Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2018 calenda	ar year, or ta	x year beginnin	g		, 2018, and e	nding		, 20				
В	Check if a	applicable:	C Name of or	ganization Deer	Run Retreat Cer	nter				D Employer identification no.				
	Address o	change	Doing busir	ness as						62-1725478				
	Name cha	ange	Number and	d street (or P.O. box	x if mail is not delivered to	street address)		Room/suite		E Telephone number				
	Initial retu	ırn	3845 P	erkins Rd						(615)794-2918				
	Final retur	rn/terminated	City or towr	n, state or province,	country, and ZIP or forei	gn postal code				G Gross receipts				
	Amended	return	Thomp	sons Station,	TN 37179					\$ 2,864,190				
Ī.	Applicatio	n pending		address of principal				H(a) Is this a group	return fr	or subordinates? Yes X No				
								H(b) Are all subo	ordinate	es included? Yes No				
	Tax-exem	npt status:	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527			a list. (see instructions)				
J	Website:		rrun.camp				_	H(c) Group exe	emption	number				
		_	Corporation	Trust Asso	ociation Other ►		L Year of formation:	1000		al domicile: TN				
	rt I	Summary					1 - 100 0 100 0							
	1			nization's missi	on or most significa	nt activities: Ou	r mission is to pro	ovide excellent	camı	ns and				
	'								oum	po una				
(I)		retreats which inspire a transformational relationship with Jesus Christ and strengthens relationships with family and friends. We exist to help kids and families grow through												
Governance		relationships with family and friends. We exist to help kids and families grow through deeper faith, stronger relationships and greater adventure												
ern	2						d of more than 25%	of its net assets						
300	3			_		, line 1a)		or ito riot docoto.	3	9				
∞ ∞	4		_	_			b)		4	8				
Activities &	5			_					5	146				
tivit	6							• •	6	59				
A				•	• •	;), line 12			7a					
					from Form 990-T, I				7b	0				
	, D	ivet uniferate	u busiliess t	axable income	1101111 01111 990-1,1	iiie 30		Prior Year	10					
		Contributions	and grapts	(Dort \/III line		3,042,886		Current Year						
(I)	8		-	(Part VIII, line	2,202,076		653,078							
Revenue	9	•		e (Part VIII, line			2,116,347							
	10			VIII, column (A	T T	/	7,118							
Ľ	11			column (A), lin	T	5.050		(2,136)						
	12			8 through 11 (r	5,252,	080	2,788,015							
	13					(1-3)	T T			0				
	14)	T T	4 400		0				
Ś	15		•		,	column (A), lines 5-7	· ·	1,129,	903	1,385,102				
Expenses			_)	T T			0				
xbe			• .	•	umn (D), line 25)		0			4 00= 0=0				
Ш		•	•	, ,		e)	- t	1,204,		1,287,656				
						nn (A), line 25)		2,334,		2,672,758				
		Revenue les	s expenses.	Subtract line 1	18 from line 12		•	2,918,		115,257				
OF OF								Beginning of Current		End of Year				
ssets	20			,				6,000,		6,053,277				
Net Assets or	21			,			-		,287	'				
				ices. Subtract	line 21 from line 20			5,505,	600	5,696,492				
	rt II	Signatur												
						ng schedules and statement nation of which preparer h	ents, and to the best of my has any knowledge.	knowledge and belief,	I IS					
Sig	n	<u> </u>	, ,,,											
			e of officer						Date	e				
Her	е		Ward, CFC											
		,	print name and	uue			D-4-	1 180						
Γ.		Print/Type pre	•		Preparer's signature		Date	Check Z		PTIN				
Pai		M. Scott	Miller		5.1.0		05-08-2019	self-employ		P00146839				
	parer	Firm's name	•	Miller CPA				Firm's EIN ► 82	<u>:-14</u>	30242				
Use	Only	Firm's addres	s ►	P.O. Box 1				Phone no.						
					oro TN 37129			6	15-79	96-4092				
May	the IRS	S discuss this	retum with t	he preparer sho	own above? (see ir	nstructions)				X Yes No				

