## Form **990**

## **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)

2012

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For the	or the 2012 calendar year, or tax year beginning , 2012, and ending , 20												
В	Check if	heck if applicable: C Name of organization Narrow Gate Foundation  D Employer identification												
	Address	1000	Doing Business As			20-1748395								
	Name ch	-	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite	9 1	E Telephon	ne number								
$\overline{\Box}$	Initial ret	~	242 Dry Prong Road			931-583-0633								
$\exists$	Terminat		City, town or post office, state, and ZIP code											
ī	Amende		Williamsport, TN 38487	G Gross re	ceipts \$	782,538								
$\exists$		tion pending	F Name and address of principal officer: William Spencer, Executive Director	H(a) Is this a	oroup return f	for affiliates? Yes								
ш	Applicati	non pending	William Sportson, Except Street	H(b) Are all	T									
-	Tax-exe		list. (see instruction											
<u>'</u>	number >													
_	Website		w.narrowgatefoundation.org  ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation			of legal domicile:	TN							
THE REAL PROPERTY.	art I	Summ		71. 2004	III Otate	or legal dorniolic.	114							
	1		escribe the organization's mission or most significant activities: To provi	do a Christia	on dinain	lookin ovnorione	no for							
	'													
Se			en ages 18-25 desiring to take a pause from the distractions of life to discove											
an		on earth is all about. This experience includes living in a wilderness environment participating in community work project												
ern	_		ying the Bible to help shape them into godly young men.		050/ 6									
Š	2		is box ▶☐ if the organization discontinued its operations or disposed of		1 1	its net assets.								
ø	3		of voting members of the governing body (Part VI, line 1a)		3		10							
ies	4		of independent voting members of the governing body (Part VI, line 1b)		4		4							
Νį	5		mber of individuals employed in calendar year 2012 (Part V, line 2a) .		5		9							
Activities & Governance	6		mber of volunteers (estimate if necessary)		6		20							
	7a		elated business revenue from Part VIII, column (C), line 12		7a		0							
	b	Net unre	lated business taxable income from Form 990-T, line 34		7b		0							
				ar	Current Ye	ar								
<u>e</u>	8	Contribu	tions and grants (Part VIII, line 1h)		577,260		527,172							
nu.	9	Program	service revenue (Part VIII, line 2g)		156,271		185,566							
Revenue	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		188		156							
Ш	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				52,261							
	12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		733,719		765,155							
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)											
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			,								
S	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		308,154		260,875							
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)											
be	b		draising expenses (Part IX, column (D), line 25) ▶											
Щ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		432,747		390,895							
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		740,901		651,770							
	19		less expenses. Subtract line 18 from line 12		(7,182)		113,385							
7 8				eginning of Cur		End of Yea								
Net Assets or	20	Total ass	ets (Part X, line 16)		505,199		615,580							
Ass	21		illities (Part X, line 26)		57,931		54,927							
Net	22		ts or fund balances. Subtract line 21 from line 20		447,268		560,653							
	art II		ture Block		447,200		300,033							
100			ry, I declare that I have examined this return, including accompanying schedules and statem	ente, and to th	a bast of n	ny knowledge, and	holiof it is							
			lete. Declaration of preparer (other than officer) is based on all information of which preparer h			ny knowledge and	beller, it is							
_		1	222			Statis								
Sig	n	Sign	ature of officer	Date	ρ	2 10011-	<del>-</del>							
He		\ \	To do S Strange Broad Space	700										
•••		Type	e or print name and title	E MAN	4									
_		1	pe preparer's name Preparer's signature / Date	- / /		PTIN								
Pa		141 1		18/13	Check [	, if ,								
	epare	,ı	ly B. Thomason	/ /	self-emp									
Us	se Onl	ly Firm's n			s EIN ▶	33-104009								
NA-	v the IF		address > 1009 Harding Trace Ct., Nashville, TN 37221	Phon	ne no.	615-479-477								
ivia	ly the IF	15 discus	s this return with the preparer shown above? (see instructions)			✓ Yes	∐ No							

