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)

Department of the Treasury

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

OMB No 1545-0047

	For the 2008 cal	endar ve	ar ortax ve	ar beginnir	10				and	ending					<u> </u>	
	heck if applicable	Please	C Name of c			DII	IN RETREAT	CENTE		chaing	D Fr	nnlover	ıdentıficatı	on numl	her	
	ddress change	use IRS	Doing Bus		DLEF	, IVO	MAINE HALAI	OLIVIE			-1	725478				
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=	nitial return	type			O DOX II III.	allisi	ioi delivered to s	ileel addie	333)	Noomisule	1					
=	ermination	See Specific	3865 Perki	vn, state or co	ountry and 71	ID + A					(613)	372-2	300			
Ħ	mended return	Instruc- tions	THOMPSO			IF + 4	TN		37179		G G	ross rece	ints \$		55	3,600
$\dashv $	application pending								3/ 1/3	1						X No
	Application pending		lame and add	•	-			T	70		_		n for affiliat	es / [= =	=
							on's Station,	$\overline{}$		— ^{Н(Б)} А	re all affi				Yes	No
A	ax-exempt status	X 50)1(c) (3) ∢ (inse	ert no)	<u>Ų</u>	4947(a)(1) or	52	27		If "No,"	attach a	list (see in	struction	iS)	
<u>,7 N</u>	/ebsite: ► ww			1						H(c) G	roup exe	mption n	umber 🕨			
K Ty	ype of organization	X Co	orporation	Trust	Association	nL	Other ▶		LY	ear of form	nation		M State	of legal	domicile	
P	art I Su	mmary						-								
	1 Briefly o	lescribe	the organiz	ation's mis	ssion or me	ost s	significant ac	tivities								
	Operation	on of a c	hristian can	np and lod	ge											
ce																
Activities & Governance					-	 -	. 								. 	<u>.</u>
ove	2 Check t	his box	▶ ☐ If th	e organiza	ation disco	ntını	ued its opera	tions or	dispose	d of mo	re than	25% c	f its asse	ets		
Ŏ ari	3 Number	of votin	g members	of the gov	erning bo	dy (F	Part VI, line 1	a)					3			8
es				_		gove	erning body (Part VI,	line 1b)				4			7
Ĭ			employees										5			37
Ac	6 Total nu		volunteers	•									6			50
							III, line 12, c		C)				7a			0
		elated bu	usiness taxa	able incom	e from Fo	<u>rm 9</u>	90-T, line 34						7b			0
	© Cartaba	.4			- 4EV					-	Prior		. 500	Cur	rent Year	
ē			nd grants (P),598			6,338
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							Part VIII, colu A), lines 1–3)		line 12			1,270	0,803			53,600
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	15 Salaries						art IX, colum	ın (Δ) lır	noc 5 1	\sim		100	0,796)4,787
ses	16a Profess		draising fee					ııı (∕ ∕), ııı	162 7-1	"├──		100	0			7,707 0
Expenses			g expenses										- 			
Ä	17 Other e	rnenses	(Part IX co	ılumn (A)	lines 11a	1114	1 F2 749 E	MED			•	254	1,225		42	23,808
	18 Total ex	penses	Add lines 1	3–17 (mu:	st equal P	art la	X, column (A	. v ∟ ⊖ }_line-25	ا . ــــدة				5,021			29,095
	19 Revenu	e less ex	xpenses Su	ubtract line	18 from h	ine i	12	,,	<u> </u>				5,782			⁷ 5,495
oc			· · · · · · · · · · · · · · · · · · ·			22	JUL 0	2009	기이	E	Beginning			End	d of Year	
sets	20 Total as	sets (Pa	art X, line 16	6)		L		_	RS-C			2,829	7,769		3,47	79,419
Net Assets or Fund Balances	21 Total lia	bilities (l	Part X, line	26)		1	OGDE	VI LIT				1,391	,839		2,22	21,306
ᇗ	22 Net ass	ets or fu	nd balances	s Subtract	line 21 fro	<u>om lı</u>	ine 20	<u>√, ∪ i</u>				1,437	7,930		1,25	8,113
Pa		nature														
	Unde	er penalties	of perjury, I de	eclare that I ha	ave examined	d this	return, including	accompan	ying sche	dules and s	statemen	ts, and to	the best of	my kno	wledge	
	and	belief, it is f	true, correct, ar	nd complete	Declaration o	t prep	parer (other than	officer) is t	based on a	all informati	on of whi	ich prepa	rer has any	knowled	age	
		K		///	Ton-	_						16	/29 /	/ 9		
Sig	n	Signature	of officer		1	- 1						Date	21/			
Her	e i	David C							Dro	sident		Date				
	1		rint name and ti	ıtle	_				FIE	SIGETIL						
	Prep	arer's	ame and t				Ī	ate		Check if	-		Preparer's	identifyi	ng number	r
Paid										self-	_		(see instruct		3	
	narer's	<u>*</u>								employed		<u>Ш</u>				
	Combined Firm	's name (oi f-employed									EIN	<u> </u>				
	J 55.	ess, and Zi									Phone	no 🕨				
May	the IRS discus	ss this re	eturn with th	e prepare	r shown at	bove	? (see instru	ctions)	_			_			Yes	No
	Drivacy Act and														990	