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4	V	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			V
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			V
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			V
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ
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			V
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			V
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? 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,			
	VII, 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	X	
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 VIJ	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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule.E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			- `
-	If "Yes," complete Schedule G, Part III	19		Χ
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
EEA	22. 22. 23. 24. 24. 24. 24. 24. 24. 24. 24. 24. 24	Form	990 (2	
		. •	\-	,

(continued)

Checklist of Required Schedules

Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			V
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
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?			V
	If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
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		Χ
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
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, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	<u> X</u>	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		1	Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

(continued)

Statements Regarding Other IRS Filings and Tax Compliance

Part V

Yes No 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 146 X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X За Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O b 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5а Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6h Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С required to file Form 8282? 7с If "Yes." indicate the number of Forms 8282 filed during the year 7d d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a а b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year h Section 501(c)(29) qualified nonprofit health insurance issuers. 13 а 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. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year 15 If "Yes," see instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Form 990 (2018)
Part VI

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

uctions.	
	X

Section A. Go	overning Body	and Ma	anagement
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000	tion A. Governing body and Management									
		1			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9							
	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	8							
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		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	d?	-	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		-	5		X				
6	Did the organization have members or stockholders?									
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		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		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
	the year by the following:									
а	The governing body?			8a	Χ					
b	Each committee with authority to act on behalf of the governing body?			8b	Χ					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)								
			_		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Χ				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,									
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	ng the form?	[11a	X					
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	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	. [12b	Χ					
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	X					
13	Did the organization have a written whistleblower policy?			13		X				
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approval by									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
b	Other officers or key employees of the organization			15b	Χ					
	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		X				
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 ► Tennessee									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)								
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website Dother (explain in Schedule C	D)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest policy, and								
	financial statements available to the public during the tax year.									
20	State the name address and telephone number of the person who possesses the organization's books and rec	ords.								

Walt Ward (615)794-2918, 3845 Perkins Rd, Thompsons Station, TN 37179

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

Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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.

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

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

				(C)					
(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
related organizations below dotted line)	Individual trustee or director	Institutional trustee		ve embrosee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
1.00									
	X						С	0	0
1.00									
	X						С	0	0
1.00									
	X						С	0	0
1.00									
	X						C	0	0
1.00									
	X						C	0	0
1.00									
	X						C	0	0
1.00									
	X						C	0	0
1.00									
	X						C	0	0
40.00									
			Х	X			78,391	. 0	0
40.00									
			X	X			63,673	0	0
40.00									
			X	X	:		81,902	0	0
20.00									
			X	X			42,000	0	0
	Average hours per week (list any hours for related organizations below dotted line) - 1.00	Average hours per week (list any hours for related organizations below dotted line) - 1.00	Average hours per week (list any hours for related organizations below dotted line) - 1.00	(B) Average hours per week (list any hours for related organizations below dotted line) - 1.00	Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line) - 1.00	(B) Average hours per week (list any hours for related organizations below dotted line)	(B) Average hours per week (list any hours for related organizations below dotted line) - 1.00	(B) Average hours per week (list any hours for related organizations below dotted line)

Form 990 (2018)

