Part II	Loans to and	d/or	From Int	erested	Persons	3.							
1 3.1 2 11							line 26, or Form 990-E	Z. Part \	/. line 3	8a.			
(a) N	ame of interested		(b) Loan t	o or from		nal principal	(d) Balance due) In	(f) App	oroved	(g) W	ritten
pers	son and purpose	ļ	the organ	nization?	ar	mount	. ,	defa	default?		ittee?	agree	ment?
			То	From	ļ.,	70 000	500 000	Yes	No	Yes	No	Yes	No
DAVID	GIBSON -	ТО	X		4	79,000.	529,000.		Х	Х		X	
												 	
		-+								+		├──	
										+		 	
												<u> </u>	
							F20 000					—	
Part III	Grants or As	eiet	ance Rer	efiting I	ntarasta	► \$	529,000.						
I alt III	Complete if the			_									
	a) Name of interest			vereu res			een interested person	and		(c) Am	ount an	ıd type o	f
,	a, ramo or mioros.	tou p	010011		(b) Holas		ganization	urra			assistar		•

Schedule L (Form 990 or 990-EZ) 2011

SEE PART V FOR CONTINUATIONS

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

	d "Yes" on Form 990, Part IV, line 28a, 2		1	(a) Ch.	aring :
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?	
				Yes	N
	<u> </u>				
t V Supplemental Information	nal information for responses to question	o on Sobodulo I. (200	instructions)		
Complete this part to provide addition	nai information for responses to question	is on Schedule L (see	e instructions).		
HEDULE L, PART II, LOAN	S TO AND FROM INTERE	STED PERSON	NS:		
NAME OF PERSON: DAVID	GIBSON				
	IIDCUACE IAND EOD DEE	ם סוואו סביייסו			
PURPOSE OF LOAN: TO P	ORCHASE LAND FOR DEE.	R RUN RETRI	EAT CENTER		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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
2011
Open to Public Inspection

Name of	The organization DEER RUN RETREAT CENTER											62-1725478		
FORM	990,	PART	VI,	SECTION	В,	LINE	11:	COPY	OF	THE	RETURN	SUBMITTED	ТО	
BOAR	D.													
FORM	990,	PART	VI,	SECTION	С,	LINE	19:	ALL	DOCT	JMENT	S FURN	ISHED UPON		
REQU	EST.													

FORM 990 PAGE 10

Asset No.	Description	Date Acquir		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS - BARN BUILDINGS - CAMP	0101	.07	SL	20.00	17	10,000.			10,000.	2,097.		500.
		0701	09	SL	15.00	17	2,070.		1,035.	1,035.	95.		69.
		0101	07	SL	39.00	17	1130580.			1130580.	114,790.		28,989.
4		0101	07	SL	7.00	17	24,608.			24,608.	14,374.		3,515.
5	BUILDINGS - STAFF CABINS	1101	.08	SL	15.00	17	1,000.			1,000.	147.		67.
6		0101	07	SL	7.00	17	20,116.			20,116.	11,750.		2,874.
	BUILDINGS - BUCK CREEK LODGE	1101	.08	SL	15.00	17	37,753.			37,753.	5,506.		2,517.
	BUILDINGS - CEDAR PT. RUSTIC CAMP	0101	07	SL	20.00	17	16,544.			16,544.	3,468.		827.
	BUILDINGS - PAVILLONS	0101	07	SL	20.00	17	12,000.			12,000.	2,516.		600.
	BUILDINGS - CREEKSIDE DINING	0101	.07	SL	39.00	17	93,822.			93,822.	15,103.		2,406.
	IMPROVEMENTS - UPPER ROOMS	1207	09	SL	15.00	17	8,801.		4,401.	4,400.	330.		293.
	IMPROVEMENTS - CREEKSIDE DINING	1016	09	SL	15.00	17	5,679.		2,840.	2,839.	213.		189.
	IMPROVEMENTS - BUCK CREEK LODGE	01 01 16	09	SL	15.00	17	276.		138.	138.	17.		9.
	IMPROVEMENTS - RUSTIC CAMP	0326	09	SL	15.00	17	3,572.		1,786.	1,786.	223.		119.
	IMPROVEMENTS - PAVILLONS	1106	09	SL	15.00	17	1,673.		837.	836.	63.		56.
	IMPROVEMENTS - THE LODGE	1014	09	SL	15.00	17	7,173.		3,587.	3,586.	269.		239.
	INFRASTRUCTURE -	0101			15.00	17	54,695.		27,348.	27,347.	3,418.		1,823.
	RECREATION EQUIPMENT	1030	09	SL	5.00	17	21,004.		10,502.	10,502.	2,363.		2,100.