(HTA)

Form **990** (2008)

Pa	rt III Statement of Program Service Accomplishments (see instructions)		-
1	Briefly describe the organization's mission Deer Run is a full service Christian camp and lodge. Providing all types of outdoor activities to a wide range.		
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	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the organization of		ınd
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 649,307 including grants of \$ 0) (Revenue \$ Provided program services - maintained lodge and full service camp	457	,224)
	•		
	·		
		· 	
4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$		
		· • • • • • • • • • • • • • • • • • • •	
		. 	.
		. 	
4c	(Code) (Expenses \$0 including grants of \$0) (Revenue \$		0)
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		· • • • • • • • • • • • • • • • • • • •	
		·	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ▶ \$ 649.307 (Must equal Part IX. Line 25, column	(0))	

Par	Checklist of Required Schedules			aye
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	┼
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	 ^	+
J	candidates for public office? If "Yes," complete Schedule C, Part I	3_		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to		1	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete		ĺ	
	Schedule D, Part I .	_6		X
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		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		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	├		 ^
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		┼^
• •	Parts VI, VIII, VIII, IX, or X as applicable	11		x
12	Did the organization receive an audited financial statement for the year for which it is completing this return	- ' '		┼^
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
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, Part II	15		X
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, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ļ	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> ×</u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			l
0.4-	Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
h	24b–24d and complete Schedule K If "No," go to question 25	24a	-	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	-
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24-		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	-	┢
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24U	 	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	200	 	广
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		—	Ė
-	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	×	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Part IV Checklist of Required Schedules (continued)

7			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			.,
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	30		_^
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			V
37	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
JI	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
	¥1	_ 3 <i>/</i>		^_

Form **990** (2008)

Par	Statements Regarding Other IRS Filings and Tax Compliance		-0110		uge •
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	Г			
	U.S. Information Returns. Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	1		!	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	rtable		1	1
	gaming (gambling) winnings to prize winners?	L	1c	LX	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	57	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)	i			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	by			
	this return?	-	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	-	3b		Х
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut				
	over, a financial account in a foreign country (such as a bank account, securities account, or other finan	icial			,
	account)?	-	4a		X
ь	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ba and Financial Accounts	ink			
5a			E.		
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5a 5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	""´ -	อม		-^-
C	Regarding Prohibited Tax Shelter Transaction?		5c		X
6a	Did the organization solicit any contributions that were not tax deductible?	F	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or	Va		<u>^</u>
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more that	an			
	\$75?	L	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	sonal			
_	benefit contract?	<u> </u>	7e	_	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	t?	.7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	-	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a	ıs			
	required?	. ⊦	7h_		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(2) supporting organizations. But the supporting organization or a fund maintaining donor advised funds and sections.				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponso organization, have excess business holdings at any time during the year?	oring			\ \
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	}	_8		X_
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	F	9b		X
10	Section 501(c)(7) organizations. Enter	<u> </u>	35		
а	Initiation fees and capital contributions included on Part VIII, line 12				1
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				
а	Gross income from members or shareholders 11a				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 10	041?	12a		X
b_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A Governing Body and Management