Page	2
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Part i	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
1	To provide a Christian discipleship experience for young men ages 18-25 desiring to take a pause from the distractions of life to
	discover who they are and what their purpose here on earth is all about. This experience includes living in a wilderness environment
	participating in community work projects and studying the Bible to help shape them into godly young men.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	The first of the second of the
4a	(Code: ) (Expenses \$ 539,902 including grants of \$ ) (Revenue \$ 185,566)
	Narrow Gate's program is an 8 month program to provide a Christian discipleship experience for young men ages 18-25, having them
	live in a wilderness environment, participate in daily chores and community work projects to build teamwork and develop good work
	disciplines, going on challenging adventures, and studying the Bible and other Christian curriculum. In 2012, approx. 30 young men
	participated in Narrow Gate's program. After graduation, most of these young men either elect to continue their biblical learning and
	go into full time ministry with churches or non-profit organizations, enter universities to study the passion that God gave them,
	such as horticulture, health care and business degrees, or elect to serve in the mission field.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	·····
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 539.902
40	Total program service expenses 539,902

Dovt				Page 3
Part	V Checklist of Required Schedules		V	A1-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes ✓	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	<b>▼</b>	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	5		<b>√</b>
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		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
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		<b>✓</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	✓	
	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		<b>√</b>
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
44-	Bid the empiration maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services of Part IV, column (A) lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions of	18	1	
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	-	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	+*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

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Part	Checklist of Required Schedules (continued)			
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	Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>√</b>
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		1
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):			serie.
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	<b>/</b>	1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	<u> </u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		1
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	-	1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 35a	<u> </u>	1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes." complete Schedule R, Part V, line 2	36		1
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,	27		1

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
	Check if Schedule O contains a response to any question in this Part V			_
	The second of th	• •	Yes	· L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	_	Tes	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		l .
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	···	-	<del>                                     </del>
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<del>                                     </del>	ļ —
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<b>  `</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
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.	2.5.55		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ŀ		Ì
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	l ·		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	١.	
	and services provided to the payor?	7a	<b>V</b>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<b>✓</b>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	۱_		١,
	required to file Form 8282?	7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
θ.	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		/
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7g		<b>-</b>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		S et	
	organizations. Did the supporting organization, or a dottor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	Ť		
9	Did the organization make any taxable distributions under section 4966?	9a		
a 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			
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:		1	
''a	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	<u> </u>	<del>  -</del> -
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<b> </b>	<del> </del>
	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		i	
	the organization is licensed to issue qualified health plans	1 1	1	1

c Enter the amount of reserves on hand . . . . . . . .

Did the organization receive any payments for indoor tanning services during the tax year? .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13c

Part		and 1	or a	"No"				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Scheck if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.				
Secti	on 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 10							
	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							
la.	committee, explain in Schedule O.							
р 2	Enter the number of voting members included in line 1a, above, who are independent .    1b 4  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	1					
3								
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓				
6	Did the organization have members or stockholders?	6		✓_				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a		<u>√</u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	76		✓				
	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b						
8	the year by the following:							
а	The governing body?	8a	1					
b	Each committee with authority to act on behalf of the governing body?	8b	1					
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	لِـــا	✓				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)					
		10-	Yes	No ✓				
10a	Did the organization have local chapters, branches, or affiliates?	10a						
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1					
11a 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	✓					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓					
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	<b>/</b>					
13	Did the organization have a written whistleblower policy?	13	1					
14	Did the exampleation have a written document retention and destruction policy?	14	V					
15	Did the organization have a written document resonant and persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	independent persons, comparability data, and contemporarieous substantiation of the distribution of the di	15a		1				
а	The organization's CEO, Executive Director, or top management official	15b		1				
b	15/04 The line 45 ard 45 describe the process in Schedule () (see Instructions).							
160	Bit the assertion invest in contribute assets to or Darticipate in a joint venture of similar arrangement							
16a	with a tayable antity during the year?	16a		/				
b	and the organization to evaluate its							
-	tining in injection in injection arrangements linder applicable lederal lax law, and lake slepe to caregular and	16b						
	organization's exempt status with respect to such arrangements?	100						
Sect	ion C. Disclosure  None  None		~					
17	List the states with which a copy of this 7 office its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio	n 501	(c)(3)	s only)				
18	eveilable for public inspection. Indicate now you made triese available. Oncor all that apply							
	— Characterist I Other (eynlain in Schedule Of							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, contiled to	ot inte	erest	policy,				
19								
20	State the name, physical address, and telephone number of the person who possesses the books and received	טו נו						
	organization: ► Wanda Stone, 242 Dry Prong Road, Williamsport, TN 38487 (931)-583-0633			0 (2012)				

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Form 990 (2012)

		The state of the s
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employees, and
	Independent Contractors	