⁽D) - Asset disposed

FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
20		12070	9SL	5.00	17	19,391.		9,696.	9,695.	2,181.		1,939.
	BUILDINGS - STAFF CABINS	06170	9SL	39.00	17	89,781.			89,781.	3,549.		2,302.
	FF&E - LODGE BUILDINGS - CEDAR	01010	7SL	5.00	17	48,919.			48,919.	45,006.		3,913.
24	IMPROVEMENTS	11010	8SL	15.00	17	10,974.			10,974.	1,601.		732.
25		11010	8SL	15.00	17	58,228.			58,228.	8,492.		3,882.
26	BUILDINGS - CREEKSIDE IMPROVEME INFRASTRUCTURE -	11010	8SL	15.00	17	118,136.			118,136.	17,229.		7,876.
		11010	8SL	15.00	17	112,781.			112,781.	16,448.		7,519.
28	SEWAGE TREATMENT	11010	8SL	15.00	17	298,643.			298,643.	43,553.		19,910.
		01010	9SL	15.00	17	14,661.		7,331.	7,330.	917.		489.
30		05101	.0200DE	5.00	17	858.			858.	172.		274.
31		03241	.0200DE	5.00	17	1,323.			1,323.	265.		423.
32	PAINTBALL COURSE EQUIPMENT VEHICLE - 2003 FORD		.0200DE	5.00	17	2,135.			2,135.	427.		683.
33	EXPEDITION		.0200DE	5.00	17	10,000.			10,000.	2,000.		3,200.
34			.0200DE	5.00	17	14,000.			14,000.	2,800.		4,480.
	FURNITURE, FIXTURES & EQUIPMENT		.0200DE	5.00	17	1,200.			1,200.	240.		384.
	FF&E - EMARK MOWER		0200DE	5.00	17	3,000.			3,000.	600.		960.
37		05241	.0200DE	5.00	17	2,976.			2,976.	595.		952.
	FURNITURE, FIXTURES & EQUIPMENT		.0200DE	5.00	17	1,448.			1,448.	290.		463.

⁽D) - Asset disposed

FORM 990 PAGE 10

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE, FIXTURES & EQUIPMENT	020210	200DB	5.00	17	1,981.			1,981.	396.		634.
40	LAND - 62.82 ACRES	112807	L			1413450.			1413450.			0.
41	LAND - 3840 PERKINS	052308	L			51,135.			51,135.			0.
42	LAND - GROUNDS	052308	L			19,730.			19,730.			0.
	LAND - 3850 PERKINS	123109	L			72,879.			72,879.			0.
44		081511	200DB	5.00	19в	5,200.		5,200.				5,200.
	IMPROVEMENTS - STAFF CABINS	061011	150DB	15.00	19E	552.		552.				552.
46		050911	150DB	15.00	19E	450.		450.				450.
47		051711	200DB	5.00	19в	157.		157.				157.
	FF&E - CREEKSIDE FURNISHINGS	062011	200DB	5.00	19B	2,335.		2,335.				2,335.
	INFRASTRUCTURE IMPROVEMENT - ELECT	060811	150DB	15.00	19E	1,078.		1,078.				1,078.
	RECREATION EQUIPMENT - HORSE C	122111	200DB	5.00	19B	1,248.		1,248.				1,248.
51	VEHICLE - BUS	061011	200DB	5.00	19B	2,900.		2,900.				2,900.
	3840 PERKINS STAFF HOUSE - WINDOWS	021011	200DB	5.00	19B	500.		500.				500.
	3840 PERKINS STAFF HOUSE - FLOORING	042111	200DB	5.00	19B	3,462.		3,462.				3,462.
	FF&E - GUITAR CENTER	050611	200DB	5.00	19B	478.		478.				478.
	FF&E - OTHER WORLD COMPUTING	061311	200DB	5.00	19B	360.		360.				360.
	FF&E - TENT HEATER							430.				430.