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			Ì
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 8			
b	Enter the number of voting members that are independent 1b 7	1		
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	×	
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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5) X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u> </u>
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	40.		
13	Does the organization have a written whistleblower policy?	12c		X X
14	Does the organization have a written document retention and destruction policy?	13 14		-
15	Did the process for determining compensation of the following persons include a review and approval by	14		<u> </u>
	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	X	<u> </u>
-	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the following section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the following section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the following section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the following section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the following section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the following section 6104 requires an organization for the following section 6104 requires an organization for the following section 6104 requires and 6104 require	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who person	ne		
	organization David Gibson			

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. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 the organization did not compe	ensate any offic	er, dır	ect	or,	trus	stee, c	or k	ey employee		
(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average					that ap	• • •	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Jeff Sheet Director	0	Х						0	0	0
David Gibson President	40	Х		х	x	X		47,500	0	0
Bill Butler Sec/Tres	5	Х		х				0	0	0
Kurt Beasley Director	0	Х						0	. 0	0
Harmon Jones Director	0	Х						0	0	0
Mickey Robinson Director	0	х						0	0	. 0
Larry Watkins Director	0	х						0	0	0
Jimmy Williams Dirctor	0	х						0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	. 0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0
	0							0	0	0

(E)

(A)

(F)

Name and title	Average	Po	sition		k all t	hat app		Reportable	Reportable	Estimated
	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	. 0							0	0	(
	. 0							0	0	
	. 0							0	0	(
	. 0							0	0	C
	. 0							0	0	(
	. 0							0	0	
	. 0			·				0	0	C
	. 0							0.	0	C
	. 0							0	0	(
	0							0	0	(
	. 0							0	0	
	. 0							0	0	(
	. 0							0	0	(
1b Total					_	_	•	47,500	0	
Total number of individuals (including those organization ► 0	e in 1a) who rec	eived	mor	e tha	an \$1	100,0	100 11	n reportable com	npensation from	the
										Yes No
3 Did the organization list any former officer, employee on line 1a? If "Yes," complete So					yee,	or h	ighe:	st compensated	3	3 X
4 For any individual listed on line 1a, is the si the organization and related organizations										
<i>individual</i>Did any person listed on line 1a receive or	accrue compens	satior	n fror	n an	v iin	relate	ed or	roanization for	4	X X
services rendered to the organization? If ")										<u> </u>
Section B. Independent Contractors 1 Complete this table for your five highest co					4-	46			- £100 000 of	
Complete this table for your five highest co compensation from the organization		pend	ient (JOHU	acto	15 1118	at 16	ceiveu more ma		
(A) Name and business	address							(B) Description of serv	rices C	(C) Compensation
										<u>_</u>
				-		-				
2 Total number of independent contractors (i compensation from the organization ▶	ncluding those i		vho r	ecei	ved	more	thar	n \$100,000 in		
			_							Form 990 (2008)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

Position (check all that apply)

(D)

(B)

Form **990** (2008)