	00 (2018) Deer Run Retreat Center									62-172547	78	Pa	age 8
Part \	Section A. Officers, Directors, Trustees, Ke	ey Employee	s, and	Higl			mpens	sated	I Employees (cont	inued)			
	(A)	(B)			(C Posi				(D)	(E)		(F)	
	Name and title	Average	'		ck m	ore th	an one		(D) Reportable	(⊏) Reportable	Fs	stimated	
	Name and the	hours per					both an trustee)		compensation	compensation from		nount of	
		week (list any	우 코	ij	Q	2	g <u>∓</u>	7	from the	related organizations	com	other pensation	n
		hours for related	divid	stituti	Officer	Key employee	ghes nploy	Former	organization	(W-2/1099-MISC)	1	rom the	
		organizations below dotted	tor tr	onal		ploy	t con		(W-2/1099-MISC)		_	anization d related	
		line)	Individual trustee or director	Institutional trustee		ee	npens				1	anization	
				ee			Highest compensated employee						
(15)													
(15)													
(16)													
<u>(17)</u>													
(4.0)													
(18)													
(19)													
(20)													
(04)													
(21)													
(22)													
(23)													
(24)													
(24)													
(25)													
	Sub-total							•					
	Total from continuation sheets to Part VII, Section A			• • • •				•	205.222				
d	Total (add lines 1b and 1c)		ad aba		bo	roo	ois rod	mar	265,966	0			0
2	Total number of individuals (including but not limited reportable compensation from the organization ►	I to those list	eu abo	ive)	WHO	rece	eiveu	ПОГЕ	than \$ 100,000 or	0			
	reportable componential the organization											Yes	No
3	Did the organization list any former officer, director	, or trustee, k	key em	ploy	/ee,	or h	ighes	t con	npensated				
	employee on line 1a? If "Yes," complete Schedule										3		X
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than individual					lete	Sched	uie .	J for such		4		Χ
5	Did any person listed on line 1a receive or accrue co					ated	orgar	nizati	on or individual		7		
	for services rendered to the organization? If "Yes,"			-			_				5		Χ
Section	n B. Independent Contractors												
1	Complete this table for your five highest compensated												
	compensation from the organization. Report comper	isation for the	calen	ıdar	yeaı	enc	ding w	ith oi	r within the organiz	ation's tax			
	year. (A)								(B)			(C)	
	Name and business address								Description of	services		ensation	
2	Total number of independent contractors (including	but not limite	d to th	ose	liste	d ab	ove) v	vho					
	received more than \$100,000 of compensation from	the organiza	tion	•									

Part VIII Statement of Revenue

		Check if Schedule O contai	ns a respons	e or no	ote to any line in this	s Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns		1a					
nts nts	b	Membership dues		1b					
3rar nour	С	Fundraising events		1c	4,869				
fts, (r An	d	Related organizations		1d	,				
, Gil	е	Government grants (contribut		1e					
ions ir Sii	f	All other contributions, gifts, g							
ibuti		and similar amounts not inclu		1f	648,209				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include	ed in lines 1a	-1f: \$,				
Oa	h	Total. Add lines 1a-1f			•	653,078			
					Business Code				
e	2a	Summer camp			713990	609,936	609,936		
yen					713990	526,617	526,617		
ë R		Camp store			713990	84,731	84,731		
ervic	d	Facility rental			713990	555,226	555,226		
S mg	е	Meals			713990	339,837	339,837		
Program Service Revenue	f	All other program service reve	nue						
Д.	g	Total. Add lines 2a-2f			>	2,116,347			
	3	Investment income (including of and other similar amounts)	lividends, inte	erest,	•	30,779			30,779
	4	Income from investment of tax-		eds ►	00,110			00,110	
	5	Royalties	▶						
		,	(i) Real		(ii) Personal				
	6a	Gross rents	(1) 1 1001		() 1 0.001.0.				
		Less: rental expenses							
		Rental income or (loss)							
		NI () (I)			•				
		Gross amount from sales of	(i) Securition		(ii) Other				
	/a	assets other than inventory	(i) occurre	00	37,853				
		•			07,000				
	D	Less: cost or other basis and sales expenses			47,906				
	C	Gain or (loss)			(10,053)				
		Net gain or (loss)			(10,000) •	(10,053)	(10,053)		
Φ)		Gross income from fundraising				(10,000)	(10,000)		
enne		events (not including \$	4,86	9					
Other Reve		of contributions reported on lin		_					
er F		See Part IV, line 18	*	а					
₽	b	Less: direct expenses		b	28,269				
		Net income or (loss) from fund		- 1		(28,269)			(28,269)
		Gross income from gaming ac	_			(==;===)			(==,===)
		See Part IV, line 19		а					
	b	Less: direct expenses		b					
		Net income or (loss) from gam							
		Gross sales of inventory, less	3 · · · · · · ·						
	IUa	returns and allowances		а					
	b	Less: cost of goods sold		b					
		Net income or (loss) from sale		,					
		Miscellaneous Revenue			Business Code				
	11a	Other income			713990	26,133	26,133		
	b	-			-	-, -	-,		
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d		'	>	26,133			
	12	Total revenue. See instructions			. ▶ أ	2,788,015	2,132,427	0	2,510