⁽D) - Asset disposed

a	a	Λ	
יב	J	v	

Asset No.	Description	Date Acquii		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
57		1227	711	200DB	5.00	19в	525.		525.				525.
58	RECREATION EQUIPMENT - WATER S IMPROVEMENTS -	0620	11	200DB	5.00	19в	17,853.		17,853.				17,853.
59	IMPROVEMENTS - CEDAR POINT CABINS FURNITURE, FIXTURES		11	150DB	15.00	19E	13,051.		13,051.				13,051.
60	& EQUIPMENT * TOTAL 990 PAGE 10	12 31	11	200DB	5.00	19в	10,302.		10,302.				10,302.
	DEPR						3879876.		130,382.	3749494.	323,503.	0.	169,088.
			П										

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Business or activity to which this form relates OMB No. 1545-0172

990

Attachment Sequence No. **179** Identifying number

DE	ER RUN RETRE	EAT CENTE	R		FOR	M 99	0 PA	GE 10		62-1725478
Pa	rt Election To Expen	se Certain Propert	y Under Section 1	79 Note: <i>If yo</i>	u have any lis	ted prop	perty, co	mplete Part	V before y	ou complete Part I.
1 1	Maximum amount (see	instructions)							1	500,000.
2	Total cost of section 17	9 property place	d in service (see	instructions)					2	
3	Threshold cost of section	on 179 property l	before reduction	in limitation					3	2,000,000.
4 F	Reduction in limitation.	Subtract line 3 fr	om line 2. If zero	or less, ente	er -0				4	
5	Oollar limitation for tax year. Su	btract line 4 from line	1. If zero or less, enter	-0 If married fili	ng separately, see	e instructio	ns		5	
6		(a) Description of prop	perty		(b) Cost (busin	iess use or	nly)	(c) Elected	cost	
7 L	isted property. Enter t	he amount from	line 29				7			
8	Total elected cost of se	ction 179 proper	ty. Add amounts	s in column (c), lines 6 and	7			8	
9	Tentative deduction. Er	nter the smaller o	of line 5 or line 8						9	
	Carryover of disallowed									
	Business income limitat									
	Section 179 expense d									
	Carryover of disallowed						13		•	
	: Do not use Part II or									
Pa	rt II Special Depre	eciation Allowan	ice and Other D	epreciation	(Do not inclu	de listec	d proper	ty.)		
14 3	Special depreciation all	owance for quali	fied property (oth	ner than liste	d property) pl	aced in	service	during		
t	he tax year								14	60,881.
15 F	Property subject to sec	tion 168(f)(1) elec	ction						15	
	Other depreciation (incl								16	
Pa	rt III MACRS Depr	eciation (Do not	include listed pr	operty.) (See	instructions.	.)				
				Se	ction A					
17 N	MACRS deductions for	assets placed in	service in tax ye	ears beginnin	g before 201	1			17	108,207.
	you are electing to group any									
	Sec	tion B - Assets I	Placed in Servic	e During 20	11 Tax Year	Using th	ne Gene	ral Deprecia	tion Syst	em
	(a) Classification of p	roperty	(b) Month and year placed in service	(business/in	depreciation vestment use instructions)		ecovery eriod	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property					25	yrs.		S/L	
			/				yrs.	MM	S/L	
h	Residential rental p	roperty	/			27.5	yrs.	MM	S/L	
		_	/			39	yrs.	MM	S/L	
i	Nonresidential real	property	/					MM	S/L	
	Section	on C - Assets Pl	aced in Service	During 201	1 Tax Year U	sing the	Alterna	ative Deprec	iation Sy	stem
20a	Class life								S/L	
b	12-year					12	yrs.		S/L	1
С	40-year		/				yrs.	MM	S/L	
	rt IV Summary (Se	e instructions.)				•	-			
	isted property. Enter a		28						21	
	Fotal. Add amounts fro								···	
E	Enter here and on the a	ppropriate lines	of your return. Pa	artnerships a	nd S corpora				22	169,088.
	or assets shown abov	•	•	e current yea	r, enter the					
r	portion of the basis attr	inutable to section	on Zh:XA costs			1	23			

Form 4562	(2011) DE	ER RUN	RETREAT	CENTER		62-17254	478 _P	'age 2
Part V	• • • •	automobiles	, certain other ve	ehicles, certain co	mputers, and property used for er	ntertainment, recr	eation, o	r
	amusement.)							