Pari	VIII	Statement of Revenue							
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns	1a		0		·		
Ē	b	Membership dues	1b		0				
, g	С	Fundraising events	1c		0				
ar a	d	Related organizations	1d		0				
S, S	е	Government grants (contributions)	1e	_	0				
ion		All other contributions, gifts, grants							
but		similar amounts not included above	1 1		96,338				
Contributions, gifts, grants and other similar amounts	а	Noncash contributions included in I			0				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	•		•	96,338			
					Business Code	201900	,		
enu	2a	Camp & Lodge Fees				284,867	284,867		
Rev	ь	Adventure and Recreation				56,781	56,781		
ice	С	Program Retreats				10,375	10,375		
Serv	d	Meals / Food Reimbursement				105,201	105,201		
Ë	е					0			
Program Service Revenue	f	All other program service revenue		•		0			
<u> </u>	g	Total. Add lines 2a-2f			•	457,224			
	3	Investment income (including divide	ends, interes	st, an	d				
		other similar amounts)			•	38	38		
	4	Income from investment of tax-exer	npt bond pro	ocee	ds ▶	0			
	5	Royalties			▶ [0			
			(ı) Real		(II) Personal				
	6a	Gross Rents							
	b	Less rental expenses							
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss)			•	0			
	7a	Gross amount from sales of	(i) Securitie	es	(II) Other				
		assets other than inventory		0	0				
	þ	Less cost or other basis							
		and sales expenses		0	0				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss)			•	0			
<u>o</u>	8a	Gross income from fundraising							
ĵ,		events (not including \$							
ě		of contributions reported on line 1c)						
Æ		See Part IV, line 18		a	0				
Other Revenue		Less direct expenses		b	0				
Ó		Net income or (loss) from fundraisii Gross income from gaming activitie			P	0			
	Ja	See Part IV, line 19	:5		اه				
	h	Less direct expenses .		a b	0				
		Net income or (loss) from gaming a	ctivities	D	→	0			
		Gross sales of inventory, less	CUVICO						
		returns and allowances		а	ام				
	b	Less cost of goods sold		b	0				
		Net income or (loss) from sales of i	nventorv	- 1	<u> </u>	o			
		Miscellaneous Revenue			Business Code				
	11a					o			
	b			-		0			
	С					0			
	d	All other revenue		-		0			
	е	Total. Add lines 11a-11d			—	0			
	12	Total Revenue. Add lines 1h, 2g, 3	3, 4, 5, 6d, 7d	d, 8c,					
_		9c, 10c, and 11e .			▶	553,600	457,262	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the U.S. See Part IV, line 21	500	500		
2	Grants and other assistance to individuals in				
•	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees .	111 406	111 406		
6	Compensation not included above, to disqualified	111,406	111,406		
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	193,381	193,381		
8	Pension plan contributions (include section 401(k)	133,301	100,001		
Ū	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	8,841	8,841		
12	Advertising and promotion	27,858	27,858		
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	7,323		7,323	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	65,987	65,987		
21	Payments to affiliates	. 0			0
22	Depreciation, depletion, and amortization	71,392	71,392	0	0
23	Insurance	30,636		30,636	
24	Other expenses Itemize expenses not			į	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
a	Food	72,891	72,891		· · · · · · · · · · · · · · · · · · ·
b	Supplies	16,765	16,765		
C	Telephone	10,484	10,484		
d	Buildings and Grounds Maintenance	62,798	62,798	44 020	
e	Taxes, Permits, Fees	41,829	7.004	41,829	
7 25	All other expenses Bank / Credit Card	7,004	7,004	79,788	0
25	Total functional expenses. Add lines 1 through 24f	729,095	649,307	79,788	0
26	Joint Costs. Check here ► if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				