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must comple

Sect	(ion 501(c)(3) and 501(c)(4) organizations must complete all c		nizations must comple	te column (A).	
Do n	Check if Schedule O contains a response or note to not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	ехрепвев
'	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ü	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees	265,966	250,008	15,958	
6	Compensation not included above, to disqualified	200,000	200,000	10,000	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	986,183	930,247	55,936	
8	Pension plan accruals and contributions (include			55,555	
	section 401(k) and 403(b) employer contributions)	14,118	12,497	1,621	
9	Other employee benefits	25,209	17,415	7,794	
10	Payroll taxes	93,626	88,264	5,362	
11	Fees for services (non-employees):		,	-,	
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O.)	62,292	48,389	13,903	
12	Advertising and promotion	95,382	85,717	9,665	
13	Office expenses	·	·	·	
14	Information technology				
15	Royalties				
16	Occupancy	102,766	97,310	5,456	
17	Travel	32,923		32,923	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	194,421	183,268	11,153	
23	Insurance	66,533	41,557	24,976	
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	Food and supplies	380,748	362,902	17,846	
b	Repairs and maintenance	140,850	140,850		
С	Small tools and equipment	62,756	62,756		
d	Bank and merchant fees	45,757	45,757		
е	All other expenses	103,228	99,814	3,414	
25	Total functional expenses. Add lines 1 through 24e .	2,672,758	2,466,751	206,007	0
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)				

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 Cash - non-interest-bearing 76,195 1 1,835,989 2 Savings and temporary cash investments 10,847 2 992 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 62,500 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,837,717 b 10b 1,683,921 4,240,842 10c 4,153,796 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV. line 11 1,673,003 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,000,887 16 6,053,277 17 Accounts payable and accrued expenses 34,880 17 56,831 18 Grants payable 18 295,854 19 19 Deferred revenue 73,407 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 383,000 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 4,000 23 4,100 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 Schedule D 25 Total liabilities. Add lines 17 through 25______ 495,287 26 356,785 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 3,831,875 27 1,864,744 28 Temporarily restricted net assets 1,673,725 28 3,831,748 29 Permanently restricted net assets 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 32 Retained earnings, endowment, accumulated income, or other funds

5,696,492

5,505,600

6,000,887

33

34

33

34

Form 990 (2018) Deer Run Retreat Center 62-1725478 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 2,788,015 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,672,758 3 Revenue less expenses. Subtract line 2 from line 1 3 115,257 5,505<u>,</u>600 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 Investment expenses 7 Prior period adjustments 8 75,635 8 9 9 Other changes in net assets or fund balances (explain in Schedule O) 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 5,696,492 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis X b Were the organization's financial statements audited by an independent accountant? 2b 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight Χ of the 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 Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

X

За

3b

SCHEDULE A

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Dee	r Rı	ın Retreat Center					62-172547	'8					
Pa	rt I	Reason for Public Charity S	Status (All orga	nizations must com	plete thi	s part.) S	See instructions.						
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)							
1		A church, convention of churches, or	association of chu	ırches described in secti	on 170(b)(1)(A)(i).							
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)								
3		A hospital or a cooperative hospital s	service organization	n described in section 17	70(b)(1)(A)	(iii).							
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in secti	on 170(b)((1)(A)(iii). Enter the						
		hospital's name, city, and state:											
5		An organization operated for the bene	efit of a college or ι	university owned or opera	ated by a g	jovernmen	tal unit described in						
		section 170(b)(1)(A)(iv). (Complete F	Part II.)										
6		A federal, state, or local government	or governmental u	init described in section	170(b)(1)(/	۹)(۷).							
7		An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or fro	m the general public						
		described in section 170(b)(1)(A)(vi).	•	•									
8	Ц	A community trust described in section											
9	Ш	An agricultural research organization		. , . , . ,		•	-	ege					
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:											
10	X	An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gros	SS					
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its						
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	rom businesses						
		acquired by the organization after Ju		. , , , , .									
11	님	An organization organized and opera	•										
12	Ш	An organization organized and operat	•	·									
		of one or more publicly supported org	-	, , , ,			, ,,	•					
	_	Check the box in lines 12a through 12						•					
	а	Type I. A supporting organization		•		•		ving					
		the supported organization(s) the supporting organization. You mu			nty of the c	illectors or	trustees of the						
	b	Type II. A supporting organization	•		ith ite eunn	orted orga	unization(s) by bayin	a					
	D	control or management of the sup	•			•		-					
		organization(s). You must comple		•	roono triat v	30111101 01 1	nanage the supporte	u .					
	С	Type III functionally integrated. A			ection with	and funct	tionally integrated wi	th.					
		its supported organization(s) (see		·				,					
	d	Type III non-functionally integrate	•	·				n(s)					
		that is not functionally integrated.	The organization g	generally must satisfy a d	istribution i	equiremer	nt and an attentivenes	SS					
		requirement (see instructions). Y	ou must complete	Part IV, Sections A and	D, and Pa	rt V.							
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III						
		functionally integrated, or Type III	I non-functionally in	ntegrated supporting orga	anization.								
	f	Enter the number of supported organ	izations										
	g	Provide the following information about	ut the supported or	ganization(s).			I	I					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of					
				above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)					
					\/	NI-							
					Yes	No							
(A)													
(B)													
(C)													
(D)													
(E)													
	1												