	Note: For any through (c) of S	vehicle for w Section A, all	hich you are us of Section B,	sing the and Sec	standar	d milead applica	ge rate o able.	r dedu	cting lease	expens	se, comp	olete onl	y 24a, 2	4b, colur	nns (a)
_	U ()		on and Other			_ , ,		instruc	tions for li	mits for	passeng	er autor	nobiles.)		
248	Do you have evidence to s	support the bu	siness/investme	nt use cl	aimed?	Y	′es 🗀	□No	24b If "Y	es," is th	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag		(d) Cost or ther basis	l (hı	(e) sis for depr usiness/inve use onl	eciation estment	(f) Recovery period	(Me	(g) thod/ vention	Depre	(h) eciation uction	Elec sectio	(i) cted on 179 ost
25	Special depreciation allo	owance for c	ualified listed	property	y placed	in servi	ce durin	g the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use								. 25				
26	Property used more that														
		1 1	9/	6											
		1 1	9/	6											
_		1 1	9	6											
<u>27</u>	Property used 50% or le	ess in a qual	ified business	use:											
		: :	9	6						S/L -					
_		1 1	9	6						S/L -					
_		1 1	9							S/L -					
28	Add amounts in column	n (h), lines 25	through 27. E	nter her	e and or	n line 21	, page 1				28				
29	Add amounts in column	ı (i), line 26. E	nter here and	on line	7, page	1							. 29		
			S	ection l	B - Infor	mation	on Use	of Vel	nicles						
If y	mplete this section for ve ou provided vehicles to y se vehicles.												ing this	section fo	or
				(a)	((b)		(c)		d)	1	e)	(f)
30	Total business/investment		Ü	Vel	hicle	Ve	hicle	V	/ehicle	Veh	nicle	Vel	nicle	Veh	icle
	year (do not include com														
	Total commuting miles														
32	Total other personal (no	oncommuting	ı) miles												
	driven														
33	Total miles driven during	•													
	Add lines 30 through 32								-				1		
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														l
	than 5% owner or relate														
36	Is another vehicle availa	•													
_	use?				<u> </u>		1			L	<u> </u>	l			
			- Questions f	•	-					•					50 /
	swer these questions to	determine it	you meet an e	xceptior	n to com	ipieting	Section	B for v	enicies us	ea by ei	mpioyee	s wno a	re not m	ore than	5%
_	ners or related persons.	an naliou ata	tomont that ny	obibito d	all maraa	2011122	of vobio	inc	luding oor	n may ut in a	byyyou			Vac	T No
31	Do you maintain a writte				-				-	_				Yes	No
20	employees?														+-
30	employees? See the ins		•	•											
30	Do you treat all use of v														+-
	Do you provide more th													•	+-
40	the use of the vehicles,														
11	Do you meet the require														+-
71	Note: If your answer to													-	
P	art VI Amortization	01,00,00,1	0, 01 11 10 100	<i>5,</i> 40 m	or comp	1010 000	, , , , , , , , , , , , , , , , , , ,	<i>yr</i> (170 c	30 V 0, 0 G V 0	1110100.					
	(a) Description o	f costs		(b) amortization begins		(c) Amortiza amoun	ble it		(d) Code section		(e) Amortiza period or per	ition	Ai fo	(f) mortization or this year	
42	Amortization of costs th	nat begins du			ar:			•							
				: :											
43	Amortization of costs th	at began be			ar							43			
	Total. Add amounts in o											44			

Form **4562** (2011)

- CURRENT YEAR FEDERAL - DEER RUN RETREAT CENTER

Asset No.	Description	Date Acquii		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
		0101	07	SL	20.00	17	10,000.			10,000.	2,097.		500.
	BUILDINGS - CAMP STORE	0701	.09	SL	15.00	17	2,070.		1,035.	1,035.	95.		69.
		0101	07	SL	39.00	17	1130580.			1130580.	114,790.		28,989.
4		0101	07	SL	7.00	17	24,608.			24,608.	14,374.		3,515.
5		1101	.08	SL	15.00	17	1,000.			1,000.	147.		67.
6		0101	07	SL	7.00	17	20,116.			20,116.	11,750.		2,874.
7		1101	.08	SL	15.00	17	37,753.			37,753.	5,506.		2,517.
8		0101	07	SL	20.00	17	16,544.			16,544.	3,468.		827.
9	BUILDINGS - PAVILLONS BUILDINGS -	0101	07	SL	20.00	17	12,000.			12,000.	2,516.		600.
10		0101	07	SL	39.00	17	93,822.			93,822.	15,103.		2,406.
12		1207	09	SL	15.00	17	8,801.		4,401.	4,400.	330.		293.
13		1016	09	SL	15.00	17	5,679.		2,840.	2,839.	213.		189.
14		0116	09	SL	15.00	17	276.		138.	138.	17.		9.
15		0326	09	SL	15.00	17	3,572.		1,786.	1,786.	223.		119.
16		1106	09	SL	15.00	17	1,673.		837.	836.	63.		56.
17		1014	09	SL	15.00	17	7,173.		3,587.	3,586.	269.		239.
18		0101	09	SL	15.00	17	54,695.		27,348.	27,347.	3,418.		1,823.
		1030	09	SL	5.00	17	21,004.		10,502.	10,502.	2,363.		2,100.