Pa	art X	Balance Sheet								-9
	,				(A) Beginning of year				3) of year	
	1	Cash-non-interest-bearing			22,836	1				9,664
	2	Savings and temporary cash investments				2				
	3	Pledges and grants receivable, net			0	3				0
	4	Accounts receivable, net			370	4				3,402
	5	Receivables from current and former officers employees, or other related parties. Completing			0	5				0
	6	Receivables from other disqualified persons								
		4958(f)(1)) and persons described in section		The state of the s						
		Part II of Schedule L			o	6				0
sts	7	Notes and loans receivable, net		. [0	7				0
Assets	8	Inventories for sale or use				8				
ď	9	Prepaid expenses and deferred charges				9				
	10a	Land, buildings, and equipment cost basis	10a	3,585,106						
	b	Less accumulated depreciation Complete					İ			
		Part VI of Schedule D	10b	118,753	2,806,563	10c			3,46	6,353
	11	Investments-publicly traded securities			0	11				0
	12	Investments-other securities See Part IV, Iir	ie 11		0	12			<u> </u>	0
	13	Investments-program-related See Part IV, II	ne 11		0	13				0
	14	Intangible assets				14				
	15	Other assets See Part IV, line 11			0	15				0
	16	Total assets. Add lines 1 through 15 (must e	qual lir	ne 34)	2,829,769	16		_	3,47	9,419
	17	Accounts payable and accrued expenses			_3,636	17			1	7,849
	18	Grants payable				18				
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities			0	20				0
ies	21	Escrow account liability Complete Part IV of	Sched	ule D		21				
Liabilities	22	Payables to current and former officers, direct	tors, tr	ustees, key]			
iab		employees, highest compensated employees	s, and c	disqualified]			
		persons Complete Part II of Schedule L		L	0					0
	23	Secured mortgages and notes payable to uni	related	third parties	1,388,203	23			2,20	3,457
	24	Unsecured notes and loans payable			0	24				0
	25	Other liabilities Complete Part X of Schedule	e D		0	25				0
	26	Total liabilities. Add lines 17 through 25			1,391,839	26			2,22	1,306
ses		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33								
ano	27	Unrestricted net assets			1,437,930	27	1		1 25	8,113
Bal	28	Temporarily restricted net assets		-		28			.,	<u>-,</u>
Þ	29	Permanently restricted net assets		-		29				
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 and complete lines 30 through 34.	7, chec	k here▶						
ts (20		.			00				
sse	30	Capital stock or trust principal, or current fund			-	30				
Ąŝ	31	Paid-in or capital surplus, or land, building, or				31				
let	32	Retained earnings, endowment, accumulated	incom	ie, or other tunas	4 427 020	32			1.25	0.112
_	33	Total net assets or fund balances			1,437,930	33				8,113
Da	34 rt XI	Total liabilities and net assets/fund balances			2,829,769	34	<u> </u>		3,47	9,419
Гd	IL VI	Financial Statements and Reporting	1						Yes	No
1	Δα	ecounting method used to prepare the Form 99	n 🔽	Cash Accrua	al Other		[103	
2:		ere the organization's financial statements con			<u></u>		j	2a		X
		_					l	2b		$\frac{\hat{x}}{x}$
		ere the organization's financial statements aud "Yes" to lines 2a or 2b, does the organization h	-	•		iaht of	ftha	<u> </u>		
,		idit, review, or compilation of its financial stater				ignt of	ו נווכ	2c		
3		s a result of a federal award, was the organizat					ŀ	20	<u> </u>	
3		e Single Audit Act and OMB Circular A-133?	on req	uned to undergo an aut	ait of addits as SEL IOIIII I	11		3a	;	
		"Yes," did the organization undergo the require	d audi	t or audits?			ł	3b		
	. II.	- 00, did the organization undergo the regular	u auuli	or addito.				- 20		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts. ▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

See separate instructions.

Employer identification number DEER RUN RETREAT CENTER 62-1725478 Reason for Public Charity Status (All organizations must complete this part) (see instructions) Part I The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____ An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 [x]An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** | Type II c | Type III–Functionally integrated Type III-Other e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports h

(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	rganization sted in your document?	the organ col (i)	ou notify nization in of your port?	organizat	s the tion in col zed in the S ?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
								-	
otal									

Schedu	lle A (Form 990 or 990-EZ) 2008 DEER RUN RE					62-172547	
Par					1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you checked t	the box on line	5, 7, or 8 of	Part I)			
	ion A. Public Support					————	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007_	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	o	0	0			0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4	Total Add lines 1-3	0	0	0	0	0	0
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)	U.	0	O	0	Ü	<u> </u>
6	Public support. Subtract line 5 from line 4						0
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	0	0	0	.0	0	0
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0			0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0			0
11 12	Total support. Add lines 7 through 10		\			12	0
13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the o organization, check this box and stop here	rganızatıon's fir	•	rd, fourth, or fift	h tax year as a		▶ □
<u>3ect</u> 14	ion C. Computation of Public Support Public support percentage for 2008 (line 6, c		ad by line 11	column (ft)		14	0 00%
15	Public support percentage for 2006 (line 6, 6) Public support percentage from 2007 Scheo	• • •		column (i))		15	0 00%
16a	33 1/3% support test–2008. If the organiza and stop here. The organization qualifies a	tion did not che	ck the box on		ا e 14 is 33 1/3%		
b 17a	33 1/3% support test—2007. If the organization and stop here. The organization qualification-facts-and-circumstances-test—2008.	es as a publicly	supported org	janization			▶ 🗌
b	or more, and if the organization meets the "the organization meets the "facts-and-circum 10%-facts-and-circumstances test—2007. or more, and if the organization meets the "facts-and-circum the organization the organization meets the "facts-and-circum the organization the organiz	facts-and-circur nstances" test If the organizat facts-and-circur nstances" test	nstances" test The organizat ion did not che nstances" test The organizat	, check this boo ion qualifies as eck a box on lin , check this boo ion qualifies as	and stop her a publicly sup e 13, 16a, 16b and stop her a publicly sup	e. Explain in Pa ported organiza o, or 17a, and li e. Explain in P ported organiza	art IV how ation ▶ ☐ ne 15 is 10% art IV how
18	Private foundation. If the organization did not ch	ieck a box on line	13, 16a, 16b, 1	/a ,or 17b, check	this box and se	e instructions	▶