 Schedule A (Form 990 or 990-EZ) 2018
 Deer Run Retreat Center
 62-1725478
 Page 2

Part II Support Sc

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	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here					0)(3)	>
	tion C. Computation of Public Supp						
14	Public support percentage for 2018 (line 6,	. ,	•	. ,,	• • •	14	%
15	Public support percentage from 2017 Scheo					15	%
16a	33 1/3% support test - 2018. If the organization					eck this	
	box and stop here. The organization qualif						▶ ⊔
b	33 1/3% support test - 2017. If the organiza						
	this box and stop here. The organization q	•					▶ ⊔
17a	10%-facts-and-circumstances test - 2018.	•					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		_		is a publicly suppor	ted	
b	organization				16b, or 17a, and li	ne	> []
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	" test, check this b	ox and stop here.		
	Explain in Part VI how the organization mee	ets the "facts-and-	circumstances" tes	st. The organization	qualifies as a publ	icly	
	supported organization						>
18	Private foundation. If the organization did r	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see		
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2018 Deer Run Retreat Center 62-1725478 Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

•		•	,	,							_	,		•
lf	the	organiz	atior	n fails to	qualify	under	the t	tests	listed b	elow.	please	complete	Part II.)	

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		461,570	578,782	3,042,886	653,078	4,736,316
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			2,169,143	2,235,587	2,116,347	6,521,077
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization'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						
6	Total. Add lines 1 through 5		461,570	2,747,925	5,278,473	2,769,425	11,257,393
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					53,795	53,795
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						
С	Add lines 7a and 7b					53,795	53,795
8	Public support. (Subtract line 7c from line 6.)						11,203,598
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		461,570	2,747,925	5,278,473	2,769,425	11,257,393
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			2,752	7,118	30,779	40,649
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			2,752	7,118	30,779	40,649
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	461,570	2,750,677	5,285,591	2,800,204	11,298,042
14	First five years. If the Form 990 is for the organization, check this box and stop here.	•			, ,	(3)	.
Sec	ction C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8, co	olumn (f), divided by	y line 13, column (f))		15	99.16 %
16	Public support percentage from 2017 Schedu					16	99.88 %
Sec	ction D. Computation of Investment I						
17	Investment income percentage for 2018 (line					17	0.00 %
18 19a	Investment income percentage from 2017 S 33 1/3% support tests - 2018. If the organiza				re than 33 1/3%, a	18 Ind line	0.00 %
	17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2017. If the organiza	and stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶ 🛚
J	line 18 is not more than 33 1/3%, check this						•
20	Private foundation. If the organization did no	ot check a box on li	ne 14, 19a, or 19b	, check this box an	nd see instructions		▶ □

Deer Run Retreat Center 62-1725478 Schedule A (Form 990 or 990-EZ) 2018

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

S

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
0 -	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	20		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	26		
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	20		
10	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	10		
h	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
0	Did the organization support any foreign supported organization that does not have an IRS determination	40		
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
Ja	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ju		
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	00		
Ū	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10a

9с

activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

2b

За

instructions).