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

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

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

Check this box if neither the organization nor	any related	d orga	aniz			ompe	nsa	ted any curren	t officer, director,	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, u	ot ch unles er and	s per	ition more rson irecto	than o	an ee)	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		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) Phil Stoner, Chairman of Board	2	1		1				0	0	(
(2) William Spencer, President of Board	40	1		1				43,505	0	
and employee as Co-Executive Direcor (3) Jerry Stone, Vice President of Board	2	1		1				0		
(4) Don White, Board Treasurer	2	1		1				0	0	
(5) Wanda Stone, Board Secretary and employee as Administrative Director	40	1		1				7,993	0	
(6) Stacy Spencer, Board Member and employee as Co-Executive Director	40	· /		1				39,305	0	
(7) P.J. Heimermann, Board Member	11	/							0	
(8) Bob Rogers, Board Member	11							(	0	
(9) Kurt Beasley, Board Member	11	-							0	
(10) Beth Stoner, Board Member	11	- /							0	
(11)		-								
(12)		-								
(13)		-			T					
(14)		_	T		T					

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	ees			lighes	t C	ompensated E	mployees (contin	ued)		_
					(C Posi	1070				_		<b>(</b> D)	
(A) Name and title		0001000	(do not check more than o						(D) Reportable	(E) Reportable		(F) mated	
		hours per	Average box, unless officer and a						compensation	compensation from	ame	ount of	
		week (list any hours for			_			_	from the	related organizations		ther ensation	
		related	dire	stitut	Officer	Key employee	ghes	Former	organization	(W-2/1099-MISC)	fro	m the	
		organizations below dotted	ual t	iona		nplo	t cor	`	(W-2/1099-MISC)			nization related	
		line)	Individual trustee or director	Institutional trustee		yee	nper				orgai	nizations	
			96	stee			Highest compensated employee						
(15)							п.	$\vdash$					_
(16)						_							_
(17)					_	-		-					_
(18)													
(19)													
(20)													
(21)													_
(22)					-	-	-	_					_
(23)			-		-	_	-	_					
								_					
(24)													
(25)		-	-										
1b	Sub-total		٠	٠.				<b></b>	90,803	0			0
С	Total from continuation sheets to Part							•					
d	Total (add lines 1b and 1c)							<b>&gt;</b>	90,803				0
2	Total number of individuals (including bu		d to th	nose	e list	ted	abov	e) w	ho received m	ore than \$100,00	00 of		
	reportable compensation from the organ	ization > 0	-					-				Yes N	_
3	Did the organization list any former of	fficer, direc	ctor, o	or tr	rust	ee,	key (	emp	oloyee, or high	nest compensate	ed	103 14	_
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual				3	1	9
4	For any individual listed on line 1a, is the												
	organization and related organizations individual	greater th	an \$	150,	,000	)? [	t "Ye	s,"	complete Scr	nedule J for suc			
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tion	fro	m anv	, ur	related organi:	zation or individu	al 4	V	681
	for services rendered to the organization										5	1	
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compen		
None													
								-					_
								-					
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who			

Part VIII		Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII										
		Check ii Schedule O C	contains a respo	rise to any quest	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues .				Tevenue		012, 010, 01011				
בַּ בַּ	10004	Fundraising events .										
Contributions, Gifts, and Other Similar An	C	Related organizations	and the same of th									
بق إق	d											
Sir	e	Government grants (cont										
utio er	f	All other contributions, gift and similar amounts not inc										
ri H				527,172								
d of	g	Noncash contributions includ										
	h	Total. Add lines 1a-1f	f		527,172							
Program Service Revenue				Business Code								
Ne!	2a	Tuition Income		611600	161,166							
æ	b	Enrollment Fees		611600	23,000							
Ş.	С	Application Fees		611600	1,400							
Ser	d											
E	е											
gra	f	All other program serv										
Pro	g	Total. Add lines 2a-2f		▶	185,566							
	3	Investment income (	(including divide	ends, interest,								
		and other similar amo		▶	156			156				
	4	Income from investment	t of tax-exempt bo	ond proceeds ▶								
	5	Royalties										
		[	(i) Real	(ii) Personal								
	6a	Gross rents										
	b	Less: rental expenses										
	c	Rental income or (loss)										
	100000	Net rental income or (loss)	loca)									
	d 7a	Gross amount from sales of	(i) Securities	▶								
	1a	assets other than inventory	(i) occurres	(ii) Other								
	1	- 1										
	b	Less: cost or other basis and sales expenses .										
	С	Gain or (loss)										
	d	Net gain or (loss) .		▶								
ane	8a	Gross income from fu	ndraising									
Other Revenu		events (not including \$ of contributions reported	ed on line 1c).									
Je I		See Part IV, line 18 .		69,644								
ŧ	b	Less: direct expenses		17,383								
0		Net income or (loss) fr			52,261			52,261				
		Gross income from ga		Overko . P	32,201			32,20				
	-		· · · · a									
	b	Less: direct expenses	1000									
	2,000	Net income or (loss) fr	입 : 10 10 10 10 10 10 10 10 10 10 10 10 10	vities ▶								
		Gross sales of in		vities P								
	IUa	returns and allowance										
			-									
	b	Less: cost of goods so										
	С	Net income or (loss) fr										
		Miscellaneous Re	evenue	Business Code								
	11a											
	b											
	С											
	d	All other revenue .	155 U.S. 155 U.S.									
	е	Total. Add lines 11a-1										
	12	Total revenue. See in	structions	▶ [	765,155			52,417				