20

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (d) 2007 (b) 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 61,460 143,025 1.010.598 96.338 81,113 1,392,534 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 30.514 182,224 260.181 58.144 457,224 988,287 3 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf n 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 91.974 201,169 263,337 1,270,779 553,562 2,380,821 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 909,450 909,450 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b n 0 O 909.450 o 909.450 Public support (Subtract line 7c from line 6) 1,471,371 Section B. Total Support (a) 2004 (b) 2005 Calendar year (or fiscal year beginning in) (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 Q 91,974 201,169 263,337 1,270,779 553,562 2,380,821 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 Add lines 10a and 10b 0 0 n 0 0 0 11 Net income from unrelated business. activities not included in line 10b. whether or not the business is regularly carried on 0 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0 0 13 Total support. (Add lines 9, 10c, 11, 2,380,821 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 61 80% 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 90 49% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 0 00% Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 18 0 06% 19a 33 1/3% support tests-2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support tests-2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Name of the organization Employer identification number DEER RUN RETREAT CENTER 62-1725478 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only) To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (c) Original (a) Name of interested person and purpose (b) Loan to or from (d) Balance due (e) In default? (g) Written (f) Approved the organization? principal amount agreement? by board or committee? То From Yes No Yes Yes No David and Elizabeth Gibson To purchase p Х 504,000 479,000 Χ Χ 0 0 0 0 0 0 0 0 0 0 Total \$ 479,000 Part III Grants or Assistance Benefitting Interested Persons. To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and the (c) Amount of grant or type of assistance organization **Business Transactions Involving Interested Persons.** Part IV To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (a) Name of interested person (c) Amount of (d) Description of transaction (b) Relationship between (e) Sharing of transaction interested person and the organization's organization revenues? No 0 0

0 O 0 oi Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Non Cash
1 Federated Campaigns		1
2 Membership dues		2
3 Fundraising events		3
4 Related organizations		4
5 Government grants (contributions)		5
6 All other contributions, gifts, grants, and similar amounts not included above		
Contributions	96,338	
	· · -	
_		
Other sentule disease total		
Other contributions total	- 00,000	60
7 Total	96,338	7 0

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

Tart 1/4, Emile 22 (eee) Depression, Depression	711, 0 001			
,	71,392	71,392	0	o
	(A)	(B)	(C)	(D)
	Total	Program	Management	Fundraising
Description		services	and general	
1 See 4562	71,392	71,392	3	
2	0			
3	0			
4	0			
5	o			
6	o			
7	0			
8	0			
9	o			
10	0]
11	0			
12	0			
13	0			
14	0			
15	0			
16	0			
17	0			
18	0			
19	0			
20	o			

Part X, Line 4 (990) - Accounts Receivable

	L	Accounts receivable Allowance for doubt					
•		Beginning	End	Beginning	End		
Receivables	1 [370	3,402				
	2						
	3						
	4						
	5						
	6						
	7						
	8		· · · · · ·				
	9		· <u> </u>				
)	10				<u> </u>		
1 Total accounts receivable	11	370	3,402	0	 		