Schedule A (Form 990 or 990-EZ) 2018 Deer Run Retreat Center		62-172	5478	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	ns		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (expla	in in Part VI).	See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Section	s A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Curre	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current `	Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functional		ated Type III supporting	n organization	(see

EEA Schedule A (Form 990 or 990-EZ) 2018

	Retreat Center	O a satis a O a sisati	62-172	5478 Page 7
Part V Type III Non-Functionally I	ntegrated 509(a)(3)	Supporting Organization	ons (continued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organization	ons to accomplish exe	empt purposes		
2 Amounts paid to perform activity that	directly furthers exemp	ot purposes of supported		
organizations, in excess of income fro				
3 Administrative expenses paid to accord	mplish exempt purpos	es of supported organiza	tions	
4 Amounts paid to acquire exempt-use	assets			
5 Qualified set-aside amounts (prior IRS	S approval required)			
6 Other distributions (describe in Part V	I). See instructions.			
7 Total annual distributions. Add lines 1	through 6.			
8 Distributions to attentive supported or	ganizations to which the	he organization is respon	sive	
(provide details in Part VI). See instru-	ctions.			
9 Distributable amount for 2018 from Se	ection C, line 6			
10 Line 8 amount divided by Line 9 amou	unt			
		/i)	(ii)	(iii)
Section E - Distribution Allocations (see	instructions)	(I) Excess Distributions	Underdistributions	Distributable
		EXCESS DISTIDUTIONS	Pre-2018	Amount for 2018
1 Distributable amount for 2018 from Se	ection C, line 6			
2 Underdistributions, if any, for years pr	ior to 2018			
(reasonable cause required - explain i	in Part VI). See			
instructions.				
3 Excess distributions carryover, if any,	to 2018			
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e				
g Applied to underdistributions of prior y	/ears			
h Applied to 2018 distributable amount				
i Carryover from 2013 not applied (see	instructions)			
j Remainder. Subtract lines 3g, 3h, and				
4 Distributions for 2018 from				
Section D, line 7:	\$			
a Applied to underdistributions of prior y	•			
b Applied to 2018 distributable amount				
c Remainder. Subtract lines 4a and 4b	from 4.			
5 Remaining underdistributions for year				
any. Subtract lines 3g and 4a from line	·			
greater than zero, explain in Part VI. S				
6 Remaining underdistributions for 2018				
and 4b from line 1. For result greater				
Part VI. See instructions.	anan zoro, explain in			
7 Excess distributions carryover to 2019	Add lines 3i			
and 4c.				
8 Breakdown of line 7:				
- F 60044				
h Evene from 201E				
a Fyence from 2010				
d Evene from 2017				
a Fyence from 2010				
e Excess from 2018				

	rm 990 or 990-EZ) 2018 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Name of the organization

Deer Run Retreat Center

Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

62-1725478

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

Deer Run Retreat Center 62-1725478

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$42,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		_ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$161,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		_ \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$21,458	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Deer Run Retreat Center 62-1725478

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ 83,661	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$6,500	Person 🖫 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number Name of organization

Deer Run Retreat Center 62-1725478

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14		\$50,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

	of the organization	Employer identification number
<u>Dec</u>	er Run Retreat Center	62-1725478
Par	T I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	☐ Yes ☐ No
Par	t II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	important land area
	☐ Protection of natural habitat ☐ Preservation of a certified his	storic 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 contribution contribution in the form of a conservation contribution contr	ervation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	zation during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	▶ \$	
8	Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section $170(h)(4)(B)$	
	and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that or	describes the
_	organization's accounting for conservation easements.	
Par		ilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	lance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	herance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included on 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 treasures, or other similar assets for financial gain, p	provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