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons			(C)	<u>Ц</u>
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	90,803	75,366	15,437	
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 8	Other salaries and wages	137,364	113,669	679	23,016
9	Other employee benefits	17,018	12,595	1,963	2,460
10	Payroll taxes	15,690	13,320	639	1,731
11	Fees for services (non-employees):				
a	Management				
b	Legal	6,305	60	6,245	
С	Accounting	13,250	0	13,250	C
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7.050	7.050		
12	Advertising and promotion	7,250	7,250	0	10.700
13	Office expenses	10,782 24,807	13,764	0 8,292	10,782 2,751
14	Information technology	5,537	2,051	538	2,731
15	Royalties	3,337	2,031	330	2,940
16	Occupancy	52,385	44,742	3,825	3,818
17	Travel	3,412	1,800	3,023	1,612
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0,112	1,555		1,012
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	42,754	42,754	0	0
23	Insurance	28,002	21,987	3,615	2,400
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	Vehicle expenses	40,408	40,280	106	22
b	Property supplies & maintenance	40,514	39,626	825	63
С	Food	72,343	71,818	0.00	525
d			,		320
е	All other expenses Miscellaneous	43,146	38,820	2,619	1,707
25	Total functional expenses. Add lines 1 through 24e	651,770	539,902	58,033	53,835
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Embo		Check if Schedule O contains a response to any question in this Part X			🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	34,375	1	143,692
	2	Savings and temporary cash investments	100,444	2	135,569
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	121,111	4	123,055
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
s		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 417,876			
	b	Less: accumulated depreciation 10b 204,612	249,269	10c	213,264
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	505,199	16	615,580
	17	Accounts payable and accrued expenses	7,556		8,052
	18	Grants payable		18	
	19	Deferred revenue	50,375		46,875
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ies	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
Ħ		disqualified persons. Complete Part II of Schedule L		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	57,931	26	54,927
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and			
ses		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	447,268	27	560,653
Bal	28	Temporarily restricted net assets		28	
р	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
		complete lines 30 through 34.		-	
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds .	447.000		560,653
ž	33	Total net assets or fund balances	447,268 505,199		615,580
	34	Total liabilities aliu liet assets/fullu balatices	505, 199	0-7	013,360

-	-4	
Page		-
raye		

Part							
	Check if Schedule O contains a response to any question in this Part XI		• • •		•	Ц	
1		al revenue (must equal Part VIII, column (A), line 12)			765,155		
2	Total expenses (must equal Part IX, column (A), line 25)	2		651,770			
3	Revenue less expenses. Subtract line 2 from line 1	3		113,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		447		,268	
5	Net unrealized gains (losses) on investments	5				0	
6	Donated services and use of facilities					0	
7	Investment expenses	7				0	
8	Prior period adjustments	8				0	
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))				560	,653	
Part	XII Financial Statements and Reporting						
ranti Somo	Check if Schedule O contains a response to any question in this Part XII						
				Ye	es	No	
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other						
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			3		✓_	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled (	or				
	reviewed on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			o 🗸	/		
	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						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versig	ht				
	of the audit, review, or compilation of its financial statements and selection of an independent acco	untant	? 20	:   v	/		
	If the organization changed either its oversight process or selection process during the tax year, e	kplain	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?		. 3	a		/	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo th	ne	$\top$	7		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		31	0			
			F	orm 9	90 (	2012)	
						,	