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

								2,853,926	47,363	0	0	2,806,563 •	2,853,9
			Leasehold	1		Check if	Check If		Beginning	Ending			
			Improve-	1		Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
1Land, Building & Equipment								0	0	_		0	
Land Bld and Equp			1			1		0	0			0	
Building - Barn Improvement		X						10,000	375			9,625	10,
Building - Cedar Pt Rustic						1 [16,544	622			15,922	16,
5 Building - Pavillons	i							12,000	450			11,550	12,
6 Building - The Lodge		ĺ	ļ					1,130,580	27,824			1,102,756	1,130,
7 Building - Creekside Dinint		ļ						93,822			İ ,	90,304	93,
8 FF&E								24,608				21,972	24
FF&E - The Lodge								48,919				39,135	48,
0 Land - 62 82 acreas	l x		İ	i i			İ	1,413,450	0			1,413,450	1,413,
1 Land - Infrastructure Improvement	X			1		[49,572				49,572	49.
2 Land - Grounds	X							19,730	0			19,730	19,
Land - Sewage Treatment System	l x							14,585				14,585	14,
Recreation Equipment								17,136				15,301	17,
Recreation Equipment - Ropes Course				1				2,980				2,661	2.
6 Equipment - Truck and Dozier								_,,,,,	0			0	
17				1				0	Ō			ol	
18				1		1		o.	0			ol	
9	ŀ							0	ő			ام	
20						1		0	ő				

Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable

504,000

1,388,203

2,203,457

ı uı L	A, Lilles 23 allu 24 (330) -	occurca .	and Onse	ourcu Hotes i ayabic	304,000	1,300,203	2,200,401		
	Lender's name	Check if lender is a business	Check if Unsecured	Security provided	Original amount	Balance due beginning of year	Balance due end of year	Date of note	Maturitý date
1					_] _
2	First Commerce Bank	_ X		land	-	791,169	787,803		_
	Pinnacle Bank	X		land	-	93,034	936,654	•	
	Additional Debt	x		land	'	0			_
	David and Elizabeth Gibson			land	504,000	504,000	479,000	_	
6]		-		-				
7	<u> </u>	~							
8	1			-					
9			ļ	ļ	-			-	-
10		-		<u> </u>					
11	1				_		,		
12									
13						-	-		
14]- -							
15									-
16	-	-			~	-	-	-	-
17									
18)] -			-]
19	1		•				-		ĺ
20									

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Internal Revenue Service

► See separate instructions. ► Attach to your to

► Attach to your tax return.