4,153,796

Schedule D (Form 990) 2018 Deer Run Retreat Center 62-1725478 Page 3

Part VII Investments - Other Securities

	·	1	rt IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	lerivatives		
,	ld equity interests		
 Other 			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<u> </u>	must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answ	vered "Yes" on Form 990, Pa	rt IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
	must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
		vered "Yes" on Form 990. Pa	rt IV, line 11d. See Form 990, Part X, line 15.
		(a) Description	(b) Book value
(1)			
(1)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8) (9)	ı (b) must equal Form 990, Part X, col. (B) li		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	ı (b) must equal Form 990, Part X, col. (B) li Other Liabilities.		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Liabilities.	ne 15.)	rt IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answ	ne 15.)	<u> </u>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnary Part X	Other Liabilities. Complete if the organization answline 25. (a) Description of liability	ne 15.)vered "Yes" on Form 990, Pa	<u> </u>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answline 25. (a) Description of liability	ne 15.)vered "Yes" on Form 990, Pa	<u> </u>
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Liabilities. Complete if the organization answline 25. (a) Description of liability	ne 15.)vered "Yes" on Form 990, Pa	<u> </u>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2)	Other Liabilities. Complete if the organization answline 25. (a) Description of liability	ne 15.)vered "Yes" on Form 990, Pa	<u> </u>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3)	Other Liabilities. Complete if the organization answline 25. (a) Description of liability	ne 15.)vered "Yes" on Form 990, Pa	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4)	Other Liabilities. Complete if the organization answline 25. (a) Description of liability	ne 15.)vered "Yes" on Form 990, Pa	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5)	Other Liabilities. Complete if the organization answline 25. (a) Description of liability	ne 15.)vered "Yes" on Form 990, Pa	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answline 25. (a) Description of liability	ne 15.)vered "Yes" on Form 990, Pa	<u> </u>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answline 25. (a) Description of liability	ne 15.)vered "Yes" on Form 990, Pa	<u> </u>

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Deer Run Retreat Center 62-1725478

	Complete if the organization answered "Vec" on Form 000 Dort IV line 12e		n.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	2 01 6 202
2	Total revenue, gains, and other support per audited financial statements	1	2,816,283
ے a	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities		
	Recoveries of prior year grants		
c d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	28,268
3	Subtract line 2e from line 1	3	2,788,015
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	2,766,015
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12</i> .)	5	2,788,015
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	_	
·u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	0	tarri
1	Total expenses and losses per audited financial statements	1	2,701,026
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	28,268
3	Subtract line 2e from line 1	3	2,672,758
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		
þ	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,672,758
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part III, lines 1a and 4; Part IIV, lines 1b and 2b; Part V, line 4; Part III, lines 1a and 4; Part IIV, lines 1b and 2b; Part V, line 4; Part III, lines 1a and 4; Part IIV, lines 1b and 2b; Part III, lines 4; Part III, lines 1a and 4; Part IIV, lines 1b and 2b; Part III, lines 4; Part III, lines 1a and 4; Part IIV, lines 1b and 2b; Part III, lines 4; Part III, lines 1a and 4; Part IIV, lines 1b and 2b; Part III, lines 4; Part III, lines 1a and 4; Part IIV, lines 1b and 2b; Part III, lines 1b	rt X, line	9
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
^1	Other work included as Form OOO (Book WI line O	 \	
υт	. Other revenues not included on Form 990 (Part XI, line 2	<u>a)</u>	
E	enses deducted directly from fundraising income.		
ьхр	enses deducted directly from fundralsing income.		

EEA Schedule D (Form 990) 2018

EEA Schedule D (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Deer Run Retreat Center