- CURRENT YEAR FEDERAL - DEER RUN RETREAT CENTER

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
20		12070	9SL	5.00	17	19,391.		9,696.	9,695.	2,181.		1,939.
	BUILDINGS - STAFF CABINS	06170	9SL	39.00	17	89,781.			89,781.	3,549.		2,302.
	FF&E - LODGE BUILDINGS - CEDAR	01010	7SL	5.00	17	48,919.			48,919.	45,006.		3,913.
24	IMPROVEMENTS	11010	8SL	15.00	17	10,974.			10,974.	1,601.		732.
25		11010	8SL	15.00	17	58,228.			58,228.	8,492.		3,882.
26	BUILDINGS - CREEKSIDE IMPROVEME	11010	8SL	15.00	17	118,136.			118,136.	17,229.		7,876.
	INFRASTRUCTURE - 2008	11010	8SL	15.00	17	112,781.			112,781.	16,448.		7,519.
28	SEWAGE TREATMENT	11010	8SL	15.00	17	298,643.			298,643.	43,553.		19,910.
		01010	9SL	15.00	17	14,661.		7,331.	7,330.	917.		489.
	CLIMBING TOWER EQUIPMENT	05101	0200DE	5.00	17	858.			858.	172.		274.
31		03241	0200DE	5.00	17	1,323.			1,323.	265.		423.
32			0200DE	5.00	17	2,135.			2,135.	427.		683.
33			0200DE	5.00	17	10,000.			10,000.	2,000.		3,200.
34			0200DE	5.00	17	14,000.			14,000.	2,800.		4,480.
	FURNITURE, FIXTURES & EQUIPMENT		0200DE	5.00	17	1,200.			1,200.	240.		384.
	FF&E - EMARK MOWER		0200DE	5.00	17	3,000.			3,000.	600.		960.
37		05241	0200DE	5.00	17	2,976.			2,976.	595.		952.
	FURNITURE, FIXTURES & EQUIPMENT		0200DE	5.00	17	1,448.			1,448.	290.		463.

- CURRENT YEAR FEDERAL - DEER RUN RETREAT CENTER

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE, FIXTURES & EQUIPMENT	020210	200DB	5.00	17	1,981.			1,981.	396.		634.
40	LAND - 62.82 ACRES	112807	L			1413450.			1413450.			0.
41	LAND - 3840 PERKINS	052308	ь			51,135.			51,135.			0.
42	LAND - GROUNDS	052308	L			19,730.			19,730.			0.
	LAND - 3850 PERKINS	123109	ь			72,879.			72,879.			0.
44		081511	200DB	5.00	19в	5,200.		5,200.				5,200.
45		061011	150DB	15.00	19E	552.		552.				552.
46		050911	150DB	15.00	19E	450.		450.				450.
47		051711	200DB	5.00	19в	157.		157.				157.
48		062011	200DB	5.00	19в	2,335.		2,335.				2,335.
49	INFRASTRUCTURE IMPROVEMENT - ELECT	060811	150DB	15.00	19E	1,078.		1,078.				1,078.
	RECREATION EQUIPMENT - HORSE C	122111	200DB	5.00	19в	1,248.		1,248.				1,248.
		061011	200DB	5.00	19в	2,900.		2,900.				2,900.
52		021011	200DB	5.00	19в	500.		500.				500.
53		042111	200DB	5.00	19в	3,462.		3,462.				3,462.
54		050611	200DB	5.00	19в	478.		478.				478.
	FF&E - OTHER WORLD COMPUTING	061311	200DB	5.00	19в	360.		360.				360.
56	FF&E - TENT HEATER	102511	200DB	5.00	19в	430.		430.				430.

- CURRENT YEAR FEDERAL - DEER RUN RETREAT CENTER

Asset No.	Description	Da Acqu	te ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
57		122'	711	200DB	5.00	19в	525.		525.				525.
58	RECREATION EQUIPMENT - WATER S IMPROVEMENTS -	062	011	200DB	5.00	19в	17,853.		17,853.				17,853.
59	CEDAR POINT CABINS		211	150DB	15.00	19E	13,051.		13,051.				13,051.
		123	111	200DB	5.00	19в	10,302.		10,302.				10,302.
	* TOTAL 990 PAGE 10 DEPR						3879876.		130,382.	3749494.	323,503.	0.	169,088.