Sequence No 67

	EER RUN RETREAT CENTER	990	livity to writer th		5	62-1725478	mber	
	ert I Election To Expense Certain	1	ler Section 17	9		102-1720-770		
	Note: If you have any listed property, co							
1	Maximum amount See the instructions for						1	250,000
	Total cost of section 179 property placed in	-					2	650,887
	Threshold cost of section 179 property before	The state of the s	•	structions)			3	800,000
	Reduction in limitation Subtract line 3 from		•	,			4	0
	Dollar limitation for tax year Subtract line				ried filina			
	separately, see instructions		,		J		5	250,000
	(a) Description of property		(b) Cos	t (business use	e only)	(c) Elected of	cost	
6								
	Listed property Enter the amount from line				7			
8	Total elected cost of section 179 property	Add amounts in	column (c), line	s 6 and 7	•		8	0
	Tentative deduction Enter the smaller of I						9	0
	Carryover of disallowed deduction from line						10	
	Business income limitation Enter the small				line 5 (see in	structions)	11	
	Section 179 expense deduction Add lines						12	0
	Carryover of disallowed deduction to 2009				▶ 13	<u> </u>	0	
	te: Do not use Part II or Part III below for lis							- A \
	Special Depreciation Allowa					roperty) (See	Instruc	ctions)
14	Special depreciation allowance for qualified	i property (otner	tnan listed prop	епу) ріасео і	n service			
15	during the tax year (see instructions) Property subject to section 168(f)(1) election						14	
	i Property subject to section 166(i)(1) election (17) (18)	VI 1					16	
	art III MACRS Depreciation (Do no	t include listed	property \ (Sec	e instruction	e)		1 10	
. ~	minion de de presidente in (de me	t morace notes	Section A	<u> </u>	<u> </u>			-
17	MACRS deductions for assets placed in se	rvice in tax vears		re 2008			17	62,753
	If you are electing to group any assets place	•			nore			
	general asset accounts, check here					▶ □		
	Section B - Assets Placed i	n Service Durin	og 2008 Tax Yes	ar Using the	General Den	reciation Syste	em	
	Coddin D Added Hadea I	(b) Month and	(c) Basis for		(e)			(g)
	(a) Classification of property	1 ' '	(0) Dasis ioi			1 171		(9)
	(-)	l vear placed	depreciation	(d) Recovery	Convention	(f) Method	Denred	nation deduction
		year placed in service	depreciation (business/investment)	period	Convention	Method	Depred	ciation deduction
19	a 3-year property	in service	depreciation (business/investment)		Convention	, ,	Depred	ciation deduction
19		1 ' '	1 '		Convention	, ,	Depred	ciation deduction
19		1 ' '	(business/investment)	period		Method	Depred	
19	b 5-year property	1 ' '	(business/investment)	period		Method	Deprec	
19	 b 5-year property c 7-year property d 10-year property e 15-year property 	1 ' '	(business/investment)	period 5		Method	Deprec	· -
19	b 5-year propertyc 7-year propertyd 10-year property	1 ' '	(business/investment)	period 5	MQ	Method 200DB	Deprec	669
19	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	1 ' '	(business/investment)	5 15 25 yrs	MQ MQ	200DB 150DB S/L	Depred	669
19	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	1 ' '	(business/investment)	period 5	MQ	200DB 150DB S/L S/L	Depred	669
19	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	1 ' '	(business/investment)	5 15 25 yrs	MQ MQ	200DB 150DB S/L S/L S/L	Deprec	669
19	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental	1 ' '	(business/investment)	5 15 25 yrs 27 5 yrs	MQ MQ MM	200DB 150DB S/L S/L S/L S/L S/L	Deprec	669
19	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	in service	(business/investment) 13,372 637,515	5 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs	MQ MQ MM MM MM	200DB 150DB S/L S/L S/L S/L S/L S/L		669
	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in	in service	(business/investment) 13,372 637,515	5 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs	MQ MQ MM MM MM	200DB 150DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/		669
	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in 9 a Class life	in service	(business/investment) 13,372 637,515	5 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs	MQ MQ MM MM MM	200DB 150DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/		669
	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in 9 a Class life b 12-year	in service	(business/investment) 13,372 637,515	5 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the Al	MQ MM MM MM MM MM ternative De	Method 200DB 150DB S/L S/L S/L S/L S/L S/L S/L preciation Syst S/L S/L		669
20	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in 5 a Class life b 12-year c 40-year	in service	(business/investment) 13,372 637,515	5 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs	MQ MQ MM MM MM	200DB 150DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/		669
20 Pa	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in Section C - Asset	Service During	(business/investment) 13,372 637,515	5 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the Al	MQ MM MM MM MM MM ternative De	Method 200DB 150DB S/L S/L S/L S/L S/L S/L S/L preciation Syst S/L S/L	em	669
20 Pa 21	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in Section C - Asset	in service	(business/investment)	25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the Al 12 yrs 40 yrs	MQ MM MM MM MM MM ternative De	Method 200DB 150DB S/L S/L S/L S/L S/L S/L S/L preciation Syst S/L S/L		669
20 Pa 21	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in 9 a Class life b 12-year c 40-year IT IV Summary (See instructions) Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 to	Service During	(business/investment) 13,372 637,515 2008 Tax Year 19 and 20 in co	period 5 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the Al 12 yrs 40 yrs	MQ MM MM MM MM ternative De	Method 200DB 150DB S/L S/L S/L S/L S/L S/L S/L preciation Syst S/L S/L	eem 21	7,970
20 Pa 21 22	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in 9 a Class life b 12-year c 40-year art IV Summary (See instructions) Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 t Enter here and on the appropriate lines of y	Service During hrough 17, lines	(business/investment) 13,372 637,515 2008 Tax Year 19 and 20 in conerships and S one	period 5 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the Al 12 yrs 40 yrs	MQ MM MM MM MM ternative De	Method 200DB 150DB S/L S/L S/L S/L S/L S/L S/L preciation Syst S/L S/L	em	669
20 Pa 21 22	b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in 9 a Class life b 12-year c 40-year IT IV Summary (See instructions) Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 to	Service During hrough 17, lines your return Parti-	(business/investment) 13,372 637,515 2008 Tax Year 19 and 20 in conerships and S one	period 5 15 25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the Al 12 yrs 40 yrs	MQ MM MM MM MM ternative De	Method 200DB 150DB S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	eem 21	7,970