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

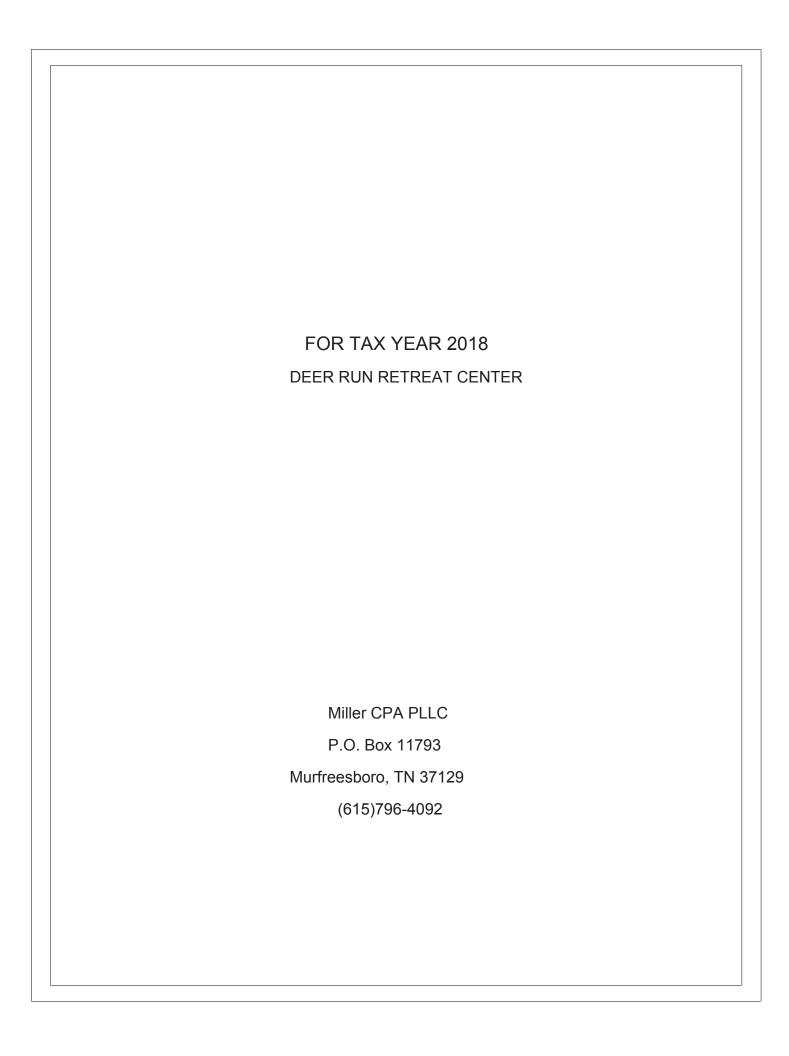
OMB No. 1545-0047

Open to Public Inspection

Employer identification number

62-1725478

01. Form 990 governing body review (Part VI, line 11) The president and CFO review the form 990 prior to filing. 02. Conflict of interest policy compliance (Part VI, line 12c) The organization requires board members to disclose conlicts of interest as they arise. The organization avoids conducting business with board members. 03. CEO, executive director, top management comp (Part VI, line 15a) Compensation is reviewed by and approved by the board of directors annually. 04. Other officer or key employee compensation (Part VI, line 15b Compensation is reviewed and approved by the board of directors annually. 05. Governing documents, etc, available to public (Part VI, line 19) The Form 990 is available at the Giving Matters website. The public may make requests for the Form 990 or the other documents by contacting the organization.



	Federal Filing Instructions	2018	
Name as shown on return Deer Run Retreat Center		Tax ID Number 62-1725478	

Date to file by: 05-15-2019

Form to be filed: Form 990 and supplemental forms and schedules

An officer must sign and date Form 990 Sign and date:

on page 1.

Address to file: If you are not e-filing, mail to:

Department of the Treasury Internal Revenue Service Center

Ogden, UT 84201-0027

Refund: Neither a refund nor a balance due

Other instructions:

If the return is not filed by the due date (including any extension granted), attach a

statement giving the reason for not filing on time.

7 Tax Exempt 2018 Diagnostic Summary Name Deer Run Retreat Center Dear Run Retreat Center

Demographics

Mailing Address: Phone: (615)794-2918

3845 Perkins Rd

Thompsons Station, TN 37179

Resident State: TN

Diagnostics

Preparer: M. Scott Miller Invoice: Date: 05-08-2019

Return Information

Item on Return	2018	2017 Federal		
item on Return	Federal	(If available)		
Total Revenue	2,788,015	5,252,080		
Total Expenses	2,672,758	2,334,060		
Net Excess (Deficit)	115,257	2,918,020		
Net Assets or Fund				
Balances	5,696,492	5,505,600		

State/City Information

State/City	<u>Taxable</u>	<u>Total</u>	Change Fund	<u>UBIT</u>	<u>Total</u>	Refund/
	Revenue	Expenses	Balance		Tax	(Balance Due)